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
	S0449	A. BUILDING: _____ B. WING _____	C 11/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEADERS AT HOLLAND FARMS	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 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. Tenants without cognitive impairment: 8 Tenants with cognitive impairment: 19 Total census: 27 No regulatory insufficiencies were cited during the investigation of Complaints #107315-C and 107709-C. The following regulatory insufficiencies were cited during the investigation of Complaint #107353-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 potentially affected 26 of 26 tenants. 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 staff worked at the Program since 6/1/22. The	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 Program failed to produce 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 required training.	A 525		
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 interview and record review that Program failed to ensure staff received eight hours of dementia-specific education/training within 30 days of employment. This potentially affected 19 of 19 tenants with at least mild cognitive impairment (Global Deterioration Scale (GDS) score of 4 or above). Finding follows: Record review on 11/22/22 revealed the Program hired Staff A on 11/23/21. Review of training records revealed Staff A's signed acknowledgement of dementia training with no date. According to training records provided, the acknowledgement was entered into the training records system on 12/29/22. Further review revealed documentation of dementia- specific training but the documentation did not include	A 545		

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A 545	Continued From page 2 eight hours of dementia-specific training within 30 days of employment. During the exit interview on 11/22/22 the Director reported she had additional training. On 11/28/22 the Director confirmed she had provided all dementia-specific training for Staff A.	A 545		
A 555	481-69.30(3)a Dementia Specific Education for Personnel 69.30(3) Dementia-specific continuing education a Except as otherwise provided in this subrule, all personnel employed by or contracting with a dementia-specific program shall receive a minimum of two hours of dementia-specific continuing education annually. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure all staff including contract/agency staff received dementia-specific education annually. This potentially affected 19 of 19 of tenants with at least mild cognitive impairment (Global Deterioration Scale (GDS) score of 4 and above). Findings follow: Record review on 11/21/22 revealed the Program could not produce documentation of Agency Staff B's dementia- specific training. When interviewed on 11/21/22 at 2:07 p.m. the Memory Care Manager confirmed Agency Staff B	A 555		

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A 555	Continued From page 3 worked in the memory care unit.	A 555		