

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

<b>Citation Number:</b> 1044		<b>Date:</b> 7/19/2021			
<b>Facility Name:</b> CARE Unit A		<b>Survey Dates:</b> 6/8/2021, 6/9/2021			
<b>Facility Address/City/State/Zip</b> 500 Opal Street Afton, IA 50830-1079					
		LK	survey		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>	

<b>57.11(3)</b>	<p><b>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)</b></p> <p><b>DESCRIPTION:</b></p> <p>Based on interview and personnel record review the facility failed to comply with requirements related to employee background checks found in Iowa Administrative Code 481- Chapter 50(9)3. Findings include::</p> <p>A review of personnel records revealed the facility failed to ensure criminal record checks were completed as required by Iowa Code Administrative Code rule 481-50.9(5). The Administrator confirmed this finding.</p>	<b>II</b>	<b>\$500.00</b>	<b>Upon receipt</b>
-----------------	---	-----------	-----------------	---------------------

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).**

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

<b>Citation Number:</b> 1044		<b>Date:</b> 7/19/2021			
<b>Facility Name:</b> CARE Unit A		<b>Survey Dates:</b> 6/8/2021, 6/9/2021			
<b>Facility Address/City/State/Zip</b> 500 Opal Street Afton, IA 50830-1079					
		LK	survey		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>	

<b>50.9(5)</b>	<p><b>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</b></p> <p><b>DESCRIPTION:</b></p> <p>Based on interview and record review the facility failed to have the Department of Human Services (DHS) perform an evaluation of an employee's criminal history to determine whether the crime warranted prohibition from employment for 1 of 2 staff reviewed with a criminal history (Staff C). Findings include:</p> <p>On 6/09/21 at 10:01 a.m. personnel record review revealed Staff C was employed with the facility on 10/21/20 to work in maintenance. Further review revealed checks were completed for the child abuse, dependent adult abuse and sex offender registries on 10/1/21 with no concerns noted. A criminal history record check was not completed until 10/24/21 which 3 days after Staff C was hired. The check came back with a hit which required an evaluation from DHS to determine whether or not the facility could employ the individual. Although the form to submit to DHS requesting an evaluation was in the file, a decision from DHS could not be located.</p>			
----------------	---	--	--	--

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).**

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

<b>Citation Number:</b> 1044		<b>Date:</b> 7/19/2021		
<b>Facility Name:</b> CARE Unit A		<b>Survey Dates:</b> 6/8/2021, 6/9/2021		
<b>Facility Address/City/State/Zip</b> 500 Opal Street Afton, IA 50830-1079				
		<b>LK</b>	<b>survey</b>	
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>On 06/09/21 at 10:56 a.m. the Administrator confirmed this finding.</p> <p><b>FACILITY RESPONSE:</b></p>			
--	---	--	--	--

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).**