

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

PRINTED: 10/04/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165314	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/28/2019
NAME OF PROVIDER OR SUPPLIER LAMONI SPECIALTY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 216 SOUTH OAK STREET LAMONI, IA 50140		
(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>10/10/19</u> The following deficiency relates to the annual recertification and state licensure survey conducted August 25-28, 2019. See code of Federal Regulations (42CFR) Part 482, Subpart B-C. F 606 Not Employ/Engage Staff w/ Adverse Actions SS=D CFR(s): 483.12(a)(3)(4) §483.12(a) The facility must- §483.12(a)(3) Not employ or otherwise engage individuals who- (i) Have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law; (ii) Have had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or (iii) Have a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property. §483.12(a)(4) Report to the State nurse aide registry or licensing authorities any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff. This REQUIREMENT is not met as evidenced by: Based on office file review, staff interview, and facility policy review the facility failed to compile a	F 000			
F 606 SS=D		F 606			

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

TITLE

(X6) DATE

Daily Morgan

Administrator

10/11/19

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 606	Continued From page 2 e. 4/22/19 from 5:00 a.m. - 11:33 a.m. f. 4/23/19 from 5:00 a.m. - 11:20 a.m. g. 4/24/19 from 4:58 a.m. - 10:30 a.m. h. 4/25/19 from 5:13 a.m. - 11:01 a.m. i. 4/26/19 from 6:11 a.m. - 7:29 a.m. j. 4/28/19 from 4:47 a.m. - 10:28 a.m. k. 4/29/19 from 4:49 a.m. - 11:20 a.m. l. 4/30/19 from 5:03 a.m. - 11:32 a.m. m. 5/1/19 from 5:00 a.m. - 9:34 a.m. n. 5/2/19 from 4:52 a.m. - 11:57 a.m. o. 5/3/19 from 4:39 a.m. - 11:16 a.m. p. 5/6/19 from 4:58 a.m. - 11:51 a.m. q. 5/7/19 from 4:54 a.m. - 11:47 a.m. r. 5/8/19 from 4:47 a.m. - 11:30 s. 5/9/19 from 4:28 a.m. - 10:44 a.m. t. 5/30/19 from 5:37 a.m. - 11:06 a.m. u. 5/31/19 from 5:21 a.m. - 9:53 a.m. v. 6/3/19 from 5:22 a.m. - 11:06 a.m. w. 6/4/19 from 5:18 a.m. - 11:00 a.m. y. 6/5/19 from 5:23 a.m. - 11:21 a.m. z. 6/6/19 from 7:14 a.m. - 11:38 a.m. Review of the facility's Dependent Adult Abuse Protocols with a revised date of 5/2017 revealed directed facility staff to screen all potential employees for history of abuse, neglect, exploitation, misappropriation of property, or mistreatment of residents. 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.	F 606			

Preparation and/or submission of the Plan of Correction is not a legal admission that the violations existed or exist or that the deficiencies herein are correctly cited, and it is not to be construed as an admission against the interests of Lamoni Specialty Care or its affiliates, employees, agents, or individuals who drafted/submitted or may be discussed in this Plan of Correction. Rather, submission of this Plan of Correction is to respond to the specific matters addressed in the Statement of Deficiencies related to the alleged deficiencies and demonstrate how the facility's programs, policies, and practices promote its commitment to assure that all residents receive services that are of quality that meet professionally recognized standards of care and that comply with all requirements for licensure and participation.

Credible allegation of compliance date: 10/10/2019

F 606

All current employee files have been audited to ensure Iowa criminal record check and dependent adult/child abuse registry checks have been completed.

Staff A is no longer employed by facility

New applicants whom are subject to background checks will not be hired until Iowa criminal record check and dependent adult/child abuse registry checks has been verified by the business office manager and a member of the QA team.

New hire process will be audited routinely by Administrator or designee to ensure compliance

QAPI Team will review completed audits to ensure that corrections are permanent.

