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
	S0435	A. BUILDING: _____ B. WING _____	02/18/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK PARK ESTATES AL MEMORY CARE	3212 GREENHILL CIRCLE CEDAR FALLS, IA 50613

(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: 1 Number of tenants with cognitive disorder: 8 Total census: 9 There were no regulatory insufficiencies cited during the infection control survey. The following regulatory insufficiencies were cited during the initial certification conducted to determine compliance with certification rules for an ALP/D program:	A 000	√ 5/19/21	
A 380	481-67.9(6) Staffing 67.9(6) Dependent adult abuse training. Program staff shall receive training relating to the identification and reporting of dependent adult abuse as required by Iowa Code section 235B.16. This REQUIREMENT is not met as evidenced by: Based on record review the Program failed to ensure staff received training for the identification and reporting of Dependent Adult Abuse (DAA) as required for 1 of 3 staff reviewed (Staff B). Finding follows: Record review on 2/10/21 revealed no documentation to confirm Staff B had received Dependent Adult Abuse training within six months of employment.	A 380	481-67.9(6) Staffing 1) All employees will complete their dependent adult abuse training within 1 month of their date of hire 2) A spreadsheet will be created with employee names, hire dates, certificates and education required with due dates and renewal dates 3) spread sheet will be reviewed on the first business day of the week and training due at the end of the week will be a priority for the employee if employee does not complete their training they will be taken off of the schedule until it is completed 4) insufficiency will be corrected by 5/12/21	~~4/19/21~~

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Michelle Rosbeck RN	Director	4/19/21

5/19/21

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A 400	481-67.19(3) 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 ensure background checks were completed prior to employment for 1 of 3 staff reviewed (Staff A). Finding follows: Record review on 2/10/21 revealed no documentation of a record check. The nurse confirmed she could not locate the employee's background checks via email on 2/10/21 at 9:33 a.m.	A 400	481-67.19(3) Record Checks 1) All potential candidates will have a criminal background check and a child and dependent adult abuse check prior to receiving an offer of employment. 2) a pre-employment check list will be created and utilized during the interview process, check shall include completion of background check 3)Director will ensure all items on the list are completed prior to candidate being contacted for their job offer. 4)Insufficiency shall be corrected immediately	~~4/19/21~~
A 545	481-69.30(1) Dementia Specific Education for 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 record review the Program failed to ensure employees received a minimum of eight hours of dementia-specific training within 30 days	A 545	481-69.30(1) Dementia Specific Education for Personnel 1) All staff will complete their 8 hours of dementia training within 30 days of their date if hire and annually after that. 2) a spread sheet will be created with employee hire dates education and certificates needed, due dates and renewal dates 3) the director will review spreadsheet on the first business day of the week. Training due by the end of the week will become a priority for the employee, if the employee does not complete training by the due date they will be removed from schedule until it is completed. 4) insufficiency will be corrected by 5/12/21	~~4/19/21~~

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A 545	Continued From page 2 of employment for 2 of 3 staff reviewed (Staff A and C). Finding follows: On 2/10/21 review of training records revealed Staff A and C received training but had not completed it within the required 30 days of employment.	A 545		