

DEPARTMENT OF INSPECTIONS AND APPEALS

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0450	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/28/2023
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NAME OF PROVIDER OR SUPPLIER EDENCREST AT THE TUSCANY MC	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 8TH STREET SE ALTOONA, IA 50009
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(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	<p>Initial Comments</p> <p>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.</p> <p>Number of tenants without cognitive impairment: 38</p> <p>Number of tenants with cognitive impairment: 0</p> <p>Total census: 38</p> <p>The following regulatory insufficiencies were cited as a result of investigations #110262-C & 114930-C</p>	A 000	<p>See Attached POC 8/30/23</p>	
A 380	<p>481-67.9(6) Staffing</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure staff received Dependent Adult Abuse (DAA) training as required. 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 abuse identification and reporting training every three years thereafter. This pertained to 1 of 4 staff (Staff B). Finding</p>	A 380		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 380	Continued From page 1 follows: Record review on 8/24/23 revealed Staff A's DAA certificate dated 2/5/20. When interviewed on 5/24/23 at administrative staff confirmed the Program had provided all training documentation requested for Staff B.	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 consistently ensure staff received eight hours of dementia- specific training within 30 days of employment. This pertained to 3 of 3 staff (Staff A and C). Findings follow: Record review on 8/24/23 revealed the Program hired Staff A on 9/9/22 and Staff C on 9/15/22. Review of dementia-specific training documentation revealed Staff A and C had completed some hours but failed to complete the required eight hours of training within 30 days of employment. When interviewed on 8/24/23 at 9:00 a.m. the Regional Director of Sales and Operations	A 545		

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A 545	Continued From page 2 confirmed the Program provided all training documents.	A 545		
A 556	<p>481-69.30(3)b Dementia-Specific Education for Personnel</p> <p>69.30(3) Dementia-specific continuing education</p> <p>b. Direct-contact personnel employed by or contracting with a dementia-specific program or employed by a contracting agency providing staff to a dementia-specific program shall receive a minimum of eight hours of dementia-specific continuing education annually.</p> <p>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 training annually. This pertained to 1 of 3 staff reviewed (Staff B). Finding follows:</p> <p>Record review on 8/28/23 revealed Staff B transferred from another Program owned by the same company. The Program hired Staff B on 8/23/2016.</p> <p>Futher review of Staff B's training records revealed no documentation of dementia specific training for 2022.</p> <p>When interviewed on 8/24/23 at 9:00 a.m. the Regional Director of Sales and Operations confirmed the Program provided all training documents.</p>	A 556		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0450	DATE SURVEY COMPLETED: 8/28/2023
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Tag #	SUMMARY STATEMENT OF DEFICIENCIES (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	<p>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. Based on interviews and record review the Program failed to consistently ensure staff received Dependent Adult Abuse (DAA) training as required. 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 abuse identification and reporting training every three years thereafter. This pertained to 1 of 4 staff (Staff B). Finding as follows: Record review on 8/24/23 revealed Staff A's DAA certificate dated 2/5/20. When interviewed on 5/24/23 at administrative staff confirmed the Program had provided all training documentation requested for Staff B.</p>	Tag #1 A 380	<p>What initial correction was made? Staff B completed DAA training on 10/30/2023.</p>	<p>How will we ensure and maintain compliance going forward? File auditing plan implemented on 8/30/2023 to ensure 100% compliance with DAA training completion.</p> <p>Employee tracking and auditing spreadsheet created to monitor due dates and/or renewals of DAA training.</p> <p>The director or designee will complete tracking and monitoring of employees required trainings and renewals.</p>	<p>Implementation Date: 8/30/2023</p> <p>Completion Date: Ongoing</p> <p>Responsible Party: Director or Designee</p>
Tag #2	<p>481-69.30(1) Dementia Specific Education for Personnel</p>	Tag #2	<p>What initial correction was made?</p>	<p>How will we ensure and maintain compliance going forward?</p>	<p>Implementation Date:</p>

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.

	<p>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.</p> <p>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. This pertained to 3 of 3 staff (Staff A and C). Findings follow: Record review on 8/24/23 revealed the Program hired Staff A on 9/9/22 and Staff C on 9/15/22. Review of dementia-specific training documentation revealed Staff A and C had completed some hours but failed to complete the required eight hours of training within 30 days of employment. When interviewed on 8/24/23 at 9:00 a.m. the Regional Director of Sales and Operations</p>	<p>A 545</p>	<p>Staff A-required dementia-specific training was completed on 9/27/2023.</p> <p>Staff B-dementia-specific training was completed on 10/30/2023.</p> <p>Staff C-no longer employed as of 9/2/2023.</p>	<p>New Hire checklist put as cover page for each new hire file for hiring manager to check off, and for Community Director to sign off on prior to end of first month of employment to ensure all required classes and training is completed.</p> <p>File auditing plan implemented on 8/30/2023 to ensure compliance with Dementia training completion.</p> <p>Employee tracking and auditing spreadsheet created to monitor due dates and/or renewals of Dementia training.</p> <p>The director or designee will complete tracking and monitoring of employees required trainings and renewals.</p>	<p>8/30/2023</p> <p>Completion Date: Ongoing</p> <p>Responsible Party: Director or Designee</p>
<p>Tag #3</p>	<p>481-69.30(3)b Dementia-Specific Education for Personnel 69.30(3) Dementia-specific continuing education b. Direct-contact personnel employed by or contracting with a dementia-specific program or employed by a contracting agency providing staff to a dementia-specific program shall receive a minimum</p>	<p>Tag #3 A 556</p>	<p>What initial correction was made? Staff B-dementia-specific training was completed on 10/30/2023.</p>	<p>How will we ensure and maintain compliance going forward? File auditing plan implemented on 8/30/2023 to ensure compliance with Dementia training completion.</p> <p>Employee tracking and auditing spreadsheet created to monitor due dates and/or renewals of Dementia training.</p>	<p>Implementation Date: 8/30/2023</p> <p>Completion Date: Ongoing</p>

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	<p>of eight hours of dementia-specific continuing education annually.</p> <p>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 training annually. This pertained to 1 of 3 staff reviewed (Staff B). Finding follows: Record review on 8/28/23 revealed Staff B transferred from another Program owned by the same company. The Program hired Staff B on 8/23/2016. Further review of Staff B's training records revealed no documentation of dementia specific training for 2022. When interviewed on 8/24/23 at 9:00 a.m. the Regional Director of Sales and Operations confirmed the Program provided all training documents.</p>			<p>The director or designee will complete tracking and monitoring of employees required trainings and renewals</p>	<p>Responsible Party: Director or Designee</p>
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Compliance Date: 11/15/2023

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