

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

Citation Number: #9001					Date: September 18, 2020
Facility Name: Ivy at Davenport		Survey Dates: August 20 – September 3, 2020			
Facility Address/City/State/Zip: 800 East Rusholme Street Davenport, IA 52803		VW, TAG			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

58.11(3)	<p>481—58.11(135C) Personnel. 58.11(3) <i>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.</i> The facility shall comply with the requirements found in Iowa Code section 135C.33 as amended by 2013 Iowa Acts, Senate File 347, 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)</p> <p>DESCRIPTION:</p> <p>Based on record review and staff interviews the facility failed to check staff backgrounds prior to allowing staff work on the floor with residents for one of eleven staff reviewed (Staff A), failed to have newly hired staff complete required Mandatory Reporter Training within 6 months of hire and failed to have reference checks for eight out of the eleven staff reviewed.</p>	Class II	\$500	Upon Receipt	
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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 Iowa Code section 135C.43A (2013).

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	<p>Findings include:</p> <p>1. According to Staff A's personal file, the facility hired him/her on 7/23/2020. Review of the time clock records revealed Staff A worked as a Licensed Practical Nurse (LPN) on 7/23, 7/24, 7/25, 7/26, 7/27, 7/28, 7/29, 7/30/2020.</p> <p>Review of the Single Contact Repository (SING) Background Check revealed the facility completed the check on 7/30/2020, seven days after hired. The report revealed an active LPN license and no child or dependent adult abuse history. The report required further research of the Criminal History.</p> <p>The facility failed to submit DHS (Department of Human Services) evaluation. On 9/2/2020 at 11:30 a.m. Staff F, Director of Nursing (DON) revealed Staff A would have had patient contact from 7/23 - 7/30/2020.</p> <p>2. Review of Employee Records shown the following: a. 8 of the 11 staff records reviewed revealed no documentation of completion of the Mandatory Reporter Training within 6 months of hire date. b. 8 of the 11 staff records reviewed failed to contain verification of reference checks.</p> <p>Review of the facility policy: Number WM 2.0, Background Screening, Evaluation and Investigations directed to ensure that the company maintains a background screening, evaluation, and investigation</p>			
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	<p>policy for new and current staff in accordance with state and federal laws included:</p> <p>a. The Company will perform background investigations on new hires, reassigned and promoted employees and Associates to prevent the employment of any individual who has been convicted of a criminal offense related to health care or who has been debarred, excluded, or held to be otherwise ineligible for participation in federal or state programs.</p> <p>b. Background check/initial screening - Includes an initial screening/review and documentation of requisite eligibility to work requirements such as verification of professional licenses, certifications as required, driver's license if indicated, reference checks, eligibility to work in the US, conducted prior to an offer of employment being made.</p> <p>c. The company will conduct screening and background investigations in accordance with state and federal law and standards of practice as part of the pre-employment screening procedures for prospective employees.</p> <p>On 9/1/2020 at 2:10 p.m., Staff E, Administrator reported the facility planned to have an all staff in-service for Mandatory Reporter Training. The facility also initiated an audit of all staff files to ensure they meet the requirements.</p> <p>Staff F (DON) revealed the former Administrator kept a binder in his/her office and currently they could not locate the binder.</p> <p>FACILITY RESPONSE:</p>			
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