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
	S0369	A. BUILDING: _____ B. WING _____	C 03/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENCREST AT BEAVERDALE	3410 BEAVERDALE AVENUE DES MOINES, IA 50310

(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. Number of tenants without cognitive impairment: 40 Number of tenants with cognitive impairment: 35 Total census: 75 The following regulatory insufficiencies were cited during the investigation of Complaint #110810-C.	A 000		
A 525	481-69.29(3) Staffing 69.29(3) The owner or management corporation of the program is responsible for ensuring that all personnel employed by or contracting with the program receive training appropriate to assigned tasks and target population. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure all personnel, including contract/agency staff, were appropriately trained to meet tenant needs. This affected 3 of 3 staff reviewed (Staff A, Staff B and Staff C) and potentially affected 35 of 35 tenants with a Global Deterioration Scale (GDS) score of 4 and above. Finding follows: Record review of personal files revealed Agency Staff (AS) A worked at the Program on 11/6/22. AS B worked at the Program on 12/18/22. AS C	A 525		

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A 525	Continued From page 1 worked at the program on 11/1/22. Further record review revealed failed to reveal documentation of dementia-specific training for Staff A, Staff B and Staff C. When interviewed on 3/1/23 during the exit the Director and Clinical Risk and Compliance Manager confirmed the agency who provided contract staff did not require dementia- specific education.	A 525		