6/26/19 OK 6/24/19

PRINTED: 05/28/2019
FORM APPROVED

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
		A. BUILDING: _____ B. WING _____	05/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
[redacted]BRIO OF JOHNSTON ASSISTED LIVING	6901 PECKHAM JOHNSTON, IA 50131

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	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 disorder: 19 Number of tenants with cognitive disorder: 2 TOTAL census of Assisted Living Program: 21 The following regulatory insufficiencies were cited during the initial certification conducted to determine compliance with certification for an Assisted Living Program:	The following document will serve as the written Plan of Correction addressing the regulatory insufficiencies identified during the visit that was conducted on May 1, 2019.	
A 118	481-67.19(3) Record Checks 481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse 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 complete criminal history, dependent adult abuse and child abuse checks prior to employment for 1 of 3 staff reviewed (Staff A). Findings follow:	**481-67.19(3) Record Checks** Regulatory Insufficiency: The Program hired Staff A on 11-16-18. The Program completed a criminal history, child and dependent adult abuse check o 11-19-18. Therefore, the Program did not complete criminal history, dependent adult and child abuse checks prior to employment of Staff A. Plan of Correction: • Upon this finding, the Program immediately ran the criminal history and dependent adult and child abuse check and the staff member were cleared to work. • The Program will complete the necessary background checks and receive approval that the staff member is eligible for rehire, prior to hire. The following measures will be taken to ensure the problem does not reoccur: • At the time of hire, there since has been a new HR Director and the Director will follow the pre-hire checklist to ensure all checks are completed and information is obtained. The Program will monitor performance to ensure compliance as follows: • Executive Director or designee will review personnel files at least twice a year to monitor compliance. Date insufficiencies are corrected by: 5-1-19	

POC 5/1/19

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Teresa Krueger TITLE: Executive Director (X6) DATE: 5-29-19

STATE FORM 6899 GMBR11 If continuation sheet 1 of 3

DEPARTMENT OF INSPECTIONS AND APPEALS

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	S0395	A. BUILDING: _____ B. WING _____	05/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIO OF JOHNSTON ASSISTED LIVING	6901 PECKHAM STREET JOHNSTON, IA 50131

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A 118	Continued From page 1 Record review on 5/1/19 revealed the Program hired Staff A on 11/16/18. The Program completed a criminal history, child and dependent adult abuse check on 11/19/18. Therefore, the Program did not complete criminal history, dependent adult and child abuse checks prior to employment of Staff A. When interviewed on 5/1/19 at 11:00 a.m. the Executive Director confirmed the Program did not complete criminal history, child and dependent adult abuse checks prior to Staff A beginning employment.	A 118		
A 037	481-69.22(2) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. This REQUIREMENT is not met as evidenced	A 037	**481-69.22(2) Evaluation of Tenant** Regulatory Insufficiency: The Program failed to complete evaluations within 30 days of occupancy. Plan of Correction: • The nurse that was responsible for evaluations is no longer working for the Program. • The Program has developed a tracking system to ensure that all new tenants to the Program would receive an evaluation within 30 days of occupancy by the AL RN. The following measures will be taken to ensure the problem does not reoccur: • The current RN will ensure that the tracking system is followed and all new tenants are added to the tracking system. The Program will monitor performance to ensure compliance as follows: • Executive Director of designee will review tracking system at a minimum every 6 months to ensure compliance. Date insufficiencies are corrected by: 5-1-19	

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A 037	Continued From page 2 by: Based on interview and record review the Program failed to ensure functional, cognitive and health evaluations were completed within 30 days of occupancy for 2 of 2 Tenants (Tenants #1 and #2). Finding follows: 1. Record review revealed Tenant #1 admitted to the Program on 11/1/18. Additional record review revealed the Program completed functional, cognitive and health evaluations on 10/25/18 (initial) and 12/10/18. The Program failed to complete evaluations within 30 days of occupancy. 2. Record review revealed Tenant #2 admitted to the Program on 10/29/18. Additional record review revealed the Program completed functional, cognitive and health evaluations on 10/29/18 (initial) and 12/14/18. The Program failed to complete evaluations within 30 days of occupancy. When interviewed on 5/1/18 at 12:45 p.m. the Executive Director confirmed evaluations had not been completed within 30 days of occupancy. She explained the nurse responsible at the time no longer worked for the Program. She added the Program had developed a tracking system to ensure evaluations would be completed within 30 days of occupancy.	A 037		