## lowa Department of Inspections and Appeals Health Facilities Division Citation

Citation Num #5343	ber:				Date: August	2, 2021
Facility Name: State Center Specialty Care Facility Address/City/State/Zip: 702 Third Street NW State Center, IA 50247			Survey Dates:			
		MW, VW, TAG	July 14	July 14 - 21, 2021		
Rule or Code Section	Natu	re of Violation	Class	Fine Amount		Correction date
<b>68.11(3)</b>	checks and dependent employment of individual or have a founded abuthe requirements for 135C.33 and rule completion of criminal checks, and dependent	minal record checks, child abuse ont adult abuse checks and rais who have committed a crime so. The facility shall comply with und in lowa Code section 481—50.9(135C) related to all record checks, child abuse nt adult abuse checks and to als who have committed a crime	Class	\$500.00 Collect		Upon Receipt
	Administrator interview required background of personnel files reviewe in allowing a staff mem criminal history to work Department of Human authorization for an emfacility reported a censi	Services Review (DHS) ployee to work in a facility. The				
		's Employee Hire List provided, keeper hired 11/3/20, and the				Page 1 o

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty—five percent (35%) pursuant to lowa Code section 135C.43A (2013).

Date

**Facility Administrator** 

## Iowa Department of Inspections and Appeals Health Facilities Division Citation

Citation Numb #5343	er:				Date: August	2, 2021
Facility Name: State Center Specialty Care			Survey Dates: July 14 - 21, 2021			
Facility Address/City/State/Zip: 702 Third Street NW State Center, IA 50247  Rule or Code Section		MW, VW, TAG				
		e of Violation	Class Fine Amo		nount	Correction date
	background check commonths after hired.  2. Review of the facility revealed Staff G, Cook, 07/29/20 and terminate Staff G's employee file Repository (SING) back 4/7/21 (over a month aftindicated the criminal hirequired further researed documentation of further Department of Criminal 4/8/21 with an attached file falled to show the farequired request to DH Staff G to work in the facility allowed Staff G to Work in the facility with the facili	contained a Single Contact kground check completed ter termination date) that istory background check ch. The employee file showed er research from the Investigation (DCI) dated record included. The employee acility completed the further S to receive authorization for acility.  If G to work approximately 8 ithout the required authorization be semployee Hire List provided, by Aide, hired 01/21/20, and the teackground check completed				

Chase Uchlar +7 8/12/21

Facility Administrator

Date

Page 2 of 4

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed panalty will be reduced by thirty–five percent (35%) pursuant to lowa Code section 135C.43A (2013).

## lowa Department of Inspections and Appeals Health Facilities Division Citation

Facility Name: State Center Specialty Care			Survey		
Facility Address/City/State/Zip: 702 Third Street NW State Center, IA 50247		MW, VW, TAG	July 14	- 21, 2021	
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	eck completed 4/7/21 red.	, completed 4 months after			
re lo Ad er se In Ad Mi th In st	vised 05/2017, reveal wa Criminal Record Coult/Child Abuse Reginployees and other in trvices to residents, promistrator acknowle anager was not compe previous Office Marspector General (OIG ated they have since its sue. The Administrator				
re ch Se	search needed as a r leck and authorization ervice (DHS) to work.	esuit of the SING background from Department of Human Staff E, G, H, and J's SING completed prior to hire.			
F	ACILITY RESPONS	<b>EE:</b>			

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to lowa Code section 135C.43A (2013).

## -lowa Department of Inspections and Appeals Health Facilities Division Citation

Facility Name: State Center Specialty Care Facility Address/City/State/Zip: 702 Third Street NW State Center, IA 50247			Survey I	Dates:	
		MW, VW, TAG	July 14 - 21, 2021		
Rule or Code Nati Section		ure of Violation	Class	Fine Amount	Correction date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty—five percent (35%) pursuant to lowa Code section 135C.43A (2013).

Date

**Facility Administrator**