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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IAALP347 HFD | A. BUILDING _____ B. WING _____ | 01/31/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ALLEN PLACE | 1406 EAST 19TH STREET ATLANTIC, IA 50022 |

| (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<br><br>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.<br><br>Number of tenants without cognitive impairment: 20<br><br>Number of tenants with cognitive impairment: 8<br><br>Total census: 28<br><br>No regulatory insufficiencies were cited during the investigation of Incident #108571-I and Complaint 105369-C. The following regulatory insufficiencies were cited during the investigation of Incident #108571-I: | A 000 | See Attached POC 5/15/23 | |
| A 345 | 481-67.9(4)b Staffing<br><br>67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following:<br><br>b. Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s).<br><br>This Requirement is not met as evidenced by:<br>Based on interview and record review the Program's delegating nurse failed to consistently ensure staff were trained to meet the individual needs of the tenants. This potentially affected 28 of 28 tenants (Tenants #1-#28). Finding follows:<br><br>Record review on 1/3/23 revealed the Program hired Staff A on 11/4/22. Continued record review | A 345 | | |

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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|---|---|---|---|---|
| A 345 | Continued From Page 1<br><br>failed to produce documentation of completed nurse delegations.<br><br>When interviewed on 1/31/22 at 11:41 a.m. the delegating nurse confirmed Staff A had not received the required training within 30 days of employment. | A 345 | | |

RE: Allen Place Plan of Correction

Enclosed is the required "Plan of Correction" regarding the **A345 Staffing** report at Allen Place which was conducted on ***1/31/2023***. Submission of this response of the Plan of Correction is not a legal admission that a deficiency exists, or that the Statement of Deficiencies was correctly cited, and is also not to be constructed as an admission against interest by the residence, or any employees, agents or other individuals who drafted or may be discussed in the response on the Plan of Correction. In addition, preparation and submission of the Plan of Correction does NOT constitute an admission of agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

IAC r 481-67.2(3) Program Policies and Procedures

*Staff A is no longer employed at Allen Place*

On *5/4/2023*, Care Services Manager (CSM) will audit current staff files for nurse delegation training requirement. Additional findings will be addressed as necessary.

On 5/4/2023, Regional Care Specialist (RCS) and Regional Executive Director (RED) educated current clinical staff on requirement for staff to receive training by an RN within 30 days of beginning employment.

Beginning 5/4/2023, Regional Care Specialist (RCS) and Care Service Manager (CSM) will conduct audit of new employee files weekly x 4 weeks, biweekly x 4 weeks, then monthly x 1 month to ensure compliance with RN delegation training. Results of the audits will be discussed during monthly QI meetings for three months to ensure ongoing compliance. Monitoring will be ongoing.

Monitoring will be on-going.

Date of completion for the Plan of Correction is 5/15/2023.