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PRINTED: 07/19/2021
FORM APPROVED

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/19/2021
NAME OF PROVIDER OR SUPPLIER 3801 GRAND		STREET ADDRESS, CITY, STATE, ZIP CODE 3801 GRAND AVE DES MOINES, IA 50312	
(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)
A 000	<p>Initial Comments</p> <p>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.</p> <p>General Population</p> <p>Number of tenants without cognitive disorder: 26</p> <p>Number of tenants with cognitive disorder: 4</p> <p>Memory Care Unit</p> <p>Number of tenants without cognitive disorder: 0</p> <p>Number of tenants with cognitive disorder: 11</p> <p>TOTAL Census of Assisted Living Program for People with Dementia: 41</p> <p>A recertification visit was conducted to determine compliance with certification for an Assisted Living Program. An onsite infection control survey was also completed. The following regulatory insufficiencies were identified related to recertification visit:</p>	A 000	<p>POC</p> <p>6/2/21</p>
A 415	<p>481-67.19(3)c Record Checks</p> <p>67.19(3)c If a person considered for employment has been convicted of a crime. If a person being considered for employment in a program has been convicted of a crime under a law of any state, the department of public safety shall notify the program that upon the request of the program the department of human services will perform an evaluation to determine whether the crime</p>	A 415	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 415	<p>Continued From page 1</p> <p>warrants prohibition of the person's employment in the program.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently perform record check evaluations prior to employment. This affected 1 of 4 staff (Staff D) reviewed. Finding follows:</p> <p>Record review on 5/19/21 revealed Staff D's Single Contact License and Background Check (SING) dated 12/19/19. The SING directed further research. Further review revealed Staff D's Iowa Record Check Request dated 12/24/19 and indicated Staff D had a criminal history. The Program hired Staff D on 1/15/20 but without requesting a record check evaluation from the Department of Human Services (DHS).</p> <p>When interviewed on 5/19/21 at 9:45 a.m. the Director confirmed the Program failed to complete the DHS record check evaluation.</p>	A 415	<p><u>Regulatory Insufficiency – 481-67.19(3) Records Checks</u></p> <p>On 5/26/21, 3801 Grand's Executive Director submitted the employee's paperwork to DHS for Record Check Evaluation. On 6/2/21, 3801 Grand received DHS's approval regarding the employee's Record Check Evaluation.</p> <p><u>Date Insufficiency Corrected: 6/2/21</u></p> <p>3801 Grand will prevent future occurrences of this issue by having one central employee oversee all background check processes rather than individual department managers. Oversight of DHS review submissions and approvals will be provided by the Executive Director.</p>	