

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/05/2017
FORM APPROVED
OMB NO. 0938-0391

5/8/17 pg.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165401	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/20/2017
NAME OF PROVIDER OR SUPPLIER SIBLEY SPECIALTY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 700 NINTH AVENUE NORTH SIBLEY, IA 51249		
(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) COMPLETION DATE
F 000	INITIAL COMMENTS Correction date: <u>5-5-17</u> The following deficiency resulted from the facility's annual health survey conducted April 17-20, 2017. (See the Code of Federal Regulations (42CFR) Part 483, Subpart B-C.) F 226 483.12(b)(1)-(3), 483.95(c)(1)-(3) SS=D DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES 483.12 (b) The facility must develop and implement written policies and procedures that: (1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, (2) Establish policies and procedures to investigate any such allegations, and (3) Include training as required at paragraph §483.95, 483.95 (c) Abuse, neglect, and exploitation. In addition to the freedom from abuse, neglect, and exploitation requirements in § 483.12, facilities must also provide training to their staff that at a minimum educates staff on- (c)(1) Activities that constitute abuse, neglect, exploitation, and misappropriation of resident property as set forth at § 483.12.	F 000			
		F 226			

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

TITLE

(X6) DATE

Jessie McInerney

Admin 5-5-17

05/15/2017

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 226	Continued From page 1 (c)(2) Procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property (c)(3) Dementia management and resident abuse prevention. This REQUIREMENT is not met as evidenced by: Based on review of personnel records, staff interviews, and review of policy/procedures, the facility failed to complete a criminal background check timely before hire for 1 of 5 personnel files reviewed (Staff A). The facility reported a census of 33 residents. Findings include: 1. The personnel file for Staff A, certified nurse aide (CNA), identified a Single Contact License & Background Check (SING) form with a completion date of 8/8/16. The personnel file identified a hire date of 9/13/16. On 4/18/17 at 10:30 a.m., the Business Office Manager verified the hire date of Staff A to be 9/13/16. The Business Office Manager stated the facility was aware the criminal background checks needed to be re-run if greater than 30 days since ran before the hire date. On 4/18/17 at 10:45 a.m., the Administrator was interviewed and confirmed the facility did not re-run a background check within the 30 days prior to the actual hire date. The Administrator stated the orientation schedule for Staff A pushed back 5 days due to a need to reschedule. The Administrator acknowledged the facility was aware the background check must be completed within 30 days of hire.	F 226			

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F 226	Continued From page 2 On 4/19/17 at 7:00 a.m., the Administrator stated she re-ran the SING check. The SING check completed on 4/18/17 at 3:46 p.m. identified Staff A had no history of a criminal record or abuse record. The facility policy titled Abuse Prevention Employee Screening Prior to Employment/New Conviction Criminal Record History, revised January 2017, included the following procedures: Employee Screening - Point 1. The facility will conduct an Iowa criminal record check and dependent adult/child abuse registry check on all prospective employees and other individuals engaged to provide services to residents, prior to hire, in the manner prescribed under 481 Iowa Administrative Code § 58.11(3).	F 226			

Please accept this plan as our facility's credible allegation of compliance. All stated deficiencies were completed by 5-5-17

Preparation and/or execution of this plan of correction does not constitute admission or agreement by this provider of the truth of facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and/or state law.

F226

The QA team will monitor prospective employees daily at our QA meeting. We will utilize our new hire checklist tool to ensure an Iowa criminal record check on all prospective employees is completed within 30 days prior to hire. The Business Office Manager will report this daily at QA. A new background check will be run if the employee is not hired within 30 days of running the initial background check. In addition, all department heads were reeducated on the facility's employee screening procedure. The administrator will be responsible to monitor compliance.