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
	S0379	A. BUILDING: _____ B. WING _____	12/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWS OF MARSHALLTOWN ALP/D	2315 CAMPBELL DRIVE MARSHALLTOWN, IA 50158

(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 disorder: 3 Number of tenants with cognitive disorder: 8 Total Census of Assisted Living Program for People with Dementia: 11 The following regulatory insufficiencies were cited during the inital visit conducted to determine compliance with certification rules for an Assisted Living Program for People with Dementia.	A 000		
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	A 036	Our pre-admission assessment requires a cognitive evaluation for all incoming residents and will be completed prior to occupancy agreement. Prior to admission, assessments will be reviewed for completion by our RN and at least one other staff member. This will ensure there are no oversights. All resident files were reviewed and missing evaluations or unsigned evaluations were completed by the staff RN.	January 16, 2019

DD: 1/28/19

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A 036	Continued From page 1 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 Program failed to complete cognitive evaluations prior to admission for 2 of 4 tenants reviewed (Tenant #1, and #2). Findings follow: 1. Review of Tenant #1's file indicated an admission date of 8-27-18. No cognitive evaluation completed prior to admission could be located. 2. Review of Tenant #2's file indicated an admission date of 8-27-18. No cognitive evaluation completed prior to admission could be located. The Healthcare Coordinator confirmed these findings on 12-5-18 at 10:42 a.m.	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	A 037		

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A 037	Continued From page 2 or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete comprehensive assessments within 30 days or with significant change for 4 of 4 tenants reviewed (Tenants #1, #2, #3, and #4). Findings follow: 1. Review of Tenant #1's file revealed an admission date of 8-27-18. No cognitive evaluation completed within 30 days of occupancy could be located. 2. Review of Tenant #2's file revealed an admission date of 8-27-18. No cognitive evaluation completed within 30 days of occupancy could be located. 3. Review of Tenant #3's file revealed an admission date of 8-28-18. No cognitive evaluation completed within 30 days of occupancy could be located. 4. Review of Tenant #4's file revealed an admission date of 8-28-18. No cognitive evaluation completed within 30 days of occupancy could be located. In addition, a Hospice Assessment and Plan of Care Update Report document revealed the tenant began services on 11-2-18. A comprehensive	A 037	All service plans have been reviewed and updated to demonstrate a comprehensive assessment has been completed. Future re-assessments will occur within 30 days of admission. Reassessments, as well as updated service plans will occur with any significant change in tenant condition, functional, cognitive or health status, or when a tenant needs personal/health care including but not limited to the commencement of outside services such as hospice, home health. We are fully utilizing our EHR/Resident Management software now (Point Click Care). This is configured to remind and prompt RN staff of all scheduled evaluations. This dashboard is viewed many times a day by multiple staff members, including the Executive Director. Overdue evaluations are elevated to notify the Executive Director. This automated scheduling, redundancy, and evaluation will prevent future lapses. We have also developed a spreadsheet as an additional check to monitor upcoming assessments. Nursing staff completed additional web based training on service planning, as well as a complete review of AL regulatory requirements.	January 16, 2019 December 11, 2018 January 14, 2019

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A 037	Continued From page 3 assessment following this significant change could not be located. The Healthcare Coordinator confirmed these findings on 12-5-18 at 10:42 a.m.	A 037		
A 083	481-69.26(1) Service Plans 481-69.26(231C) Service plans. 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop service plans based on evaluations as required for 4 of 4 tenants reviewed (Tenants #1, #2, #3, and #4). Findings follow: Review of tenant files revealed cognitive evaluations were not completed prior to occupancy as required by 69.22(1) for Tenant #1 and Tenant #2, and not completed within 30 days of occupancy as required by 69.22(2) for Tenant #1, Tenant #2, Tenant #3 and Tenant #4. As a result, service plans were not developed based on required assessments	A 083	Our pre-admission procedure has been updated to include a checklist of all required items. The completeness of the admission packet is checked by no less than 2 staff members before admission is allowed. The checklist includes a preliminary service plan, which will be signed by all; the tenant or tenant representative, the health care professional and 2nd staff member responsible for development of the plan, prior to signing the occupancy agreement and admission. Huddles with clinical care staff will occur every Monday to discuss any pertinent information on each resident.	January 17, 2019 To begin January 21, 2019

