√ 5/30/18 OK 5/26/18

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
	S0367	A. BUILDING: _____ B. WING _____	02/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRYHOUSE RESIDENCES	1831 EAST KANESVILLE BLVD COUNCIL BLUFFS, IA 51503

(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. Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 14 TOTAL Census of Assisted Living Program for People with Dementia : 15 The following regulatory insufficiencies were cited during the initial visit conducted to determine compliance with certification for an Assisted Living Program:	A 000	See attached POC 4/30/18	
A 059	481-67.9(4)b Staffing 481-67.9(231B,231C,231D) Staffing. 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: b. Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s). This REQUIREMENT is not met as evidenced by: Based on interview and record review the	A 059		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

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A 059	Continued From page 1 Program failed to ensure staff received training/nurse delegation within 30 days of employment for 1 of 3 staff reviewed (Staff A). Finding follows: Record review on 2/20/18 revealed no documentation of nurse delegation/training for Staff A. When interviewed on 2/20/18 at 1:50 p.m. the Program Consultant and administrative staff confirmed Staff A had not received required training/nurse delegation.	A 059		
A 118	481-67.19(3) Record Checks 481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse 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 criminal history, dependent adult abuse and child abuse checks prior to employment for 1 of 3 staff reviewed (Staff A). Findings follow: Record review on 2/20/18 revealed the Program hired Staff A on 9/21/17. The Program completed	A 118		

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A 118	Continued From page 2 a criminal history, child and dependent adult abuse check on 10/5/17. Therefore, the Program did not complete criminal history, dependent adult and child abuse checks prior to employment of Staff A. When interviewed on 2/20/18 at 1:50 p.m. the Program Consultant and administrative staff confirmed the Program did not complete criminal history, child and dependent adult abuse checks prior to Staff A beginning employment.	A 118		
A 036	481-69.22(1) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(1) Evaluation prior to occupancy. A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be conducted by a health care professional or human service professional. This REQUIREMENT is not met as evidenced by: Based on interview and record review the	A 036		

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A 036	Continued From page 3 Program failed to complete cognitive evaluations prior to admission for 2 of 2 tenants reviewed (Tenant #1 and #2). Finding follows: 1. Record review on 2/20/18 revealed the Program admitted Tenant #1 on 10/3/17. No cognitive evaluation dated prior to admission could be located. 2. Record review on 2/20/18 revealed the Program admitted Tenant #2 on 9/11/17. No cognitive evaluation dated prior to admission could be located. When interviewed on 2/20/18 at 1:50 p.m. the Program Consultant and administrative staff confirmed no cognitive assessment dated prior to admission could be located for Tenant #1 and #2.	A 036		
A 037	481-69.22(2) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change.	A 037		

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A 037	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure functional, cognitive and health evaluations were completed within 30 days of occupancy for 2 of 2 tenants reviewed (Tenants #1 and #2). Finding follows: 1. The Program admitted Tenant #1 on 10/3/17. The Program completed preadmission functional and health evaluations on 10/2/17. Functional, cognitive and health evaluations within 30 days of occupancy could not be located. 2. The Program admitted Tenant #2 on 9/11/17. The Program completed preadmission functional and health evaluations on 9/5/17. Functional, cognitive and health evaluations within 30 days of occupancy could not be located. When interviewed on 2/10/18 at 1:50 p.m. the Program Consultant and administrative staff confirmed the evaluations had not been completed within 30 days of occupancy.	A 037		
A 085	481-69.26(3) Service Plans 481-69.26(231C) Service plans. 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually.	A 085		

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 085	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based on interviews and record review the Program failed to ensure service plans were updated within 30 days of occupancy for 2 of 2 tenants reviewed (Tenants #1 and #2). Findings follow: 1. Record review on 2/20/18 revealed the Program admitted Tenant #1 on 10/3/17. The initial service plan was completed on 10/2/17. No service plan updated within 30 days could be located. 2. Record review on 2/20/18 revealed the Program admitted Tenant #2 on 9/11/17. The initial service plan was completed on 9/7/17. No service plan updated within 30 days could be located. When interviewed on 2/20/18 at 1:50 p.m. the Program Consultant and administrative staff admitted the Program failed to update the service plan within 30 days of admission for Tenant #1 and #2.	A 085		
A 104	481-69.28(5) Food Service 481-69.28(231C) 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.	A 104		

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A 104	Continued From page 6 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure staff received training on safe food handling prior to handling food for 1 of 3 staff reviewed (Staff A). Finding follows: Record review on 2/20/18 revealed the Program hired Staff A on 10/3/17. On 2/20/18 the Program could not provide documentation of Staff A's participation in food safety/sanitation training. When interviewed on 2/20/18 at 1:50 p.m. the Program Consultant and administrative staff confirmed no documentation of Staff A's food safety/sanitation training existed.	A 104		
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 ensure staff received eight hours of dementia-specific education within 30 days of beginning employment for 2 of 3 staff reviewed (Staff A and B). Finding follows: 1. Record review on 2/20/18 revealed the	A 121		

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A 121	Continued From page 7 Program hired Staff A on 9/21/17. According to available documentation Staff A had not completed the required eight hours within 30 days of employment. 2. Record review on 2/20/18 revealed the Program hired Staff B on 11/3/17. According to available documentation Staff B had not completed the required eight hours within 30 days of employment. When interviewed on 4/20/18 the Program Consultant and administrative staff admitted no documentation existed to confirm Staff A and B had completed the required training.	A 121		

OK
5/25/18

COUNTRYHOUSE RESIDENCE *for memory care*

HEALTH FACILITIES

APR 30 2018

March 23, 2018

Department of Inspections and Appeals
Attn: Linda Kellen
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319

Dear Ms. Kellen:

On behalf of CountryHouse Residences in Council Bluffs, I respectfully submit our Plan of Correction for your approval. Our response is specific to the Monitoring Report for the onsite visit on February 20, 2018. 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 insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of state law.

