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
	S0385	A. BUILDING _____ B. WING _____	12/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWS OF MARSHALLTOWN AL	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 are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. General Population Program Number of tenants without cognitive disorder: 15 Number of tenants with cognitive disorder: 3 Total Population of Program at time of on-site: 18 The following regulatory insufficiencies were cited during the initial visit conducted to determine compliance with certification rules for an Assisted Living Program. 231C.5(1) Written occupancy agreement required 1. An assisted living program shall not operate in this state unless a written occupancy agreement, as prescribed in subsection 2, is executed between the assisted living program and each tenant or the tenant ' s legal representative, prior to the tenant ' s occupancy, and unless the assisted living program operates in accordance with the terms of the occupancy agreement. The assisted living program shall deliver to the tenant or the tenant ' s legal representative a complete copy of the occupancy agreement and all supporting documents and attachments and shall deliver, at least thirty days prior to any changes, a written copy of changes to the occupancy agreement if any changes to the copy originally delivered are subsequently made.	A 000	All tenant occupancy agreements have been reviewed & signed by all tenants. There are two agreements remaining that still need to be signed by tenant representative. We will continue to make every effort to obtain these signatures. All tenants and tenants representative will be provided a copy of the occupancy agreement and all supporting attachments. A checklist has been developed for the Executive Director and Assistant Director, and supporting staff to utilize when agreements are being completed. This includes instructions on the process, sequence the process must take, and documentation on distribution of copies. The Executive Director will be required to sign all agreements and ensure the process has been completed as required. Additional education was provided to the Assistant Director, Activities Director, Care Team Assistant Director and Nursing leadership on January 15, 2019 during the bimonthly care conference regarding this process.	January 17, 2019 February 5, 2018 February 5, 2018 January 15, 2019 January 15, 2019

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Executive Dir. (X6) DATE 1-18-19

DD 1/28/19

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 084	Continued From page 5 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 admission for 2 of 4 tenants reviewed (Tenant #2 and Tenant #3). Findings follow: 1. Review of Tenant #2's file indicated an admission date of 10-12-18. Further review revealed no signatures obtained by the persons who developed the service plan dated 10-12-18. 2. Review of Tenant #3's file indicated an admission date of 8-27-18. Further review revealed no signatures obtained by the persons who developed the service plan dated 8-27-18. The Healthcare Coordinator confirmed these findings on 12-5-18 at 2:14 p.m.	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.	January 17, 2019
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	A 085		

1-18-19
Eplq. Dir.

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A 085	Continued From page 6 less than annually. 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 indicated an admission date of 8-27-18. Continued review revealed a service plan dated 8-27-18 indicating he independently administered medications. The tenant's file revealed a Physician's Order dated 9-27-18 for assistance with medication administration. The service plan was not updated to reflect this significant change. The Healthcare Coordinator confirmed this finding on 12-5-18 at 2:14 p.m.	A 085	Our procedures for triggering updated service plans have been updated to include any significant change in tenant condition, or when a tenant needs personal/health care including but not limited to the commencement of outside services such as hospice and home health.	
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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the	A 104		

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A 104	Continued From page 7 Program failed to provide an orientation on sanitation and safe food handling prior to handling food for 7 of 11 staff reviewed who required food safety training (Staff B, C, D, E, F, G, and H). Findings follow: Review of staff files revealed the following: 1. Staff B was hired 8-6-18 and completed Relias training for Food Safety Fundamentals on 10-2-18. 2. Staff C was hired 8-6-18. No record for food safety training was found. 3. Staff D was hired 8-24-28. No record of food safety training was found. 4. Staff E was hired 9-11-28. No record of food safety training was found. 5. Staff F was hired 8-6-28. No record of food safety training was found. 6. Staff G was hired 10-25-28. No record of food safety training was found. 7. Staff H was hired 9-5-28 and completed Relias training for Food Safety Fundamentals on 11-7-18. During an interview on 12-3-18 at 3:37 p.m. the Executive Director confirmed staff served food and stated she was unaware all staff who served food or snacks to tenants required food safety training.	A 104	All employees who exceeded the thirty day requirement have completed the required safe food handling and food safety 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