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A 083	Continued From page 4 The Healthcare Coordinator confirmed these findings on 12-5-18 at 10:42 a.m.	A 083		
A 084	481-69.26(2) Service Plans 481-69.26(231C) Service plans. 69.26(2) Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to obtain signatures from all parties who developed the service plan prior to occupancy for 2 of 4 tenants reviewed (Tenant #3 and Tenant #4). Findings follow: 1. Review of Tenant #3's file indicated an admission date of 8-28-18. Further review revealed no signatures obtained by the persons who developed the service plan dated 8-27-18. 2. Review of Tenant #4's file indicated an admission date of 8-28-18. Further review revealed no signatures obtained by the persons who developed the service plan dated 8-27-18.	A 084	Our pre-admission procedure has been updated to include a checklist of all required items. The completeness of the admission packet is checked by no less than 2 staff members before admission is allowed. The checklist includes a preliminary service plan, which will be signed by all; the tenant or tenant representative, the health care professional and 2nd staff member responsible for development of the plan, prior to signing the occupancy agreement and admission. All deficiencies were corrected by 12/7/18.	January 17, 2019

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A 084	Continued From page 5 The Healthcare Coordinator confirmed these findings on 12-5-18 at 10:42 a.m.	A 084		
A 086	481-69.26(3)a 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. If a significant change triggers the review and update of the service plan, the updated service plan shall be signed and dated by all parties. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update service plans as required for 1 of 1 tenants reviewed with a significant change (Tenant #4). Findings follow: Review of Tenant #4's file revealed a Hospice Comprehensive Assessment and Plan of Care Update Report documenting the start of hospice services on 11-2-18. No updated service plan reflecting the initiation of hospice services could be located. The Healthcare Coordinator confirmed this finding on 12-5-18 at 10:42 a.m.	A 086	Reassessments, as well as updated service plans will occur with any significant change in tenant condition, functional, cognitive or health status, or when a tenant needs personal/health care including but not limited to the commencement of outside services such as hospice, home health. Deficient service plan was corrected 12/7/18	

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A 091	Continued From page 6	A 091		
A 091	481-69.26(4)c Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: c. The service provider(s), if other than the program, including but not limited to providers of hospice care, home health care, occupational therapy, and physical therapy This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to include outside providers on the service plan for 1 of 1 tenants reviewed receiving hospice services (Tenant #4). Findings follow: Review of Tenant #4's file revealed a Hospice Comprehensive Assessment and Plan of Care Update Report documenting the start of hospice services on 11-2-18. The hospice agency providing services was not included on the tenant's service plan dated 8-25-18. The Healthcare Coordinator confirmed this finding on 12-5-18 at 10:42 a.m.	A 091	Service plans for all residents were reviewed by two staff members. Corrections and/or additions were made to identify primary providers and specialty providers such as hospice, physical therapy, occupational therapy, etc. Service plans were updated to reflect this, as well as demographic data. Upon admission the RN on staff will review all admission paperwork for completion and accuracy. Two clinical staff members will also review. Any referrals made by nursing staff will be noted on the service plan.	January 16, 2019
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	A 092		

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A 092	Continued From page 7 personal interests. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to include include a list of planned and spontaneous activities in service plans for 4 of 4 tenants reviewed unable to plan their own activities (Tenants #1, #2, #3, and #4). Findings follow: 1. Review of Tenant #1's file revealed a Global Deterioration Scale (GDS) score of 6 indicating severe cognitive decline. The tenant's service plan did not include a list of planned or spontaneous activities based on personal interests. 2. Review of Tenant #2's file revealed a GDS score of 5 indicating moderately sever cognitive decline. The tenant's service plan did not include a list of planned or spontaneous activities based on personal interests. 3. Review of Tenant #3's file revealed a GDS score of 6 indicating severe cognitive decline. The tenant's service plan did not include a list of planned or spontaneous activities based on personal interests. 4. Review of Tenant #4's file revealed a GDS score of 6 indicating severe cognitive decline. The tenant's service plan did not include a list of planned or spontaneous activities based on	A 092	Care staff and activities staff will continuously evaluate and monitor residents for activity preferences. Upon occupancy, resident or family members are given a life history form to be returned within 30 days, which captures the interest and favorite activities of the resident. Service plans for all residents have been reviewed. Based on the cognitive decline, service plans were updated to include planned and spontaneous activities based on the resident's likes/dislikes as determined by discussions with the resident, family members, and observations of staff members. Updates to the service plan will be made with assessments or care conferences (began Jan.15th). When tenant's service plan is up for review, RN will schedule care conference to assess activities based on tenant's abilities and interest. At the bi-monthly leadership care conference the process was reviewed and approved.	January 16, 2019 January 15, 2019

