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
	S0448	A. BUILDING: _____ B. WING _____	C 11/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLAND FARMS SENIOR LIVING	2800 SUNSET DRIVE NORWALK, IA 50211

(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. Number of tenants without cognitive impairment: 28 Number of tenants with cognitive impairment: 3 Total census: 31 No regulatory insufficiencies were cited during the investigation of Complaint #108803-C. The following regulatory insufficiencies were cited during the investigation of Complaint #104673-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 the tenant needs. This pertained to 3 of 4 temporary agency staff reviewed. Finding follows: Record review on 11/17/22 revealed no training documentation for 3 of 4 agency staff reviewed. Further record review revealed at least 53 agency	A 525		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 525	Continued From page 1 staff had worked at the Program since 6/1/22 and the Program failed to have a completed Agency/Temp Staff Orientation Checklist for Agency Staff B, C and D. When interviewed 11/21/22 at 2:07 p.m. the Memory Care Manager confirmed the Program failed to consistently ensure contract/agency staff received the required training.	A 525		