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
	770287	A. BUILDING: _____ B. WING _____	12/29/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESLEY ACRES	3520 GRAND AVENUE 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)	(X5) COMPLETE DATE
R 000	Initial Comments The following deficiencies were cited during the survey conducted to determine compliance with licensing rules for a Residential Care Facility.	R 000		
R 358	57.11(3) Personnel 481-57.11(135C) Personnel. 57.11(3) Employee criminal record checks, child abuse checks and dependent adult abuse checks and employment of individuals who have committed a crime or have a founded abuse. The facility shall comply with the requirements found in Iowa Code section 135C.33 as amended by 2014 Iowa Acts, chapter 1040, and rule 481-50.9(135C) related to completion of criminal record checks, child abuse checks, and dependent adult abuse checks and to employment of individuals who have committed a crime or have a founded abuse. (I,II, III) This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to comply with requirements related conducting background checks for personnel found in Iowa Administrative Code 481- chapter 50. Findings include: A review of personal files revealed the facility failed to complete child and dependent adult abuse checks as required by Iowa Code Administrative Code rule 481-50.9(3) for 1 of 3	R 358	See attached Plan Correction DD 1/18/17	

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

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R 358	Continued From page 1 employees reviewed hired since November 2015 (Staff B). Staff G confirmed this finding. See deficiency under 50.9(3).	R 358		
R 372	57.11(6) Personnel 481-57.11(135C) Personnel. 57.11(6) Physical examination and screening. Employees shall have a physical examination no longer than 12 months prior to beginning employment and every four years thereafter. Screening and testing for tuberculosis shall be conducted pursuant to 481-Chapter 59. (I, II, III) This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to comply with requirements related to tuberculosis testing for personnel found in Iowa Administrative Code 481 - chapter 59. Findings include: A review of employee files revealed the facility failed to complete baseline TB screenings as required by Iowa Administrative Code rule 481-59.5(1) for 1 of 3 staff reviewed hired since November of 2015 (Staff B) The Human Resources Director confirmed this finding. See deficiency under 59.5(1).	R 372		
C 203	50.9(3) Background checks 481-50.9(135C) Criminal, dependent adult	C 203		

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C 203	Continued From page 2 abuse, and child abuse record checks. 50.9(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a facility, the facility 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 staff interview and review of personnel files, the facility failed to obtain child and dependent abuse background checks prior to employment for 1 of 3 personnel files reviewed (Staff B). The facility reported a census of 20 residents. On 12/28/16 at 9:28 a.m. personnel record review identified Staff B had a date of hire on 2/15/16. Review identified the facility did not obtain child and dependent adult abuse checks prior to hire. The SING (Single Contact License & Background Check) record identified Staff B's criminal history check had a completion date of 1/21/16. On 12/28/16 at 12:43 p.m. Staff G confirmed Staff B's background checks for child and dependent adult abuse had not been completed. During the survey, the facility obtained the SING report which identified no abuse history.	C 203		

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S 115	Continued From page 3	S 115		
S 115	59.5(1) Baseline TB screening procedures 481-59.5(135B,135C) Baseline TB screening procedures for health care facilities and hospitals. 59.5(1) All HCWs shall receive baseline TB screening upon hire. Baseline TB screening consists of two components: (1) assessing for current symptoms of active TB disease and (2) using a two-step TST or a single IGRA to test for infection with M. tuberculosis. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to complete the two-step TST (tuberculin skin test) for 1 of 3 employees hired since November of 2015 (Staff B). Findings include: Record review on 12/28/16 of employee files revealed Staff B was hired on 2/15/16. No testing for tuberculosis had been completed. On 12/29/16 at 1:50 p.m. the Human Resources Director confirmed this finding.	S 115		

dk 1/18/17

R000
PLAN OF CORRECTION
Wesley Acres denies it violated any federal or state regulations. Accordingly, this plan of correction does not constitute an admission or agreement by the provider to the accuracy of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and/or executed solely because it is required by the provisions of federal and state law. Completion dates are provided for procedural processing purposes and correlation with the most recently completed or accomplished corrective action and do not correspond chronologically to the date the facility maintains it is in compliance with the requirements of participation, or that corrective action was necessary.

R358 57.11(3) Personnel 1/17/2017

1. To correct the deficiency, child and dependent adult abuse checks were immediately processed for Staff B. All checks were returned without concern.
2. To ensure the problem does not recur, education was provided on January 17, 2017 with all People & Culture team members to ensure that all pre-employment screening is completed without exception.
3. As part of Wesley Acres ongoing commitment to quality assurance the Director of People & Culture and/or designee will conduct compliance audits of employee files monthly.

R 372 481-57.11(6) 1/20/2017

1. To correct the deficiency, Staff B began baseline tuberculosis testing and will be completed by 1/20/2017.
2. To ensure that the problem does not recur, education was provided on January 17, 2017 with all People & Culture team members to ensure that all pre-employment screening is completed without exception.
3. As part of Wesley Acres ongoing commitment to quality assurance, the Director of People & Culture will conduct compliance audits of employee files monthly.

DD 1/18/17

C203 50.9(3) Background Checks

1. To correct the deficiency, child and dependent adult abuse checks were immediately processed for Staff B. All checks were returned without concern.
2. To ensure the problem does not recur, education was provided on January 17, 2017 with all People & Culture team members to ensure that all pre-employment screening is completed without exception.
3. As part of Wesley Acres ongoing commitment to quality assurance the Director of People & Culture and/or designee will conduct compliance audits of employee files monthly.

1/17/2017

S115 59.5(1) Baseline TB screening procedures

1. To correct the deficiency, Staff B began baseline tuberculosis testing and will be completed by 1/20/2017.
2. To ensure that the problem does not recur, education was provided on January 17, 2017 with all People & Culture team members to ensure that all pre-employment screening is completed without exception.
3. As part of Wesley Acres ongoing commitment to quality assurance, the Director of People & Culture and/or designee will conduct compliance audits of employee files monthly.

1/20/2017