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
	570617	A. BUILDING: _____ B. WING _____	C 06/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORRIDOR CROSSING PLACE	136 36TH AVENUE SW CEDAR RAPIDS, IA 52404

(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 No deficiencies were cited during the investigation into Complaint #83391-C. The following deficiencies were cited during the survey conducted to determine compliance with licensing rules for a Residential Care Facility and a Residential Care Facility with a Special Memory Care Classification.	R 000		
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 background checks found in Iowa Administrative Code 481- Chapter 50.9(3) and	R 358	Plan of Correction is attached DD	

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 50.9(5). Findings include: A review of personnel records revealed the facility failed to ensure background checks were completed prior to hire as required by Iowa Code Administrative Code rule 481-50.9(3) for 1 of 5 staff reviewed hired in the past 5 months (Staff B). In addition, the facility failed to obtain an evaluation from the Department of Human Services for 1 of 2 staff reviewed with a criminal history (Staff G). The Administrator confirmed these findings on 6/11/19 at 12:07 PM. See deficiencies under 50.9(3) and 50.9(5)	R 358		
R 458	481-57.13(1)b Admission, Transfer, Discharge 481-57.13(135C) Admission, transfer and discharge. 57.13(1) General admission policies. b. No residential care facility shall admit or retain a resident who is in need of greater services than the facility can provide. (I, II, III) This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to discharge 1 of 1 residents reviewed who required a higher level of care than the facility was able to provide (Resident #3). Findings follow: Record review on 6/11/19 revealed Resident #3 was admitted to the facility on 2/19/19. A	R 458		

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R 458	Continued From page 2 progress note dated 4/24/19 revealed Resident #3 was transferred to the hospital in the middle of the night with a complaint of abdominal pain. She was admitted due to a possible bowel obstruction. An After Visit Summary for Resident #3 noted she was hospitalized from 4/24/19-5/17/19. Resident #3 received an ostomy pouch while in the hospital. The summary added Resident #3 was to be admitted to a skilled level of care upon discharge from the hospital. The resident returned to the facility on 5/17/19. The facility does not provide skilled nursing services. An interview with Clinical Quality Manager B and the Nurse Manager on 6/13/19 at 10:15 AM revealed the Nurse Manager was not aware of the discharge orders for a skilled level of care prior to Resident #3 returning to the facility.	R 458		
R 478	481-57.13(2)e Admission, Transfer, Discharge 481-57.13(135C) Admission, transfer and discharge. 57.13(2) Discharge or transfer e. When a resident is transferred or discharged, the resident's unused prescriptions shall be sent with the resident or with a legal representative only upon the written order of a primary care provider. (II, III) This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure primary care provider orders	R 478		

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R 478	Continued From page 3 were obtained to send unused prescriptions upon discharge for 1 of 5 former residents reviewed (Resident C-4). Findings follow: A review of closed files on 6/13/19 revealed Resident C-4 discharged from the facility on 6/1/19. A discharge summary noted Resident C-4 took all of his medications home with him. A primary care provider's order was not obtained by the facility prior to sending the resident home with this medicine. This finding was confirmed during an interview with Clinical Quality Manager B and the Nurse Manager on 6/13/19 at 10:15 AM.	R 478		
R 574	481-57.16(2) Medical Examinations 481-57.16(135C) Medical examinations. 57.16(2) Each resident admitted to a residential care facility shall have a physical examination prior to admission. (II, III) This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure 1 of 2 residents reviewed admitted in the past five months had a physical exam prior to admission (Resident #2) . Findings follow: Record review on 6/11/19 revealed Resident #2 was admitted to the facility on 2/8/19. No record of a physical prior to admission could be found. The Nurse Manager confirmed this finding on	R 574		

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R 574	Continued From page 4 6/12/19 at 4:02 PM.	R 574		
R 580	481-57.16(2)c Medical Examinations 481-57.16(135C) Medical examinations. 57.16(2) Each resident admitted to a residential care facility shall have a physical examination prior to admission. (II, III) c. 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 found in Iowa Administrative Code 481-chapter 59. Findings include: A review of resident files revealed the facility failed to complete TB screenings as required by Iowa Administrative Code rule 481-59.8(2) for 3 of 3 residents reviewed admitted during the past six months (Residents #1, #2, #3). Clinical Quality Manager B confirmed this finding. See deficiency under 59.8 (2).	R 580		
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:	R 608		

