DEPARTMENT OF INSPECTIONS AND APPEALS

1/17/19 OK 1/17/19

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 _____	12/06/2018

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	Initial Comments Assisted Living Programs for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. General Population Number of tenants without cognitive disorder: 3 Number of tenants with cognitive disorder: 11 TOTAL Census of Assisted Living Program for People with Dementia: 14 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program for People with Dementia.	A 000	See attached POC 12/14/18	
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: Based on interview and record review the Program failed to provide personnel with a minimum of eight hours of dementia training within 30 days of employment. This pertained to 2 of 4 staff reviewed (Staff A and Staff C). Findings follow:	A 121		

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A 121	Continued From page 1 Review of Staff files revealed the following: 1. Staff A, hired 6-8-18, completed seven hours of dementia training from 6-8-18 to 6-12-18. 2. Staff C, hired 1-24-18, completed one and a half hours of dementia training from 1-28-18 to 2-4-18. When interviewed on 12-6-18 at 1:37 p.m. the Executive Director confirmed the Program failed to ensure personnel completed at least eight hours of dementia training within 30 days of employment.	A 121		
A 123	481-69.30(3)a Dementia Specific Education for Personnel 481-69.30(231C) Dementia-specific education for program personnel. 69.30(3)a Except as otherwise provided in this subrule, all personnel employed by or contracting with a dementia-specific program shall receive a minimum of two hours of dementia-specific continuing education annually. Direct-contact personnel shall receive a minimum of eight hours of dementia-specific continuing education annually. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure all personnel received at least eight hours of annual dementia training. This pertained to 1 of 2 staff reviewed employed over one year (Staff B). Findings follow:	A 123		

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A 123	Continued From page 2 Review of Staff files revealed Staff B was hired 2-4-17. Further review of the personnel record failed to produce documentation indicating annual dementia training occurred. When interviewed on 12-6-18 at 1:37 p.m. the Executive Director confirmed Staff A did not complete eight hours of annual dementia training.	A 123		
A 125	481-69.30(5) Dementia Specific Education for Personnel 481-69.30(231C) Dementia-specific education for program personnel. 69.30(5) Dementia-specific training shall include hands-on training and may include any of the following: classroom instruction, Web-based training, and case studies of tenants in the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide hands on dementia training. This pertained to 2 of 4 staff reviewed (Staff A and Staff C). Findings follow: Review of Staff files revealed the following: 1. Staff A, hired 6-8-18, completed seven hours of dementia training from 6-8-18 to 6-12-18. Further review failed to produce documentation indicating hands on dementia training occurred. 2. Staff C, hired 1-24-18, completed one and a half hours of dementia training from 1-28-18 to 2-4-18. Further review failed to produce	A 125		

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A 125	Continued From page 3 documentation indicating hands on dementia training occurred. When interviewed on 12-6-18 at 1:37 p.m. the Executive Director confirmed the Program failed to ensure completion of hands on dementia training.	A 125		

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The Bridges at Ankeny's Plan of Correction for Survey ending December 6th, 2018

A000 Submission of the response and plan of correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited and it also not to be constructed as an admission of interest against the facility, the Administrator, or other associates, agents, or other individuals who draft or may be discussed in the response of correction. Preparation and submission of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any fact alleged or the correctness of any conclusion set fourth in these allegations by the survey agency.

Accordingly, the facility has prepared and submitted this plan of correction prior to the resolution of appeal of these matters solely because of the requirements under state and federal law mandate submission of a plan of correction within ten (10) days of the receipt of survey findings. The submission of the plan of correction within this time frame should in no way be consider or constructed as agreement with the allegations of non-compliance or admission by the facility.

This constitutes my credible allegation of completion as of December 14th, 2018.

A121

The standard of The Bridges at Ankeny is to ensure all assisted living employees are provided dementia specific education within 30 days of hire.

1. Staff A & C have been provided 8 hours of dementia specific education.
2. All assisted living employees have received 8 hours of dementia specific education.
3. Education was provided to the human resource director on state regulation and to employees on expectation of completion of mandatory dementia training. The hiring process and on-boarding process has been re-vamped to include this education prior to employees being given a schedule to work the floor.
4. The executive director and/or designee will provide periodic audits of dementia training within 30 days of hire and report off at QAPI.
5. Date of Compliance December 14th, 2018.

A123

The standard of The Bridges at Ankeny is to ensure all assisted living employees are provided eight hours of dementia specific education annually based on calendar year.

1. Staff B has been provided 8 hours of dementia specific education.
2. All assisted living employees have received 8 hours of dementia specific education.
3. Education was provided to the human resource director on state regulation and to employees on expectation of completion of mandatory dementia training. The hiring process and on-boarding process has been re-vamped to include this education prior to employees being given a schedule to work the floor and annually there after.

4. The executive director and/or designee will provide periodic audits of dementia training of eight hours annually and report off at QAPI.
5. Date of Compliance December 14th, 2018.

A125

The standard of The Bridges at Ankeny is to ensure all assisted living employees are provided hands-on dementia specific education.

1. Staff A & C have been provided hands-on dementia specific education.
2. All assisted living employees have received hands-on dementia specific education.
3. Education was provided to the human resource director on state regulation and to employees on expectation of completion of mandatory dementia training. The hiring process and on-boarding process has been re-vamped to include this education prior to employees being given a schedule to work the floor and annually there after.
4. The executive director and/or designee will provide periodic audits of hands-on dementia training and report off at QAPI.
5. Date of Compliance December 14th, 2018.