

## DEPARTMENT OF INSPECTIONS AND APPEALS

4/22/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  820466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  03/21/2019
NAME OF PROVIDER OR SUPPLIER  HANDICAPPED DEVELOPMENT CENTER #8		STREET ADDRESS, CITY, STATE, ZIP CODE  3518 HILLANDALE ROAD 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	<i>Plan of Correction is attached</i>  <i>DD</i>	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Shinda Wilp 4/5/19**Vice President*

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R 608 R 608	<p>Continued From page 2</p> <p>481-57.17(1)k Records</p> <p>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:</p> <p>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)</p> <p>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:</p> <p>On 3/18/19, a review of resident records revealed the following:</p> <ul style="list-style-type: none"> <li>- Resident #1 was admitted to the facility on 8/1/01. Her most recent signed primary care provider orders were dated 7/25/18.</li> <li>- Resident #2 was admitted to the facility on 11/25/15. His most recent signed primary care provider orders were dated 7/20/18.</li> <li>- Resident #3 was admitted to the facility on 9/1/10. Her most recent signed primary care provider orders were dated 10/31/18.</li> </ul> <p>On 3/18/19 at 3:02 PM, the Administrator</p>	R 608 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		
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 personnel 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 5 of 5 employees reviewed (Staff A, B, C, D and E). Findings	C 205		

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C 205	<p>Continued From page 4</p> <p>include:</p> <p>1. Record review on 3/18/19 of employee files revealed the following:</p> <ul style="list-style-type: none"> <li>- Staff A was hired on 6/28/17. A criminal history check was completed on 6/21/17 by a national record check organization. There was no evidence a criminal check was completed through either SING or the IDPS as required.</li> <li>- Staff B was hired on 11/16/17. A criminal history check was completed on 11/3/17 by a national record check organization. There was no evidence a criminal check was completed through either SING or the IDPS as required.</li> <li>- Staff C was hired on 5/8/18. A criminal history check was completed on 5/1/18 by a national record check organization. There was no evidence a criminal check was completed through either SING or the IDPS as required.</li> <li>- Staff D was hired on 11/21/18. A criminal history check was completed on 10/24/18 by a national record check organization. There was no evidence a criminal check was completed through either SING or the IDPS as required.</li> <li>- Staff E was hired on 1/18/19. A criminal history check was completed on 1/4/19 by a national record check organization. There was no evidence a criminal check was completed through either SING or the IDPS as required.</li> </ul> <p>On 3/18/19 at 1:45 PM, the Administrator 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 provides.</p>	C 205		



HANDICAPPED DEVELOPMENT CENTER

✓ 4/23/19

Plan of Correction

RE: R 302, R358, R608, 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.

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.

✓ 4/11/19