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A 092	Continued From page 8 personal interests. The Healthcare Coordinator confirmed these findings on 12-5-18 at 10:42 a.m.	A 092		
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 8 hours of dementia training within 30 days of employment for 14 of 16 staff reviewed (Staff A, B, C, D, E, F, G, H, I, J, K, L, M, and N). Findings follow: Review of staff files revealed the following: - Staff A was hired 10-11-18 and completed 1 hour of dementia training within 30 days. - Staff B was hired 9-4-18 and no record of dementia training was found. - Staff C was hired 8-6-18 and completed 1 hour of dementia training within 30 days. - Staff D was hired 8-6-18 and completed 1.5 hours of dementia training within 30 days. Training was completed between October and December. - Staff E was hired 8-6-18 and completed 1 hour of dementia training within 30 days. Training was	A 121	All employees who exceeded the thirty day requirement have completed eight hours of computer based training. New hire orientation has been extended to include the majority of computer based and hands on training required within the first 30 days of employment. After orientation a report on new employees will be generated and given to the appropriate Director. Any additional training required within specific time frames will be built into the regular work schedule in order to complete the training within the allotted time frame. A new hire report from Relias, our computer based training system, will be generated for the Director each week. For all other employees a report will be generated monthly and reviewed and approved by the appropriate Director. If required training is not completed within the required amount of time the employee will be taken off their assigned work schedule and assigned to training until the required training is completed. This will be monitored by the appropriate Director and the Executive Director.	January 4, 2019 January 1, 2019

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A 121	Continued From page 9 completed in November. - Staff F was hired 10-22-18 and completed 7.75 hours of dementia training within 30 days. - Staff G was hired 8-24-18 but didn't complete any dementia training within 30 days. Training was completed in November. - Staff H was hired 9-11-18 and no record of dementia training was found. - Staff I was hired 8-6-18 and no record of dementia training was found. - Staff J was hired 7-16-18 but didn't complete any dementia training within 30 days. Training was completed in November. - Staff K was hired 10-25-18 and no record of dementia training was found. - Staff L was hired 8-20-18 but didn't complete any dementia training within 30 days. Training was completed in November. - Staff M was hired 8-20-18 but didn't complete any dementia training within 30 days. Less than 6 hours of training was completed in October and November. - Staff N was hired 8-6-18 and completed 1 hour of dementia training within 30 days. Four hours of training was completed in November. When interviewed on 12-3-18 at 3:37 p.m. the Executive Director confirmed these findings.	A 121		
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.	A 125	All employees who exceeded the thirty day requirement have completed the required hands on dementia specific training. (One employee has been out ill and will complete the day they return. prior to working their regular schedule) New hire orientation has been extended to include the majority of computer based and hands on training required within the first 30 days of employment. After orientation a report on new employees will be generated and given to the appropriate Director.	January 18, 2019

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A 125	Continued From page 10 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide hands on dementia specific training for 14 of 16 staff reviewed (Staff A, B, C, D, E, F, G, H, I, J, K, L, M, and N). Findings follow: Review of staff files revealed no documentation of hands on dementia training for Staff A, B, C, D, E, F, G, H, I, J, K, L, M or N. When interviewed on 12-3-18 at 3:37 p.m. the Executive Director confirmed these findings.	A 125	Any additional training required within specific time frames will be built into the regular work schedule in order to complete the training within the allotted time frame. A new hire report from Relias, our computer based training system, will be generated for the Director each week. For all other employees a report will be generated monthly and reviewed and approved by the appropriate Director. If required training is not completed within the required amount of time the employee will be taken off their assigned work schedule and assigned to training until the required training is completed. This will be monitored by the appropriate Director and the Executive Director.	

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