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R 608	Continued From page 5 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 keep primary care provider's orders in the record for 11 of 11 residents reviewed (Residents #1,2,3,4,5,6,7,8,9,10 and #11). Findings follow: Record review on 6/11/19 and 6/17/19 of residents' primary care provider's orders found the orders for Residents #1-11 had been faxed to the facility by the pharmacy between 6/11/19 and 6/13/19 after requested by the surveyor. On 6/12/19 at 4:45 PM Clinical Quality Manager A confirmed the orders were not being kept in the residents' permanent files.	R 608		
R 622	481-57.17(1)r Records 481-57.17(135C) 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: r. A notation of disposition of personal property	R 622		

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R 622	Continued From page 6 and medications upon the resident's transfer, discharge or death. (III) This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to notate the disposition of personal property and medications for two of five discharged residents reviewed (Residents C-1, C-2). Findings follow: Record review on 6/13/19 revealed Resident C-1 discharged from the facility on 3/20/19. There was no documentation in his record about what happened with his property or medication. Record review on 6/13/19 revealed Resident C-2 discharged from the facility on 3/22/19. There was no documentation in his record about what happened with his property or medication. These findings were confirmed by Clinical Quality Manager B and the Nurse Manager on 6/13/19 at 10:15 AM.	R 622		
R 782	481-57.21(2)a Dietary 481-57.21(135C) Dietary. 57.21(2) Nutrition and menu planning. a. Menus shall be planned and followed to meet the nutritional needs of residents in accordance with the primary care provider's orders. Diet orders should be reviewed as necessary, but at least quarterly, by the primary care provider. (II,	R 782		

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R 782	Continued From page 7 III) This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to follow the nutritional needs in accordance with the primary care provider's orders for 5 of 9 residents reviewed regarding dietary needs (Residents #4, #8, #12, #13 and #14). Findings follow: A meal time observation was conducted on 6/12/19 from 11:50 AM - 12:35 PM. Staff C served the residents pollock, mixed vegetables, rice, cauliflower/carrot ranch salad (with raw vegetables) and cherry fluff. All residents received the same sized portions of food. Record review on 6/11/19 revealed an After Visit Summary for Resident #4 following a hospitalization from 4/26/19 to 5/1/19 for a closed fracture of the left hip. According to the After Visit Summary, Resident #4 was to follow a dysphagia Level 3 diet/soft easy to chew pieces due to advanced dysphagia. The diet included soft foods that required some chewing. Foods to avoid were hard, crunchy fruits and vegetables, sticky foods and very dry foods. According to the diet orders sheet used by the facility, Resident #4 was to follow a general diet. Resident #4 was served the salad with raw vegetables. Record review of a diet order sheet provided by the facility on 6/11/19 revealed Resident #8 was to follow a diabetic diet. Resident #8's physician	R 782		

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R 782	Continued From page 8 ordered a diabetic diet for her on 3/21/19. Resident #8's portion sizes were no different than those for residents on a general diet. Record review of a diet order sheet provided by the facility on 6/11/19 revealed Resident #12 was to follow a general diet. According to Physician's orders signed by on 5/1/19, Resident #12 was to follow a carb controlled diet with half desserts. Resident #12 was given the same portion size of dessert as the other residents on 6/12/19 and 6/13/19. Record review of a diet order sheet provided by the facility on 6/11/19 revealed Resident #13 was to follow a general diet with no added salt. She was also to avoid rice and grains. This was confirmed when reviewing a fax from the facility to her physician who confirmed the no added sodium diet, and to avoid rice and grains. Resident #13 was served rice with her lunch on 6/12/19. An interview conducted with Resident #14, a former nurse, on 6/13/19 at 12:30 PM revealed she was to follow a diabetic diet. Resident #14 stated her portion size was always the same as the individuals with a general diet. Resident #14 said she had talked with staff about having a dietician come to the facility to ensure she was served the correct diet, but it had not yet occurred. According to the Diet Orders sheet, Resident #14 was to follow a diabetic diet/low carbohydrate diet. The physician had ordered a diabetic diet on 3/25/19. An interview was conducted with the Culinary Coordinator on 6/12/19 at 11:27. She confirmed there was no menu for the different diets at the	R 782		

