4/22/19

PRINTED: 04/02/2019
FORM APPROVED

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
	820465	A. BUILDING: ______ B. WING ______	03/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANDICAPPED DEVELOPMENT CENTER #7	4109 WHITE PINES DRIVE DAVENPORT, IA 52804

(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 with a Special Classification to serve Individuals with Intellectual Disabilities.	R 000		
R 302	481-57.10(2)c(3) Administrator 57.10(2) Duties of an administrator. The administrator shall: c. Provide in-service educational programming for all employees with direct resident contact and maintain records of programs and participants. In-service educational programming offered during each calendar year shall include, at minimum, the following topics: (3) Meal time procedures/dietary. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to conduct annual in-services on meal time procedures/dietary. Findings include: On 3/18/19 a review of completed monthly in-services revealed no dietary in-service was completed in 2017 or 2018. On 3/19/19 at 8 AM, the Vice President confirmed this finding.	R 302	Plan of Correction is attached	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Keyanika Harrington, Program Director

TITLE

(X6) DATE 4/6/19

STATE FORM 6899 XLPH11

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R 358	Continued From page 1	R 358		
R 358	481-57.11(3) 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 to employee criminal record checks found in Iowa Administrative Code 481- chapter 50. Findings include: A review of personnel records revealed the facility failed to complete employee criminal record checks as required by Iowa Code Administrative Code rule 481-50.9(3)b for 3 of 3 staff hired since March of 2017 (Staff A, B and C). The Vice President confirmed this finding. See deficiency under 50.9(3)b.	R 358		

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R 608	Continued From page 2	R 608		
R 608	481-57.17(1)k Records 57.17(1) Resident record. The licensee shall keep a permanent record on every resident admitted to the residential care facility, and all entries in the permanent record shall be current, dated, and signed. (III) The record shall include: k. Primary care provider's orders for the resident's level of care, medication, treatments, and diet. The orders shall be in writing and signed by the primary care provider quarterly; (III) This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure primary care provider orders were reviewed and signed on a quarterly basis for 3 of 3 residents reviewed (Resident #1, #2,and #3). Findings include: On 3/18/19, a review of resident records revealed the following: - Resident #1 was admitted to the facility on 5/18/18. His most recent signed primary care provider orders were dated 7/25/18. - Resident #2 was admitted to the facility on 5/18/18. His most recent signed primary care provider orders were dated 7/20/18. - Resident #3 was admitted to the facility on 3/14/17. Her most recent signed primary care provider orders were dated 11/28/18. On 3/18/19 at 3:02 PM, the Vice President	R 608		

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R 608	Continued From page 3 confirmed the facility had not obtained primary care provider orders on a quarterly basis.	R 608		
R 826	481-57.22(2) Orientation and Service Plan 57.22(2) Initial service plan. Within 48 hours of admission, the administrator or the administrator's designee shall develop an initial service plan to address any immediate health and safety needs. The plan shall be based on information gathered from the resident, family, referring party, primary care provider, and other significant persons. The plan shall be followed until the service plan required in subrule 57.22(3) is complete. (I, II, III) This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to implement initial service plans for 2 of 2 residents admitted in the past year (Resident #1 and Resident #2). Findings include: A review of resident records on 3/18/19 revealed the following: - Resident #1 was admitted to the facility on 5/18/18. The start date on the resident's ISP (Individual Support Plan) was 6/1/18. No initial service plan implemented within 48 hours could be located. - Resident #2 was admitted to the facility on 5/18/18. The start date on the resident's ISP was 8/1/18. No initial service plan implemented within 48 hours could be located. On 3/19/19 at 10:35 AM, the Vice President	R 826		

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R 826	Continued From page 4 confirmed the facility did not implement initial service plans within 48 hours for residents.	R 826		
C 205	50.9(3)b Background checks 481-50.9(135C) Criminal, dependent adult 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. b. Conducting a background check. The facility may access the single contact repository (SING) to perform the required background check. If the SING is used, the facility shall submit the person's maiden name, if applicable, with the background check request. If the SING is not used, the facility must obtain a criminal history check from the department of public safety and a check of the child and dependent adult abuse registries from the department of human services This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to complete employee criminal record checks by using either the single contact repository (SING) or the Iowa Department of Public Safety (IDPS) for 3 of 3 employees reviewed (Staff A, B and C). Findings include:	C 205		

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C 205	Continued From page 5 1. Record review on 3/18/19 of employee files revealed the following: - Staff A was hired on 9/1/17. A criminal history check was completed on 8/22/17 by a national record check organization. There was no evidence a criminal check was completed through either SING or the IDPS as required. - Staff B was hired on 12/6/17. A criminal history check was completed on 11/28/17 by a national record check organization. There was no evidence a criminal check was completed through either SING or the IDPS as required. - Staff C was hired on 10/11/18. A criminal history check was completed on 10/3/18 by a national record check organization. There was no evidence a criminal check was completed through either SING or the IDPS as required. On 3/18/19 at 1:45 PM, the Vice President confirmed the facility switched to using a national program to cover a wider range of surrounding states and to receive more information than the state criminal check provided.	C 205		

4/22/19

HANDICAPPED DEVELOPMENT CENTER

Plan of Correction

RE: R 302, R358, R608, R826, C205

This plan of correction constitutes the Handicapped Development Center's credible allegation of compliance. This allegation does not constitute an admission of guilt, but stipulates that the Handicapped Development Center is in substantial compliance at this time.

R302

On 4/4/19, an In-service a training was conducted on dietary/mealtime procedures. Going forward, the Training Coordinator will conduct and maintain annual in services on mealtime procedures/ dietary and any trainings required in the regulations. This will be monitored by the Administrator.

R 358

The Center conducted SING background checks on 3/22/19 to go along with Intellicorp background checks which were completed prior to employment. The results found no employees to have a criminal background. Going forward the Center will use the SING background check along with the Intellicorp background check to ensure we are thoroughly checking employee backgrounds. This will be monitored by Human Resources and the Administrator.

R608

Resident's #1, 2, 3 Primary care provider orders were updated effective 4/1/19.
Going forward all Medical Advocates will ensure all Primary Care Provider Orders are signed on a quarterly basis. This will be monitored by Administrator.

R 826
A resident moved into the Group Home on 4/1/19 and has an orientation plan in place. Going forward all new admits to any of the Group Homes will have an initial service plan within 48 hours of admission. In addition all new admits will have a 30-day ISP staffing. This will be monitored by the Casemanager and the Administrator.

DD — 4/17/19

C 205

The Center conducted SING background checks on 3/22/19 to go along with Intellicorp background checks which were completed prior to employment. The results found no employees to have a criminal background. Going forward the Center will use the SING background check along with the Intellicorp background check to ensure we are thoroughly checking employee backgrounds. This will be monitored by Human Resources and the Administrator.