DEPARTMENT OF INSPECTIONS AND APPEALS

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0328	A. BUILDING: _____ B. WING _____	C 02/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD OF SHENANDOAH	601 HARRISON STREET SHENANDOAH, IA 51601

(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: 32 Number of tenants with cognitive impairment: 10 Total census: 42 The following regulatory insufficiencies were cited during the investigation of Complaint #107166-C and the recertification visit conducted to determine compliance with certification of an Assisted Living Program for People with Dementia.	A 000	See Attached POC 2/10/23	
A 160	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure tenants received care, treatment and services which were adequate and appropriate. This potentially affected 42 of 42 tenants and specifically affected 1 of 4 tenants reviewed (Tenant #1). Finding	A 160		

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A 160	Continued From page 1 follows: Record review on 2/1/23 revealed Program staff failed to consistently answer Tenant #1's personal emergency response pendant in a timely manner. Review of the pendant report from 1/2/23 - 2/1/23 revealed the Program failed to answer Tenant #1's pendant within a reasonable amount of time on at least 25 occasions. Examples included, but were not limited to: a. On 1/18/23 at 9:09 p.m. Tenant #1 waited 1 hour and 30 minutes b. On 1/26/23 at 7:15 p.m. for 47 minutes and 54 seconds c. On 1/19/23 at 3:46 p.m. for 50 minutes and 46 seconds d. On 1/20/23 at 4:31 p.m. for 35 minutes and 54 seconds. When interviewed on 1/31/22 at 5:30 p.m. Staff A explained Program staff assisted Tenant #1 with catheter care. She mentioned Tenant #1 had some skin breakdown. When interviewed on 2/1/23 at 1:15 p.m. Tenant #1 said staff did not answer his pendant calls in a timely manner. Further record review on 2/1/22 revealed the Program's Personal Emergency Response System (no date) according to the policy, "Staff will respond to the page within a reasonable time frame and follow up with appropriate measures to meet the tenant's appropriate needs." When interviewed on 2/1/23 at 2:00 p.m. the Healthcare Coordinator explained the Program's standard for reasonable time frame meant within 15 minutes.	A 160		

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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 consistently ensure staff received eight hours of dementia- specific training within 30 days of employment or contract date. This potentially affected 48 of 48 tenants. Finding follows: Record review on 2/1/23 revealed the Program hired Staff A on 2/7/22. Review of dementia-specific training documentation revealed Staff A completed dementia specific training on 7/25/22. When interviewed on 2/1/22 at 11:00 a.m. the Healthcare Coordinator acknowledged Staff A failed to complete required training within 30 days of employment.	A 545		

05/03/2023

A 160: Tenant Rights

- On 02/01/2023 Staff were issued a verbal communication by the Director of Health on prompt response of call system. In this was explained the importance of answering in a timely manner due.
- On 02/02/2023 the Director of Health and Director of Community also met with residents to go over the use of pendants for emergencies.
- On 02/10/2023 Director of Community put in place documentation showing staff, resident, time of delay, and explanation why (such as forgot to disengage pendant, resident left community with pendant etc.)
- The Director of Community and Director of Health will do routine monitoring of the system to ensure this process is completed.

A 545 Dementia Specific Education for Personal

- On 02/10/2023 Staff were given a verbal communication by the Director of Community on regulations put in place to complete the 8 hours of dementia specific training that was to be completed in the first 30 days of hire.
- On 02/10/2023 The Director of Community has set up that each new hire will complete training within the first 30 days of hire. This will be done on site.
- The Health Care Coordinator or Director of the community will continue to set up staff with the training.
- The Director will monitor to ensure completion of training, print out the certificate showing date of completion within the first 30 days of hire, this will then be uploaded in the staff file.
- The Director of the community will audit periodically staff files to ensure completion of dementia training.
- Homestead of Shenandoah will continue to be diligent in providing exceptional care to all residents.