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R 782	Continued From page 9 facility. She stated the kitchen staff did provide sugar free syrup to the individuals on diabetic diets and also gave them less bread.	R 782		
V 235	481-59.8(2) Baseline TB Screening Procedures for Resident 59.8(2) All residents shall be assessed for current symptoms of active TB disease upon admission. Within 72 hours of a resident's admission, baseline TB screening for infection shall be initiated unless baseline TB screening occurred within 90 days prior to the resident's admission. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to complete baseline TB testing for 3 of 3 residents reviewed admitted during the past six months (Residents #1, #2, #3). Baseline TB screening consists of two components: (1) assessing for current symptoms of active TB disease and (2) using two-step TST or a single IGRA to test for infection with M. tuberculosis. Findings include: Record review on 6/11/19 revealed an admission date of 12/31/18 for Resident #1. The first step of the TST was not started until 4/19/19. Record review on 6/11/19 revealed an admission date of 2/8/19 for Resident #2. The first step of the TST was not started until 4/9/19 Recover review on 6/11/19 revealed an admission date of 2/19/19 for Resident #3. The first step of the TST was not started until 5/18/19.	V 235		

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V 235	Continued From page 10 These findings were confirmed by Clinical Quality Manager B and the Nurse Manager on 6/17/19 at 12:10 PM.	V 235		
C 203	50.9(3) 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure background checks were completed before employment for 1 of 5 staff reviewed hired in the past 5 months (Staff B). Findings include: Staff B had a hire date of 3/25/19. The facility had no documentation a background check was completed prior to hire. Background checks completed on 5/29/19 revealed further research was required regarding a possible criminal history. A fax from the Iowa Department of	C 203		

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C 203	Continued From page 11 Criminal Investigation dated 6/7/19 confirmed a criminal history. An evaluation form was submitted to the Department of Human Services on 6/10/19 to determine if this history prohibited employment at the facility. These finding were confirmed by the Administrator on 6/11/19 at 12:07 PM.	C 203		
C 210	01-50.9(5) Background Checks 481-50.9(135C) Criminal, dependent adult abuse, and child abuse record checks. 50.9(5) Employment prohibition. A person who has committed a crime or has a record of founded child or dependent adult abuse shall not be employed in a facility unless an evaluation has been performed by the department of human services This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure 1 of 2 staff reviewed with a criminal history was evaluated by the Department of Human Services (DHS) to determine whether the crime warranted prohibition of the person's employment (Staff G). Findings follow: A review of personnel records on 6/11/19 revealed Staff G had a hire date of 2/8/19. The Single Contact License and Background Check (SING) was completed on 2/7/19 with a finding of a possible criminal history requiring additional research. On 2/12/19 the Iowa Division of Criminal Investigation sent the results of their research to the facility that identified Staff G's	C 210		

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C 210	Continued From page 12 criminal record. No record of a request to DHS for an evaluation of the employee's criminal record could be located. This finding was confirmed by the Administrator during an interview on 6/11/19 at 12:07 PM.	C 210		

9/20/19

July 26, 2019
Corridor Crossing Place
136 36th Avenue SW
Cedar Rapids, Iowa 52404

Iowa Department of Inspection & Appeals
[redacted]
Program Coordinator
Adult Services Bureau
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083

To Whom It May Concern,

Complaint/Investigation Intake #'s:
#83391-C: Not Substantiated

Please consider this our plan of correction for the deficiencies cited during 6/10/19-6/17/19 survey, with the **Final Results, Corridor Crossing Place, Cedar Rapids, IA** completed by the Department of Inspection and Appeals (DIA) in accordance with the Code of Iowa, section 481 and Iowa Administrative Code, chapter 57.

Personnel 481.57.11(3)
R358

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)

1. **Step-by-step description of method(s) used to correct the system level problem which caused the deficiencies. The Plan of correction must provide information which assures the intent of the regulation, as evidenced by the examples, is corrected. A statement that the correction has been made for the specific examples cited is not acceptable.**
    a. All current staff have had all background checks completed and are current.
    b. If further research was required, this was completed for existing staff.

8/16/19

2. **State the method(s) to be used to maintain and monitor compliance. Indicate the position or positions responsible for monitoring the correction to prevent the deficiencies reoccurrence. State your anticipated frequency of monitoring.**
    a. LPN Manager or designee will ensure that all staff have the correct background check and follow-up completed prior to start date.

3. **A realistic date of correction by month, date, and year.**
    a. Deficiencies will be corrected, as of 8/15/19.

Admission, Transfer and discharge
481-57.13(1)b
R458
b. No residential care facility shall admit or retain a resident who is in need of greater services than the facility can provide. (I, II, III)

1. **Step-by-step description of method(s) used to correct the system level problem which caused the deficiencies. The Plan of correction must provide information which assures the intent of the regulation, as evidenced by the examples, is corrected. A statement that the correction has been made for the specific examples cited is not acceptable.**
    a. Resident #3 physician order reflects Residential level of care.
    b. All residents have been audited and have current RCF orders.

