My July

PRINTED: 12/18/2013 FORM APPROVED

DEPARTMENT OF INSPECTIONS AND APPEALS										
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/8UPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILOING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED					
220378			B. WING	:	11/27/2013					
				RESS, CITY, ST	ATE, ZIP CODE					
SCENIC A	CRES	= : :	1	NITE AVENUI	E :					
(X4) ID PREFIX TAG	Summary Statement of Deficiencies (Each Deficiency Must Bé Preceded by Full Regulatory or LSC (Dentifying Information)			ID PREFIX TAG	(EACH CO	DER'S PLAN OF CORRECTION (X6) RRECTIVE ACTION SHOULD BE COMPLETI ERENCED TO THE APPROPRIATE DATE DEFICIENCY)				
C 000	01 (nittal Comments		İ	C 000	:					
ļ	survey conducted to	ncies were cited during a determine compliance with tasidantiel Care Facility.	 							
C 206	and child abuse records. 50.6(3) Requirements employing an individuperson in a facility, the department of put history chack and the services perform child abuse record checks. c. If a person being or has been convicted or employed convicted of a crime udepartment of public that upon the request department of human evaluation to determine	inel, dependent adult abuse, of checks. If or employer prior to leal. Prior to employment of a efacility shall request that blic safety perform a criminel department of human if and dependent adult of the person in this state. Insidered for employment if a crime. If a person being yment in a facility has been under a law of any state, the safety shall notify the facility of the facility the services will perform an		C 208	on the processing Acriminal has potental that indivesked for where it a scenic Acroffice Manfor conductor	es contacted DCI and DHS per procedura when a istory check has a hit on 1 employee prior to employi iduel. Scenic Acres also clarification on the form tates a waiver is on as retrained the Assistant ager on the proper procedur ting background checks. es will be writing a policy on background checks to ens as the Iowa Code requires. es corrected the error on background check in August DHS approving Employee D to enic Acres.	e and sure			
	by: Based on interview at falled to have the Dep (DHS) availate a pro-	is not met as evidenced and record review the facility periment of Human Services spective amployee's criminal of 7 employees reviewed low:								
	HEALTH FACILITIES - STAT DIRECTORIA OR PROVIDER/S	e of iowa Supplier representative's signa	TURE	Shuly	Rustrom	TLE administrator (XE) CATE /	2/20/13			
PRV	nns lions	egonda, Th	J. (and Odmin	JAY811	il and the Complian	ar3			

-Do 12/1/3

DEPARTMENT OF INSPECTIONS AND APPEALS

PRINTED: 12/18/2013 FORM APPROVED

		(X1) PROVIDER/SUPPUER/CLIA IDENTIFICATION NUMBER:	(X2) MÜL A. ƏLIILDI	TIPLE CONSTRUCTION		(XS) DATE SURVEY COMPLETED		
220378			B. WING		11/27	11/27/2013		
NAME OF PE	ROVIDER DR SUPPLIER	\$TREET	ADDRESS, CIT	, STATE, ZIP ÇODE				
SCENIC A	CRES		GRANITE AVE					
GATIMAY	VILES	SAINT	OLAF, IA 520)72				
(X4) ID PREFIX TAG	SUMMARY ST (EACH DEFICIENC REGULATORY OR	ID PREFI TAG	X (EACH CO	DER'S PLAN OF CORRECTION PRECTIVE ACTION SHOULD BE PERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE			
C 206	Continued From page	1	C 206					
	Staff D had s hire dat background complete possible hit. The Dep Investigation (DCI) withformation. The information. The information. The information. The employ approval latter for Staff D to work at the interview with the Administrator stated in 10/11/12 regarding S waiver on file which vapproving the amploy Therefore the facility approvel to hire Staff.	as going to sand additional mation received from DCi a history of criminal see record lacked a DHS of D to work prior to his/her. The DHS latter approving facility was dated 8/13/13, ministrator on 11/26/13 at his finding. The tha DCI form received on taff D indicated there was a was interpreted as DHS see to work at the facility, did not contact DHS for D. The Administrator stated ared during an audit in						
R 147	abuse checks and de and employment of in committed a crime or facility shall comply with lowa Code saction 2013 lowa Acts, Sent 481-60.9(135C) relativected checks, child a dependent adult abust	riminal record checks, child pendent adult abuse checks adividuals who have have a founded abuse. The rith the requirements found 1350.33 as amended by ate File 347, and rule aduse checks, and to completion of criminal abuse checks and to duals who heve committed a	R 147	verify the ground che required All potent required and any fif there history of	yee files were reviewent ell the necessary becks were completed as by the Iowa Code. tial employees will be ackground checks compolic anhit on criminal ran abuse history becof employment.	oack- ave the pleted pleted		
DIVISION OF STATE FORM	HEALTH FACILITIES - 6TA	TE OF IOWA	M-00	J9Y811	If continued	tion sheet 2 of 3		

J9Y511

If continuation sheet 2 of 3

PRINTED: 12/18/2013 FORM APPROVED

DEPART	MENT OF INSPECTIO	NS AND APPEALS	_			: !				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND FLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A BUILDING:				(X3) DATE SURVEY COMPLETED			
220378			B. WNG				11/27/2013			
NAME OF P	rovider or supplier	STRE	ET ADDRESS, CITY, STATE, ZIP CDDE							
SCENIC A	GRANITE AVENUE L'OLAF, IA 52072									
774115	STRUMBUY ET		·	IF, IA 82072	<u>.</u>	PROVI	DER'S PLAN DE CO	BRECTION	· · · ·	250
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX TAG	REFIX (EACH CORRECTIVE TAG CROSS-REFERENCED			N DF CORRECTION (X5) EACTION SHOULD BE CONFLETE OATE HENCY)		
R 147	Continued From page	2		R 147						
	by: Based on Interview at falled to comply with a employee beckground Administrative Code a include: A review of employee falled to have the Depleyaluate a prospective record prior to hire es	Is not met as evidenced and record review, the facility requirements related to dichecks found in lowa 461 - chapter 50. Findings files revealed the facility partment of Human Services e employee's criminal required by code rule 481-50.9(3)c.								
OVIŠIÓN OP	HEALTH FACILITIES - STAT	TE OF IOWA						·		
STATE FORM				esco	•	19 7511			if continu	alion sheet 3 of 3