Iowa Department of Inspections and Appeals Health Facilities Division Citation

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Citation Number: 6699					Date: N 2017	Date: November 27, 2017	
Facility Name: Ramsey Village			Survey Dates: November 1-9, 2017				
Facility Address/City/State/Zip 1611 27 th Street							
Des Moines, IA. 50310		HL	Survey				
Rule or Code Section	Nature	e of Violation			Correction date		
57(11)3 481-57.11(135C) Perso			II \$500.0		00	Upon Receipt	
	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 lowa Code section 135C.33 as amended by 2014 lowa 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)						
results of a backgrou to this rule shall be ve calendar days from the		kground check results. The nd check conducted pursuant lid for a period of 30 e date the results of the e received by the facility.					
	DESCRIPTION:						
	Based on staff interview the facility failed requirements related to record checks, child a adult abuse checks for (Staff C). Findings income						
On 11/08/17 at 12:33 p.m. personnel reco revealed the SING Single Contact Licens Background Check form was completed		gle Contact License &					

Facility Administrator 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 (2015).

Page 1 of 2

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	1/10/2017. The personnel record revealed Staff C was hired by the facility on 6/16/17, more than 30 days prior to hire. On 11/09/17 at 2:00 p.m. Staff B confirmed the facility had not completed any additional background checks prior to the employment of Staff C. FACILITY RESPONSE:						

Facility Administrator	Date

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Page 2 of 2