2. **State the method(s) to be used to maintain and monitor compliance. Indicate the position or positions responsible for monitoring the correction to prevent the deficiencies reoccurrence. State your anticipated frequency of monitoring.**
    a. LPN Manager or designee will ensure RCF level of care order is received prior to move in and return.

3. **A realistic date of correction by month, date, and year.**
    a. The community will be in compliance with discharge orders by 8/15/19.

Admission, Transfer and discharge
481-57.13(2)e
R478

When a resident is transferred or discharged, the resident's unused prescriptions shall be sent with the resident or with a legal representative only upon the written order of a primary care provider. (II, III)

1. **Step-by-step description of method(s) used to correct the system level problem which caused the deficiencies. The Plan of correction must provide information which assures the intent of the regulation, as evidenced by the examples, is corrected. A statement that the correction has been made for the specific examples cited is not acceptable.**

    a. Resident C-4's PCP was notified, and order was received after move out.
    b. Move outs occurring since survey visit have orders in place for discharge of VA medications.

2. **State the method(s) to be used to maintain and monitor compliance. Indicate the position or positions responsible for monitoring the correction to prevent the deficiencies reoccurrence. State your anticipated frequency of monitoring.**

    a. LPN Manager or designee will ensure order is received prior to discharge.

3. **A realistic date of correction by month, date, and year.**
    b. The community will be in compliance with discharge orders by 8/15/19.

Medical Examinations
481-57.16(2)
R574

Each resident admitted to a residential care facility shall have a physical examination prior to admission. (II, III)

1. **Step-by-step description of method(s) used to correct the system level problem which caused the deficiencies. The Plan of correction must provide information which assures the intent of the regulation, as evidenced by the examples, is corrected. A statement that the correction has been made for the specific examples cited is not acceptable.**
    a. Resident #2 physical exam in place after move in.
    b. All resident's have current physical exams.

2. **State the method(s) to be used to maintain and monitor compliance. Indicate the position or positions responsible for monitoring the correction to prevent the deficiencies reoccurrence. State your anticipated frequency of monitoring.**
    a. LPN Manager or designee will ensure physical exam is completed and in place prior to move in.

3. **A realistic date of correction by month, date, and year.**
    a. The community will be in compliance with medical examinations by 8/15/19.

Medical Examinations
481-57.16(2)c
R580

Each resident admitted to a residential care facility shall have a physical examination prior to admission. (II, III)

c. Screening and testing for tuberculosis shall be conducted pursuant to 481-Chapter 59. (I, II, III)

Screening and testing for Tuberculosis shall be....

1. **Step-by-step description of method(s) used to correct the system level problem which caused the deficiencies. The Plan of correction must provide information which assures the intent of the regulation, as evidenced by the examples, is corrected. A statement that the correction has been made for the specific examples cited is not acceptable.**
    a. All residents have had TB's completed.

2. **State the method(s) to be used to maintain and monitor compliance. Indicate the position or positions responsible for monitoring the correction to prevent the deficiencies reoccurrence. State your anticipated frequency of monitoring.**
    a. LPN Manager or designee will ensure TB screening is completed prior to move in or with in 72 hours.

3. **A realistic date of correction by month, date, and year.**
    a. The community will be in compliance with tuberculosis screening by 8/15/19.

Records
481-57.17(1)k
R608

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)

1. **Step-by-step description of method(s) used to correct the system level problem which caused the deficiencies. The Plan of correction must provide information which assures the intent of the regulation, as evidenced by the examples, is corrected. A statement that the correction has been made for the specific examples cited is not acceptable.**
    a. All Primary care provider orders are maintained in resident chart.
    b. Physician order sheets are now completed in community to ensure they have been received timely.

2. **State the method(s) to be used to maintain and monitor compliance. Indicate the position or positions responsible for monitoring the correction to prevent the deficiencies reoccurrence. State your anticipated frequency of monitoring.**
    a. LPN Manager or designee will ensure physician order sheets are completed and received and stored in resident files.

3. **A realistic date of correction by month, date, and year.**
    a. The community will be in compliance with records by 8/15/19.

Records 481-57.17(1)r
481-57.17(135C)
R622

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:

r. A notation of disposition of personal property and medications upon the resident's transfer, discharge or death. (III)

1. **Step-by-step description of method(s) used to correct the system level problem which caused the deficiencies. The Plan of correction must provide information which assures the intent of the regulation, as evidenced by the examples, is corrected. A statement that the correction has been made for the specific examples cited is not acceptable.**
    a. All resident's since monitoring visit have a disposition note in place.

