DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0300	A. BUILDING: _____ B. WING _____	C 03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKER PLACE RETIREMENT	707 HWY 57 PARKERSBURG, IA 50665

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments Assisted Living Programs for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive impairment: 10 Number of tenants with cognitive impairment: 7 Total census: 17 The following regulatory insufficiencies were cited during the investigation of Incident #126509-M.	A 000		
A 380	481-67.9(6) Staffing 67.9(6) Dependent adult abuse training. Program staff shall receive training relating to the identification and reporting of dependent adult abuse as required by Iowa Code section 235B.16. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure staff completed a course on dependent adult abuse. This pertained to 2 of 2 staff reviewed during the investigation of 126509-M (Staff A and Staff B). Findings follow: Chapter 235B.16 requires employees complete two hours of training relating to the identification and reporting of Dependent Adult Abuse within six months of initial employment. Review of staff files revealed the following: 1. Staff A was hired 9/12/24 and no dependent	A 380	The Plan of Correction is attached.	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0300	A. BUILDING: _____ B. WING _____	C 03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKER PLACE RETIREMENT	707 HWY 57 PARKERSBURG, IA 50665

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 380	Continued From page 1 adult abuse training could be found. 2. Staff B was hired 5/6/24 and no dependent adult abuse training could be found. On 3/31/25 at 11:56 a.m. the Regional Nurse Specialist confirmed the required training could not be located.	A 380		
A 545	481-69.30(1) Dementia Specific Education for Personnel 69.30(1) All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure staff completed eight hours of dementia training within the first 30 days of employment. This pertained to 1 of 2 staff reviewed during the investigation of 126509-M (Staff B). Findings follow: Review of staff files revealed Staff B was hired 5/6/24. No dementia training completed by 6/6/24 could be found. On 3/31/25 at 11:56 a.m. the Regional Nurse Specialist confirmed the required training could not be located.	A 545		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: S0300	DATE SURVEY COMPLETED: **03/27/2025**

Tag #	SUMMARY STATEMENT OF DEFICIENTCIES (EACH DEFICIENCY SHOULD BE PRECEDE BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)	Identify what changes to the provider's systems and practices were made to ensure compliance with the specific statute(s). Include information about how the provider will maintain compliance in the future.	COMPLETION DATE
Tag #1	**Regulation and Reg Number** **481-67.9(6) Staffing** 67.9(6) Dependent adult abuse training. Program staff shall receive training relating to the identification and reporting of dependent adult abuse as required by Iowa Code section 235.B16. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure staff completed a course on dependent adult abuse. This pertained to 2 of 2 staff reviewed during the investigation of 126509-M. Chapter 235B.16 requires employees to complete two hours of training relating to the identification and reporting of dependent Adult Abuse within six months of initial employment.	**Tag #** **A 380**	An audit of all current employee files was completed on 04/28/2025. Employees missing the required training will be assigned the mandatory training course(s) to be completed by May 21, 2025.	All new hires will complete Dependent Adult abuse training within 30 days of hire. Director and/or designee will utilize an orientation checklist with all new hires to ensure compliance. Quarterly audits shall be completed for all new hires.	**Implementation Date:** 4/28/25 **Completion Date:** Ongoing **Responsible Party:** Director or designee

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.

Tag #2	**481-69.30(1) Dementia Specific Education for Personnel** 69.30 (1) All personnel employed or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure staff completed the eight hours of dementia training within the first 30 days of employment. This pertained to 1 of 2 staff reviewed during the investigation of 126509-M.	**A545**	An audit of all current employee training records was completed on 04/28/2025. Employees missing the required training will be assigned the mandatory training course(s) to be completed by May 21, 2025.	All new hires will complete 8 hours of dementia-specific training within 30 days of hire. Director and/or designee will utilize an orientation checklist with all new hires to ensure compliance. Quarterly audits shall be completed for all new hires.	**Implementation** **Date:** 4/28/25 **Completion Date:** Ongoing **Responsible Party:** Director or designee

Compliance Date: 5/21/2025

√ 5/2/25

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.