DEPARTMENT OF INSPECTIONS AND APPEALS

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0451	A. BUILDING: _____ B. WING _____	C 08/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENCREST AT THE TUSCANY	1690 8TH STREET SE ALTOONA, IA 50009

(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: 38 Number of tenants with cognitive impairment: 0 Total census: 38 No regulatory insufficiencies were cited during the investigation of Complaint #110751-C. The following regulatory insufficiencies were cited during the investigation of Complaint #114298-C.	A 000	See Attached POC 8/30/23	
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 interview and record review the Program failed to consistently ensure staff received Dependent Adult Abuse (DAA) training as required. Chapter 235B.16 requires that employees complete two hours of training relating to the identification and reporting of Dependent Adult Abuse within six months of initial employment and at least two hours of additional dependent adult abuse identification and reporting training every three years thereafter.	A 380		

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

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A 380	Continued From page 1 This pertained to 1 of 3 staff (Staff B). Finding follows: Record review on 8/24/23 revealed Staff A's DAA certificate dated 2/5/20. When interviewed on 8/24/23 the administrative staff confirmed the Program had provided all training documentation requested for Staff B.	A 380		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: S0451	DATE SURVEY COMPLETED: 8/28/2023

Tag #	SUMMARY STATEMENT OF DEFICIENTCIES (EACH DEFICIENCY SHOULD BE PRECEDE BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY	Identify what changes to the provider's systems and practices were made to ensure compliance with the specific statute(s). Include information about how the provider will maintain compliance in the future.	COMPLETION DATE
Tag #1	**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. Based on interviews and record review the Program failed to consistently ensure staff received Dependent Adult Abuse (DAA) training as required. Chapter 235B.16 requires that employees complete two hours of training relating to the identification and reporting of Dependent Adult Abuse within six months of initial employment and at least two hours of additional dependent adult abuse identification and reporting training every three years thereafter. This pertained to 1 of 4 staff (Staff B). Finding as follows: Record review on 8/24/23 revealed Staff A's DAA certificate dated 2/5/20. When interviewed on 5/24/23 at administrative staff confirmed the Program had provided all training documentation requested for Staff B.	**Tag #1** **A 380**	**What initial correction was made?** Staff B completed DAA training on 10/30/2023.	**How will we ensure and maintain compliance going forward?** File auditing plan implemented on 8/30/2023 to ensure 100% compliance with DAA training completion. Employee tracking and auditing spreadsheet created to monitor due dates and/or renewals of DAA training. The director or designee will complete tracking and monitoring of employees required trainings and renewals.	**Implementation Date:** 8/30/2023 **Completion Date:** Ongoing **Responsible Party:** Director or Designee

Compliance Date:___11/15/2023_____

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.