

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: SO484	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/10/2024
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NAME OF PROVIDER OR SUPPLIER EDENCREST AT KETTLESTONE	STREET ADDRESS, CITY, STATE, ZIP CODE 805 SE TALLGRASS LANE WAUKEE, IA 50263
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(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	<p>Initial Comments</p> <p>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.</p> <p>Number of tenants without cognitive impairment: 28 Number of tenants with cognitive impairment: 1 Total census: 29</p> <p>No regulatory insufficiencies were cited during the investigation of Complaints #124964-C, 124963-C, 125026-C, 125040-C and 125116-C.</p> <p>The following regulatory insufficiencies were cited during the initial certification visit conducted to determine compliance with certification rules for an Assisted Living Program.</p>	A 000	The POC is attached	
A 400	<p>481-67.19(3) Record Checks</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently perform criminal background checks prior to employment. This pertained to 1 of 4 staff reviewed (Staff A). Finding follows:</p>	A 400		

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

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A 400	Continued From page 1 Record review on 12/9/24 revealed the Program hired Staff A on 3/14/24. The Program could not provide documentation of a completed Single Contact License and Background (SING) check. When interviewed on 12/9/24 at 3:30 p.m. the Executive Director confirmed no SING could be located for Staff A.	A 400		
A 430	481-67.19(4) Record Checks 67.19(4) Validity of background check results. The results of a background check conducted pursuant to this rule shall be valid for a period of 30 calendar days from the date the results of the background check are received by the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure record checks were complete within 30 days of employment. This pertained to 1 of 4 staff (Staff B). Finding follows: Record review on 12/9/24 revealed the Program hired Staff B on 7/1/24. The Program provided a Single Contact License and Background (SING) check dated 5/15/24. When interviewed on 12/9/24 at 3:30 p.m. the Executive Director confirmed the Program failed to complete the SING within 30 days of employment.	A 430		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: Edencrest at Kettlestone	DATE SURVEY COMPLETED: December 2 through December 10, 2024
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Tag # 1	Regulation and Reg Number	Tag # A-400	<p>What initial correction was made?</p> <p>Processes have been changed to now complete background and SING checks via a 3rd party vendor. Confirmation of background checks will be confirmed and completed prior to the employee's 1st day of work.</p>	<p>How will we ensure and maintain compliance going forward?</p> <p>We will maintain and store all pertinent documentation within our Human Resources department to ensure all paperwork and processes are complete and accurate.</p>	<p>Implementation Date: 01-01-2025</p> <p>Completion Date: Ongoing</p> <p>Responsible Party: Director</p>
Tag #2	Regulation and Reg Number	Tag # A-430	<p>What initial correction was made?</p> <p>Processes have been changed to now complete background and SING checks via a 3rd party vendor. Confirmation of background checks will be confirmed and completed prior to the employee's 1st day of work.</p>	<p>How will we ensure and maintain compliance going forward?</p> <p>We will maintain and store all pertinent documentation within our Human Resources department to ensure all paperwork and processes are complete and accurate.</p>	<p>Implementation Date: 01-01-2025</p> <p>Completion Date: Ongoing</p> <p>Responsible Party: Director</p>

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.