

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 820397	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/10/2021
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NAME OF PROVIDER OR SUPPLIER VERA FRENCH PINE MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 4656 W KIMBERLY ROAD DAVENPORT, IA 52806
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(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 The following deficiencies were cited during the investigation into Incident #96257-M.	R 000		
R 358	<p>481-57.11(3) Personnel</p> <p>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)</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to complete background checks for 1 of 1 staff reviewed (Staff A). Findings follow:</p> <p>A review of facility records revealed the facility failed to complete background checks as required by Iowa Code section 135C.33. See deficiency under rule 481-50.9(3). The Administrator confirmed this finding.</p>	R 358	<p>Correction date: 6/30/2021</p> <p>VF Human Resource Director, [REDACTED], informed of the situation. VF has a policy in place background checks are required for all employees prior to start date. HR acknowledged the error.</p> <p>RCF Administrator will be responsible for ensuring background checks are completed according to DIA regulations. RCF Administrator will include background on orientation checklist utilized prior to employee working with residents. Attached copy of orientation checklist</p>	6/30/21

DIVISION OF HEALTH FACILITIES - STATE OF IOWA LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	RCF Admin. 6/30/21 (X6) DATE
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7/13/21

7/21/21

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C 203 C 203	<p>Continued From page 1</p> <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 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 conduct a background check prior to employment for 1 of 1 staff reviewed (Staff A). Findings follow:</p> <p>Record review on 6/10/21 revealed Staff A was hired on 1/25/21. There were no background checks completed for Staff A. Staff A had previously been employed by the facility until 10/13/20. The facility did not complete a new background check when she was rehired on 1/25/21.</p> <p>The Administrator confirmed this finding on 6/10/21 at 11:05 AM.</p>	C 203 C 203		