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
	S0358	A. BUILDING _____ B. WING _____	C 01/10/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGES AT ANKENY	3510 NW ABILENE ROAD 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	481-67 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. Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 9 Total Population of Program at time of on-site: 9 TOTAL census of Assisted Living Program: 9 No regulatory insufficiencies were cited during the investigation of Incidents #64596-I and 64759-I. The following regulatory insufficiencies were cited during the intial certification for an Assisted Living Program for People with Dementia (ALP/D).	A 000	POC 1/10/17	
A 092	481-69.26(4)d Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: d. For tenants who are unable to plan their own activities, including tenants with dementia, a list of person-centered planned and spontaneous activities based on the tenant's abilities and personal interests. This REQUIREMENT is not met as evidenced by: Based on interview and record review the	A 092		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

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A 092	Continued From page 1 program failed to ensure service plans addressed planned and spontaneous activitivites for tenants who were unable to plan their own activities. This affected 2 of 2 tenants reviewed (Tenants #1 and #2). Findings follow: 1. Record review on 1/9/17 revealed Tenant #1's staged at a 5 on the Global Deterioration Scale (GDS). Further record review revealedTenant #1's service plan, dated 12/28/16, failed to include planned and spontaneous activities based on Tenant #1's personal interests and abilities. 2. Record review on 1/9/17 revealed Tenant #2 staged at a 7 on the GDS. Further record review revealed Tenant #2's service plan, dated 12/28/16, failed to include planned and spontaneous activities based on Tenant #2's personal interests and abilities. On 1/10/17 at 9:50 a.m. the Administrator and Registered Nurse acknowledged the service plans failed to include the required information.	A 092	On January 10, 2017, the day of this survey, the Activity Director of The Bridges at Ankeny's Assisted Living Memory Care updated service plans for each tenant with individualized spontaneous activities. So the problem will not recur the Activity Director will complete person-centered service plans for each new tenant on admission that will reflect each tenant's personal abilities and interests. The Service Plan for Activities will be monitored by the Activity Director and Assisted Living Memory Care Director upson admission of new tenant. Date of Correction was January 10, 2017	1/10/17
A 121	481-69.30(1) Dementia Specific Education for Personnel 481-69.30(231C) Dementia-specific education for program 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:	A 121		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 121	Continued From page 2 Based on interview and record review the Program failed to ensure staff received eight hours of dementia-specific training within 30 days of employment. This affected 2 of 2 staff reviewed (Staff A and B). Findings follow: 1. Record review on 1/9/17 at 3:00 p.m. revealed the Program hired Staff A on 8/18/16 and the first tenant moved into the Program on 9/13/16. Staff A completed eight hours of dementia-specific training on 10/21/16. The program failed to ensure Staff A received the minimum dementia-specific training within 30 days of employment. 2. Record review on 1/9/17 at 3:00 p.m. revealed the Program hired Staff B on 11/23/16. Staff B completed four hours of dementia-specific training on 12/27/16. The Program failed to ensure Staff B received a minimum of eight hours of dementia-specific training within 30 days of employment. On 1/10/17 at 9:00 a.m. the Administrator confirmed neither staff received the required training within 30 days of employment.	A 121	Human Relations employed by The Bridges at Ankeny audited all Assisted Living/ Memory Care Employee files for completion of eight hours of Dementia-Specific Training within 30 days of employment on 1/11/17. To ensure the problem does not recur Human Relations Director of The Bridges at Ankeny will assign and track completion of eight hours Dementia-Specific Training of each new hire within 30 days of employment, and annually. A certificate of completion will be placed in each employee's file. Human Relations will monitor initiation and progress of each new hire and inform Assisted Living Memory Care Director if employee needs time off the schedule to complete before 30 days of hire. Corrections were made by 1/11/17	1/11/17