Staffing

1. Elements detailing how the Program will correct each regulatory insufficiency.
    - Staff will be appropriately trained / delegated as required by regulation.
    - All current staff at CountryHouse will be re-trained and/or delegated by the RN. All training / delegation will be documented.

2. What measures will be taken to ensure the problem does not recur.
    - The Director will be trained on training / delegation requirements per regulation.
    - The RN will be trained on training / delegation requirements per regulation.

3. How the Program plans to monitor performance to ensure compliance.
    - The Director, RN, and/or designee will audit staff files at least annually to ensure staff is sufficiently trained / delegated and documentation of training / delegation is on file.

4. The date by which the regulatory insufficiency will be corrected.
    - This regulatory insufficiency will be corrected by April 30, 2018.

COUNTRYHOUSE RESIDENCE *for memory care*

✓5/30/18

Record Checks

1. Elements detailing how the Program will correct each regulatory insufficiency.
    - CountryHouse had previously audited staff files and corrected the issue related to background checks being completed prior to the onsite visit by DIA.
    - CountryHouse will complete criminal history, dependent adult abuse, and child abuse checks prior to employment.

2. What measures will be taken to ensure the problem does not recur.
    - The Director will be retrained on requirements related to completion of background checks prior to hire.

3. How the Program plans to monitor performance to ensure compliance.
    - CountryHouse will audit staff files at least annually to ensure background checks are completed as required by regulation.

4. The date by which the regulatory insufficiency will be corrected.
    - This regulatory insufficiency will be corrected by April 30, 2018.

Evaluation of Tenant

1. Elements detailing how the Program will correct each regulatory insufficiency.
    - A health, functional, and cognitive evaluation will be completed by the RN prior to occupancy as required by regulation.
    - A health, functional, and cognitive evaluation will be completed by the RN within 30 days of occupancy as required by regulation.

2. What measures will be taken to ensure the problem does not recur.
    - The Director and RN will be retrained on regulatory requirements for evaluation of tenant. Training will specifically review requirements prior to move in, within 30 days of move in, with a significant change in condition, and annually.

3. How the Program plans to monitor performance to ensure compliance.
    - The Director, RN, or designee will audit tenant charts at least annually to ensure compliance.

4. The date by which the regulatory insufficiency will be corrected.
    - This regulatory insufficiency will be corrected by April 30, 2018.

Service Plan

1. Elements detailing how the Program will correct each regulatory insufficiency.
    - The RN will complete a service plan for Tenant #1 and #2.
    - A service plan will be completed for all Tenants within 30 days of move in as required by regulation.

2. What measures will be taken to ensure the problem does not recur.
    - The Director and RN will be retrained on regulatory requirements for service plan. Training will specifically review requirements prior to move in, within 30 days of move in, with a significant change in condition, annually, and for discretionary changes.

3. How the Program plans to monitor performance to ensure compliance.
    - The Director, RN, or designee will audit tenant charts at least annually to ensure compliance.

4. The date by which the regulatory insufficiency will be corrected.
    - This regulatory insufficiency will be corrected by April 30, 2018.

Food Service

1. Elements detailing how the Program will correct each regulatory insufficiency.
    - All appropriate staff will be trained on safe food handling.
    - New hires will be trained on safe food handling prior to handling food.

2. What measures will be taken to ensure the problem does not recur.
    - The Director will be trained on regulatory requirements for completion of safe food handling prior to handling food and annually.

3. How the Program plans to monitor performance to ensure compliance.
    - The Director or designee will audit staff files at least annually to ensure compliance.

4. The date by which the regulatory insufficiency will be corrected.
    - This regulatory insufficiency will be corrected by April 30, 2018.

Dementia Specific Education for Personnel

1. Elements detailing how the Program will correct each regulatory insufficiency.
    - All staff will receive 8 hours of dementia specific training.
    - All new hires will receive 8 hours of dementia specific training within 30 days of hire.

2. What measures will be taken to ensure the problem does not recur.
    - The Director will be trained on regulatory requirements for dementia specific training within 30 days of hire and annually.

3. How the Program plans to monitor performance to ensure compliance.
    - The Director or designee will audit staff files at least annually to ensure compliance.

4. The date by which the regulatory insufficiency will be corrected.
    - This regulatory insufficiency will be corrected by April 30, 2018.

COUNTRYHOUSE RESIDENCE *for memory care*

If you have any questions regarding this plan of correction, please feel free to contact me at 712-322-4100. Thank you.

Sincerely,

Jeannette Blackstone
Director