IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
(515) 242-5022 Fax

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

September 29, 2015

Incident Intake #: 54713-I

Mr. David Raschio, Director
Welcov of Spirit Lake
1819 23rd Street
Spirit Lake, IA 51360

RE: Final Incident Investigation & Recertification Monitoring Evaluation Report – Welcov of Spirit Lake, Spirit Lake, IA

Dear Mr. Raschio:

Enclosed is the **Final Incident Investigation & Recertification Monitoring Evaluation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C and Iowa Administrative Code (IAC) chapters 481—67 and 481—69, following a survey by DIA on **September 22 - 23, 2015.** The Report notes Regulatory Insufficiencies in the area(s) of: Record checks and Structural Requirements.

Each Regulatory Insufficiency requires that the Program submit a written Plan of Correction (POC).

In preparing the POC, please use the tenant identifiers from the Report, i.e. Tenant #1, when reference is made to specific tenants. If your response includes a specific tenant's assessment or service plan, it is the Program's responsibility to conceal the tenant's name in order to maintain the tenant's anonymity. Your response shall include the following:

1. Elements detailing how the Program will correct each regulatory insufficiency.
2. What measures will be taken to ensure the problem does not recur.
3. How the Program plans to monitor performance to ensure compliance.
4. The date by which the regulatory insufficiency will be corrected.

Please note that all regulatory insufficiencies must be **corrected within 30 days of the date of the exit conference**; however, there may be situations where the timeframe may be shortened or lengthened, at the discretion of the department.

The POC must be submitted/emailed to DIA to my attention within ten (10) working days of receipt of this letter. It may be necessary for DIA to revisit the Program to confirm progress in fulfilling the POC's corrective measures.

As provided by IAC rule 481-67.14, you are afforded one opportunity to refute cited regulatory insufficiencies through the informal conference process. A request for an informal conference or a contested case hearing must be made within 20 working days of the notice or service of this letter and the final report. Please refer to rule 67.14 for more information.

If you have any questions in regard to this report, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0025	A. BUILDING: _____ B. WING _____	C 09/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELCOV AT SPIRIT LAKE	1819 23RD ST SPIRIT LAKE, IA 51360

(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
A 000	481-67 Initial Comments Assisted Living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. General Population Program Number of tenants without cognitive disorder: 39 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 39 TOTAL census of Assisted Living Program: 39 The following regulatory insufficiencies were cited during the recertification and investigation of Incident #54713-I.	A 000		
A 118	481-67.19(3) Record Checks 481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks. 67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program 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. This REQUIREMENT is not met as evidenced by: Based on review of staff files and staff interview the Program did not did not complete criminal, dependent adult abuse and child abuse checks prior to employment for one of one staff (Staff	A 118		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0025	A. BUILDING: _____ B. WING _____	C 09/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELCOV AT SPIRIT LAKE	1819 23RD ST SPIRIT LAKE, IA 51360

(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
A 118	Continued From page 1 C). (Recertification) 1. Staff C, a universal worker was hired on 6-26-15. The Program completed background checks on 7-15-15. Therefore, the Program did not complete criminal, dependent adult abuse and child abuse checks prior to employment of Staff C. When interviewed the Executive Director explained Staff C had been rehired on 6-26-15 and a few weeks later he realized the check had not been completed. The Program did not complete required record checks prior to employment of staff.	A 118		
A 154	481-69.35(1)b Structural Requirements 481-69.35(231C) Structural requirements. 69.35(1) General requirements. b. The buildings and grounds shall be well-maintained, clean, safe and sanitary. This REQUIREMENT is not met as evidenced by: Based on observations, interview and review of program documentation the Program's whirlpool bath was not maintained resulting in an injury to a Tenant (Tenant #1). (Incident 54713-I) 1. An Incident Report dated 8-19-15 noted Staff A was using a wrench to adjust the water temperature of the whirlpool tub when it slipped and hit Tenant #1 on the left leg resulting injury described as a "nick size of a pea." Review of a	A 154		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0025	A. BUILDING: _____ B. WING _____	C 09/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELCOV AT SPIRIT LAKE	1819 23RD ST SPIRIT LAKE, IA 51360

(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
A 154	Continued From page 2 document submitted by the Executive Director noted the Tenant incurred a minor skin tear, about the size of a pea, on the front of the left leg, approximately three inches below the knee cap. During an interview with Tenant #1, a 97 year old, admitted on 10-15-08 with no noted diagnoses, Tenant #2 confirmed Staff A was assisting with a whirlpool bath when a wrench used to adjust water temperature slipped and hit the left leg causing an injury. According to Tenant #2 the whirlpool tub had been broken "for quite some time." During an interview on 9-22-15 with Tenant #1, a 97 year old, admitted on 10-15-08 with no noted diagnoses, Tenant #1 confirmed Staff A was assisting with a whirlpool bath when a wrench used to adjust water temperature slipped and hit the left leg causing an injury. Interviews with Staff B and C on 9-23-15 confirmed the whirlpool tub had not had a handle to adjust the water temperature for at a year but all thought it had been longer. Staff C said the tub had been broken for at least two years. The Maintenance Person was hired on 6-10-15 and he confirmed the whirlpool tub had not had a handle at that time and staff used a wrench to adjust the water temperature. According to the Registered Nurse (RN) on 9-23-15, seven tenants regularly used the whirlpool tub at least once a week. The Program did not maintain a whirlpool tub resulting in an injury to a tenant. Staff used a wrench to adjust water temperature for at least two years. Tenant #2 sustained an injury when	A 154		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0025	A. BUILDING: _____ B. WING _____	C 09/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELCOV AT SPIRIT LAKE	1819 23RD ST SPIRIT LAKE, IA 51360

