

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0344	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/07/2025
NAME OF PROVIDER OR SUPPLIER AMELIA SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 57 WEST FERNDAL DRIVE CO BLUFFS, IA 51503		
(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 are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Tenants without cognitive impairment: 31 Tenants with cognitive impairment: 7 Total census: 38 The following regulatory insufficiencies were cited during the investigation of Incidents #129698-I, 130024-I, 130449-I, 130424-I and Complaint #129344-C.	A 000	See attached POC 11/30/25	
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 education within 30 days of employment. This pertained to 2 of 2 current staff (Staff A and B). Findings follow: a. Record review on 10/7/25 revealed the Program hired Staff A on 1/29/25. Continued record review revealed Staff A failed to complete	A 545		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 545	Continued From page 1 eight hours of dementia training. b. Record review on 10/7/25 revealed Staff B was hired on 1/30/25. Continued record review revealed Staff B failed to complete eight hours of dementia training. During the exit on 8/26/25 at 1:50 p.m. the administrative team confirmed they could not locate any documentation of the staff's dementia- specific training.	A 545			

12/3/2025

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.

Amelia as made sure all full and part time staff have all completed their eight hours of dementia- specific education as of 11/30/2025, the community will have the PRN staff completed by 1/10/2026. Going forward the community has put into place the 2nd day of orientation will be spent doing their eight hours dementia training in ensure we stay in compliance. ED will audit staff files monthly for three months to ensure compliance after the 3 months it will be discussed in quapi meetings to determine if auditing needs to continue.