

DEPARTMENT OF INSPECTIONS AND APPEALS

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 820466 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 06/03/2021 |
|--|--|--|--|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER HANDICAPPED DEVELOPMENT CENTER #8 | STREET ADDRESS, CITY, STATE, ZIP CODE 3518 HILLDALE ROAD DAVENPORT, IA 52804 |
|---|--|

| (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) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
| R 000 | Initial Comments There were no deficiencies cited during the onsite infection control survey completed on 6/3/21. The following deficiencies were cited during the survey conducted to determine compliance with licensing rules for a Residential Care Facility with a special classification to serve individuals with intellectual disabilities. | R 000 | | |
| R 358 | 481-57.11(3) Personnel 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) This REQUIREMENT is not met as evidenced by: 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: | R 358 | R 358 All current employees' criminal background checks were updated and verified on 8/2/21. They all are current. Going forward all employee criminal background record checks will be verified using a checklist. This checklist will be reviewed and monitored Human Resources and the administrator. | |

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Keyana D. Hansen

TITLE

Program Director

(X6) DATE

8/10/21

8/13/21

DEPARTMENT OF INSPECTIONS AND APPEALS

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 820466 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 06/03/2021 |
|--|--|--|--|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER HANDICAPPED DEVELOPMENT CENTER #8 | STREET ADDRESS, CITY, STATE, ZIP CODE 3518 HILLDALE ROAD DAVENPORT, IA 52804 |
|---|--|

| (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) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
| R 358 | Continued From page 1 A review of personnel records revealed the facility failed to ensure criminal record checks were completed prior to hire as required by Iowa Code Administrative Code rule 481-50.9(3). The Program Director confirmed this finding. | R 358 | | |
| R 372 | 481-57.11(6) Personnel 57.11(6) Physical examination and screening. Employees shall have a physical examination no longer than 12 months prior to beginning employment and every four years thereafter. Screening and testing for tuberculosis shall be conducted pursuant to 481-Chapter 59. (I, II, III) This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to comply with requirements related to tuberculosis testing for personnel found in Iowa Administrative Code 481 - Chapter 59. Findings include: A review of employee files on 5/26/21 revealed the facility failed to complete baseline TB screenings as required by Iowa Administrative Code rule 481-59.5(1) for 2 of 4 staff hired since May, 2020 (Staff C and Staff F). The Program Director confirmed this finding. See deficiency under 59.5(1). | R 372 | R 372 All current employees will begin getting updated physical examination and screening on 8/10/21. Going forward, the employees' physical examination and screening will be tracked and reviewed annually. This will be monitored by the Group Home Supervisor, Case manager and Program Director. | |
| R 782 | 481-57.21(2)a Dietary 481-57.21(135C) Dietary. | R 782 | | |

DEPARTMENT OF INSPECTIONS AND APPEALS

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 820466 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ | (X3) DATE SURVEY COMPLETED 06/03/2021 |
| | | B. WING _____ | |

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER HANDICAPPED DEVELOPMENT CENTER #8 | STREET ADDRESS, CITY, STATE, ZIP CODE 3518 HILLANDALE ROAD DAVENPORT, IA 52804 |
|---|--|

| (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) COMPLETE DATE |
|--------------------|--|---------------|--|--------------------|
| R 782 | <p>Continued From page 2</p> <p>57.21(2) Nutrition and menu planning.</p> <p>a. Menus shall be planned and followed to meet the nutritional needs of residents in accordance with the primary care provider's orders. Diet orders should be reviewed as necessary, but at least quarterly, by the primary care provider. (II, III)</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to follow physician orders for 1 of 1 residents observed on a special diet (Resident #2). Findings follow:</p> <p>An observation of breakfast on 5/27/21 revealed Resident #2 was served a bowl of cereal with 2% milk poured on it and a banana. The staff person poured both the cereal and the milk into the bowl without measuring them. A review of the menu revealed individuals were to receive one cup of cereal, one cup of banana and one cup of non-fat milk.</p> <p>Record review on 5/26/21 revealed a signed Physician's Order for Resident #2 dated 3/31/21. Resident #2 was to follow a diabetic diet.</p> <p>On 5/27/21 at 6:55 AM the Group Home Lead reported she was not sure what type of diet Resident #2 was to follow. Staff had been providing Resident #2 a general diet. She confirmed Resident #2's breakfast items were not measured in accordance with the general diet guidelines.</p> | R 782 | <p>R 782</p> <p>Staff were trained on resident #2 diet order on 8/10/21 and this will be posted with the other menus. Going forward, staff will be trained on all special diet orders. These menus will be posted for all staff to follow. This will be monitored by the Case manager and Group home supervisor.</p> | |

DEPARTMENT OF INSPECTIONS AND APPEALS

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 820466 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ | (X3) DATE SURVEY COMPLETED 06/03/2021 |
| | | B. WING _____ | |

