

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0067	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/12/2022
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

RIDGEVIEW ASSISTED LIVING

**4925 WEST AVE
BURLINGTON, IA 52601**

(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 disorder: 28 Number of tenants with cognitive disorder: 3 Total census: 31 The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program	A 000		
A 400	481-67.19(3) 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 background checks prior to hire for 2 of 7 employees reviewed (Staff D and Staff G). Findings follow: Record review on 12/12/22 revealed Staff D was hired on 10/10/22. The program did not complete a background check on Staff D until 10/14/22. Staff G was also hired on 10/10/22. The program did not complete a background check for Staff G until 10/14/22.	A 400	The Plan of Correction is attached	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0067	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 12/12/2022
NAME OF PROVIDER OR SUPPLIER RIDGEVIEW ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 4925 WEST AVE BURLINGTON, IA 52601		
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A 400	Continued From page 1 The Assisted Living Director of Nursing confirmed these findings on 12/12/22 at 2:50 PM.	A 400			

Department of Inspections and Appeals
Attn: Deb Dixon
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319

Dear Ms. Dixon:

On behalf of Ridgeview Assisted Living in Burlington, Iowa, I respectfully submit our Plan of Correction for your approval. This response is specific to the recertification report for the onsite visit 12/12/2022. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the alleged facts or conclusions set forth in the statement of insufficiencies. The Plan of Correction is executed solely because it is required by the provisions of Iowa Law.

Record Checks

1. Elements detailing how the program will correct each regulatory insufficiency
 - Staff D and staff G background check was completed on 10/14/2022.
2. Measures taken to ensure the problem does not recur
 - New hire checklist list has been implemented to ensure background check is completed.
 - All staff will have a background check completed post offer of employment but prior to start date.
3. How the Program plans to monitor performance to ensure compliance
 - The Director and/or Designee will verify complete background check for all employees prior start date.
 - The Administrator and/or Designee will audit the employee files at least quarterly for compliance.
4. The date by which the regulatory insufficiency will be corrected
 - The regulatory insufficiency was corrected as of 12/13/2022.

Respectfully submitted,


Philip Maxey

Director

Ridgeview Assisted Living

✓ 3/31/23



RidgeView Assisted Living

4925 West Avenue
Burlington, Iowa 52601
319-752-1200



OakView Nursing & Rehabilitation

1212 Indian Hills Drive
Burlington, Iowa 52601
319-752-4100