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
	S0357	A. BUILDING: _____ B. WING _____	C 06/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUITES OF ANKENY	**420 NW ASH DRIVE ANKENY, IA 50023**

(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. Number of tenants without cognitive disorder: 36 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 37 No regulatory insufficiencies were cited during the investigation of Complaint #109146-C. The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program.	A 000	The Plan of Correction is attached.	
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 provide 2 hours of dependent adult abuse training within 6 months of employment for 3 of 7 staff reviewed (Staff A, Staff B, and Staff C). Findings follow: Chapter 235B.16 requires that employees complete two hours of training relating to the identification and reporting of Dependent Adult Abuse within six months of initial employment and at least two hours of additional dependent adult	A 380		

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A 380	Continued From page 1 abuse identification and reporting training every three years thereafter. A review of staff files on 6/1/23 revealed the following: 1. Staff A was hired 7/25/22. No dependent adult abuse training completed within 6 months of employment could be located. 2. Staff B was hired 6/30/22. No dependent adult abuse training completed within 6 months of employment could be located. 3. Staff C was hired 9/14/22. No dependent adult abuse training completed within 6 months of employment could be located. The Program Director confirmed these findings on 6/1/23 at 11:43 a.m.	A 380		
A 400	481-67.19(3) Record Checks 67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete a criminal, child, and dependent adult abuse background check prior to employment for 1 of 7 staff reviewed (Staff A). Findings follow: 1. Staff A was hired 7/25/22. A Single Contact	A 400		

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A 400	Continued From page 2 License and Background Check was completed on 8/2/22. The Program Director confirmed these findings on 6/1/23 at 11:43 a.m.	A 400		
A 140	481-69.22(2) Evaluation of Tenant 69.22(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to evaluate tenant's functional, cognitive, and health status within 30 days of occupancy for 3 of 3 tenants reviewed (Tenant #1, Tenant #2, and Tenant #3). Findings follow: Record review of tenant files on 6/1/23 revealed the following: 1. Tenant #1 was admitted on 10/1/22. No functional, cognitive, or health assessments completed within 30 days of occupancy could be located. 2. Tenant #2 was admitted on 3/18/22. No functional, cognitive, or health assessments completed within 30 days of occupancy could be located.	A 140		

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A 140	Continued From page 3 3. Tenant #3 was admitted on 7/6/22. No functional, cognitive, or health assessments completed within 30 days of occupancy could be located. The Director of Nursing confirmed these findings on 6/1/23 at 12:50 p.m.	A 140		
A 465	481-69.28(5) Food Service 69.28(5) Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have annual in-service training on food protection. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide training on food safety and sanitation prior to handling food. This pertained to 5 of 5 staff reviewed who prepared or served food to tenants (Staff A, Staff B, Staff C, Staff D, and Staff E). Findings follow: Record review on 6/1/23 revealed the following: 1. Staff A was hired 7/25/22. No orientation on sanitation and safe food handling could be located. 2. Staff B was hired 6/30/22. No orientation on sanitation and safe food handling could be located. 3. Staff C was hired 9/14/22. No orientation on sanitation and safe food handling could be	A 465		

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A 465	Continued From page 4 located. 4. Staff D was hired 2/12/22. No orientation on sanitation and safe food handling could be located. 5. Staff E was hired 9/9/22. No orientation on sanitation and safe food handling could be located. The Program Director confirmed these findings on 6/1/23 at 11:43 a.m.	A 465		

Suites of Ankeny Plan of Correction

This serves as the credible allegation of compliance for the Suites of Ankeny. We assert that all correctives described on this plan of correction have been implemented. In regard to the specific deficiencies, we have outlined our corrective actions and continued interventions to assure compliance with regulations and our plan of actions. The staff employed at the Suites of Ankeny are committed to delivering high quality healthcare to its tenants to obtain their highest level of physical, mental, and psychosocial functioning. We respectfully submit that the Suites of Ankeny are in substantial compliance as set forth below. We are confident that we will be found in substantial compliance upon resurvey.

The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. The suites of Ankeny have completed the following interventions as a result of the findings from the survey exiting 6/1/2023. The facility will be in substantial compliance by 6/30/2023.

A380 481-67.9(6) Staffing

The Suites of Ankeny will ensure that Dependent Adult Abuse training will be completed within 6 months of employment. Staff personnel files have been audited and all brought current. The Regional Nurse Consultant educated the program director during survey on the expectation that employees MUST have their dependent adult abuse certificate within 6 months of employment and at least two hours of additional dependent adult abuse identification and reporting training every three years thereafter. To maintain compliance, the program director will audit the personnel files monthly to ensure staff have copies of the certificates in their respective files. Concerns that are identified will be reported and addressed in the facilities quality assurance compliance meetings for additional intervention as indicated. The Assisted living program coordinator and/or designee will be responsible for ongoing compliance.

A 400 481-67.19 (3) Record checks

The Suites of Ankeny will ensure that criminal background checks and child and adult abuse record checks will be completed PRIOR to employment. The Regional Nurse Consultant educated the new program director of this regulation. Employees identified on survey have been brought current. To maintain compliance the new program director will be responsible for hiring new employees and using a checklist to ensure background checks are completed per policy. Additionally, the program director will audit employee files monthly to ensure copies are in the employee's respective personnel file. Concerns that are identified will be reported and addressed in the facilities quality assurance compliance meetings for additional intervention as

indicated. The Assisted Living program coordinator and/or designee is responsible for ongoing compliance.

A 140 481-69.22 (2) Evaluation of tenant

The Suites of Ankeny will ensure that tenants functional, cognitive, and health status are assessed and evaluated within 30 days of occupancy per regulation. Tenants listed on the Statement of Deficiencies have had their assessments completed. The Regional Nurse Consultant educated the new program coordinator on the regulation that assessments would be completed within 30 days of occupancy and with any significant change. Going forward, the program coordinator is an RN (Registered Nurse) and will be responsible for ensuring these are completed timely. During rounds, the regional nurse consultant will audit tenant records to ensure completion of assessments. Concerns that are identified will be reported and addressed in the facilities quality assurance compliance meetings for additional intervention as indicated. The Assisted Living program director and/or designee is responsible for ongoing compliance.

A 465 481-69.28 (5) Food service

The Suites of Ankeny will ensure that employees who are responsible for food preparation or service shall have an orientation on sanitation and safe food handling PRIOR to handling food and shall have annual in-service training and education on food protection. The staff identified during the survey have received their training and copies of certificates placed in their respective personnel files. The new program director has audited all employee files and brought each employee current with food service and handling training. The Program Director has implemented a new hire checklist which includes food service and handling training that will be checked off for completion PRIOR to the employee working with food. During rounds, the Regional Nurse Consultant will randomly audit employee files to ensure compliance with food handling and service. Concerns that are identified will be reported and addressed in the facilities quality assurance compliance meetings for additional intervention as indicated. The Assisted Living Program director and/or designee will be responsible for ongoing compliance.

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