2. **State the method(s) to be used to maintain and monitor compliance. Indicate the position or positions responsible for monitoring the correction to prevent the deficiencies reoccurrence. State your anticipated frequency of monitoring.**

a. LPN Manager or designee will ensure disposition notes are in place at discharge.

3. **A realistic date of correction by month, date, and year.**
    a. The community will be in compliance with disposition at discharge by 8/15/19.

Dietary 481-57.21(2)2a
481-57.21(135C)
R782

Nutrition and menu planning

a. Menus shall be planned and followed to meet the nutritional needs of residents in accordance with the primary care provider's orders. Diet orders should be reviewed as necessary, but at least quarterly, by the primary care provider. (II, III)

1. **Step-by-step description of method(s) used to correct the system level problem which caused the deficiencies. The Plan of correction must provide information which assures the intent of the regulation, as evidenced by the examples, is corrected. A statement that the correction has been made for the specific examples cited is not acceptable.**
    a. All resident diets have been updated by primary care provider.
    b. Additional training on menu's and how to follow diets provided by Dietician and Food Provider.

2. **State the method(s) to be used to maintain and monitor compliance. Indicate the position or positions responsible for monitoring the correction to prevent the deficiencies reoccurrence. State your anticipated frequency of monitoring.**
    a. LPN Manager or designee will ensure diet orders are current and in place. Culinary Coordinator will ensure diet orders are being followed.
    b. A dietician consultant has been hired.

3. **A realistic date of correction by month, date, and year.**
    a. The community will be in compliance with diet orders by 8/15/19.

Baseline TB Screening Procedures
481-59.8(2)
V235

59.8(2) All residents shall be assessed for current symptoms of active TB disease upon

admission. Within 72 hours of a resident's admission, baseline TB screening for infection shall be initiated unless baseline TB screening occurred within 90 days prior to the resident's admission.

1. **Step-by-step description of method(s) used to correct the system level problem which caused the deficiencies. The Plan of correction must provide information which assures the intent of the regulation, as evidenced by the examples, is corrected. A statement that the correction has been made for the specific examples cited is not acceptable.**
    a. Tuberculosis screening form has been updated and will be used with all new move ins within 72 hours.

2. **State the method(s) to be used to maintain and monitor compliance. Indicate the position or positions responsible for monitoring the correction to prevent the deficiencies reoccurrence. State your anticipated frequency of monitoring.**
    a. LPN Manager or designee will ensure TB screening form is completed.

3. **A realistic date of correction by month, date, and year.**
    a. The community will be in compliance with TB Screening by 8/15/19.

Background Checks
50.9(3)
C203

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.

1. **Step-by-step description of method(s) used to correct the system level problem which caused the deficiencies. The Plan of correction must provide information which assures the intent of the regulation, as evidenced by the examples, is corrected. A statement that the correction has been made for the specific examples cited is not acceptable.**
    a. All current staff have had all background checks completed and are current.
    b. If further research was required, this was completed for existing staff.

2. **State the method(s) to be used to maintain and monitor compliance. Indicate the position or positions responsible for monitoring the correction to prevent the deficiencies reoccurrence. State your anticipated frequency of monitoring.**
    a. LPN Manager or designee will ensure that all staff have the correct background check and follow-up completed prior to start date.

3. **A realistic date of correction by month, date, and year.**
    a. Deficiencies will be corrected, as of 8/15/19.

Background Checks
01-50.9(5)
C210

481-50.9(135C) Criminal, dependent adult abuse, and child abuse record checks.

50.9(5) Employment prohibition. A person who has committed a crime or has a record of founded child or dependent adult abuse shall not be employed in a facility unless an evaluation has been performed by the department of human services

1. **Step-by-step description of method(s) used to correct the system level problem which caused the deficiencies. The Plan of correction must provide information which assures the intent of the regulation, as evidenced by the examples, is corrected. A statement that the correction has been made for the specific examples cited is not acceptable.**
    a. All current staff have had all background checks completed and are current.
    b. If further research was required, this was completed for existing staff.

2. **State the method(s) to be used to maintain and monitor compliance. Indicate the position or positions responsible for monitoring the correction to prevent the deficiencies reoccurrence. State your anticipated frequency of monitoring.**
    b. LPN Manager or designee will ensure that all staff have the correct background check and follow-up completed prior to start date.

3. **A realistic date of correction by month, date, and year.**
    b. Deficiencies will be corrected, as of 8/15/19.

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the

statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.

Sincerely,

Lisa Urbanek, Manager of Corridor Crossing Place