(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
A 154	Continued From page 3 the wrench slipped and fell into the water making contact with the left leg.	A 154		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0025	A. BUILDING: _____ B. WING _____	C 09/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELCOV AT SPIRIT LAKE	1819 23RD ST SPIRIT LAKE, IA 51360

(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
A 000	481-67 Initial Comments Assisted Living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. General Population Program Number of tenants without cognitive disorder: 39 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 39 TOTAL census of Assisted Living Program: 39 The following regulatory insufficiencies were cited during the recertification and investigation of incident #54713-I.	A 000		
A 118	481-67.19(3) Record Checks 481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks. 67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program 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. This REQUIREMENT is not met as evidenced by: Based on review of staff files and staff interview the Program did not did not complete criminal, dependent adult abuse and child abuse checks prior to employment for one of one staff (Staff	A 118	A118: Program director will conduct appropriate background check prior to new employees or re-hires beginning their first day of employment. A154 1) Whirlpool spa was removed from service. No residents are allowed to use the spa until it is repaired. 2) New temperature mixing valve has been ordered. 3) Argo Spa Repair (Jason Jones - tech) will conduct the repairs once the part arrives 4) Part is scheduled to arrive on 10/16/15 per Jones. 5) Jones is scheduled to conduct repair services upon his receipt of part. 6) Anticipated return to service of items upon completion of satisfactory repairs is 11/1/15. Again, no residents will be allowed to use the spa until repairs are completed. Dan Rose 10/9/15	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0025	A. BUILDING: _____ B. WING _____	C 09/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELCOV AT SPIRIT LAKE	1819 23RD ST SPIRIT LAKE, IA 51360

(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
A 118	Continued From page 1 C). (Recertification) 1. Staff C, a universal worker was hired on 6-26-15. The Program completed background checks on 7-15-15. Therefore, the Program did not complete criminal, dependent adult abuse and child abuse checks prior to employment of Staff C. When interviewed the Executive Director explained Staff C had been rehired on 6-26-15 and a few weeks later he realized the check had not been completed. The Program did not complete required record checks prior to employment of staff.	A 118		
A 154	481-69.35(1)b Structural Requirements 481-69.35(231C) Structural requirements. 69.35(1) General requirements. b. The buildings and grounds shall be well-maintained, clean, safe and sanitary. This REQUIREMENT is not met as evidenced by: Based on observations, interview and review of program documentation the Program's whirlpool bath was not maintained resulting in an injury to a Tenant (Tenant #1). (Incident 54713-I) 1. An Incident Report dated 8-19-15 noted Staff A was using a wrench to adjust the water temperature of the whirlpool tub when it slipped and hit Tenant #1 on the left leg resulting injury described as a "nick size of a pea." Review of a	A 154		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0025	A. BUILDING: _____ B. WING _____	C 09/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELCOV AT SPIRIT LAKE	1819 23RD ST SPIRIT LAKE, IA 51360

(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
A 154	Continued From page 2 document submitted by the Executive Director noted the Tenant incurred a minor skin tear, about the size of a pea, on the front of the left leg, approximately three inches below the knee cap. During an interview with Tenant #1, a 97 year old, admitted on 10-15-08 with no noted diagnoses, Tenant #2 confirmed Staff A was assisting with a whirlpool bath when a wrench used to adjust water temperature slipped and hit the left leg causing an injury. According to Tenant #2 the whirlpool tub had been broken "for quite some time." During an interview on 9-22-15 with Tenant #1, a 97 year old, admitted on 10-15-08 with no noted diagnoses, Tenant #1 confirmed Staff A was assisting with a whirlpool bath when a wrench used to adjust water temperature slipped and hit the left leg causing an injury. Interviews with Staff B and C on 9-23-15 confirmed the whirlpool tub had not had a handle to adjust the water temperature for at a year but all thought it had been longer. Staff C said the tub had been broken for at least two years. The Maintenance Person was hired on 6-10-15 and he confirmed the whirlpool tub had not had a handle at that time and staff used a wrench to adjust the water temperature. According to the Registered Nurse (RN) on 9-23-15, seven tenants regularly used the whirlpool tub at least once a week. The Program did not maintain a whirlpool tub resulting in an injury to a tenant. Staff used a wrench to adjust water temperature for at least two years. Tenant #2 sustained an injury when	A 154		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0025	A. BUILDING: _____ B. WING _____	C 09/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELCOV AT SPIRIT LAKE	1619 23RD ST SPIRIT LAKE, IA 51360

(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
A 154	Continued From page 3 the wrench slipped and fell into the water making contact with the left leg.	A 154		