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER HANDICAPPED DEVELOPMENT CENTER #8 | STREET ADDRESS, CITY, STATE, ZIP CODE 3518 HILLANDALE ROAD DAVENPORT, IA 52804 |
|---|--|

| (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) COMPLETE DATE |
|--------------------|---|---------------|--|--------------------|
| R 985 | <p>481-57.32(5) Resident Abuse Prohibited</p> <p>57.32(5) Staff shall receive training relating to the identification and reporting of dependent adult abuse as required by Iowa Code section 235B.16.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide training as required by Iowa Code section 235B.16 for 2 of 4 staff hired since May of 2020 (Staff D and Staff F). Findings follow:</p> <p>Chapter 235B.16 requires employees complete two hours of training relating to the identification and reporting of dependent adult abuse within six months of initial employment.</p> <p>Record review on 5/26/21 revealed Staff D was hired on 6/27/20. She completed her Dependent Adult Abuse Training on 5/27/21, more than 6 months after her hire date.</p> <p>Staff F was hired on 6/2/20. She did not have Dependent Adult Abuse Training.</p> <p>The Program Director confirmed these findings on 6/1/21 at 10:45 AM.</p> | R 985 | <p>R 985</p> <p>All current employee training files were verified to ensure Dependent Adult Abuse training is completed. Going forward all employees will be required to complete Dependent Adult Abuse training prior to working in the home. This will be monitored by the Group Home Supervisor and Program Director.</p> | |
| V 145 | <p>481-59.5(1) Baseline TB Screening Procedures for Faciliti</p> <p>59.5(1) All HCWs shall receive baseline TB screening upon employment. Baseline TB screening consists of two components: (1) assessing for current symptoms of active TB disease and (2) testing using the two-step TST</p> | V 145 | | |

DEPARTMENT OF INSPECTIONS AND APPEALS

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 820466 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/03/2021 |
|--|--|---|--|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER HANDICAPPED DEVELOPMENT CENTER #8 | STREET ADDRESS, CITY, STATE, ZIP CODE 3518 HILLANDALE ROAD DAVENPORT, IA 52804 |
|---|--|

| (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) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
|--------------------|--|---------------|---|--------------------|

| | | | | |
|-------|---|-------|---|--|
| V 145 | <p>Continued From page 4</p> <p>procedure or a single IGRA to screen for infection with M. tuberculosis. If the first-step TST result is negative, the second stage of the two-step TST is recommended one to three weeks after the first TST result was read. Administration of the second stage of the two-step TST shall not exceed 12 months after the first TST result was read. If initiation of the second stage of the two-step TST is greater than 12 months from when the first TST result was read, the two-step procedure must be restarted. If the first-step TST result is positive, it is not necessary to perform the second stage of the two-step TST.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to complete the two-step TST (tuberculin skin test) for 2 of 4 employees hired since May 2020 (Staff C and Staff F). Findings follow:</p> <p>Record review on 5/26/21 revealed Staff C was hired on 5/20/20. Staff C received the first step of the TST on 5/20/20. She did not receive the second step of the TST.</p> <p>Staff F was hired on 6/2/20. Staff F did not have any TST testing.</p> <p>The Program Director confirmed these findings on 5/27/21 at 3:00 PM.</p> | V 145 | <p>V 145 Employee TB files were reviewed and current staff that have not received their second step of their TST or TST testing will completed by 9/1/21.</p> <p>Going forward all new hired employees will complete the 1 step of their TST prior to working in the home. A TST tracking sheet will be monitored by the training coordinator and Program Director.</p> | |
| C 203 | <p>50.9(3) Background checks</p> <p>481-50.9(135C) Criminal, dependent adult abuse, and child abuse record checks.</p> <p>50.9(3) Requirements for employer prior to employing an individual. Prior to employment of a</p> | C 203 | | |

DEPARTMENT OF INSPECTIONS AND APPEALS

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 820466 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 06/03/2021 |
|--|--|--|--|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER HANDICAPPED DEVELOPMENT CENTER #8 | STREET ADDRESS, CITY, STATE, ZIP CODE 3518 HILLANDALE ROAD DAVENPORT, IA 52804 |
|---|--|

| (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) COMPLETE DATE |
|--------------------|--|---------------|--|--------------------|
| C 203 | <p>Continued From page 5</p> <p>person in a facility, the facility shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to complete background checks as required for 1 of 4 staff reviewed hired within the past 13 months (Staff C). Findings include:</p> <p>Record review on 5/26/21 revealed Staff C was hired on 5/20/20. The facility completed the adult and child abuse portion of the background check process on 4/30/20. No criminal history check could be located.</p> <p>The Program Director confirmed this finding on 6/1/21 at 10:45 AM.</p> | C 203 | <p>C 203</p> <p>All current employees' criminal background checks were updated and verified on 8/2/21. They all are current. Going forward all employee criminal background record checks will be verified using a checklist. This checklist will be reviewed and monitored Human Resources and the administrator.</p> | |