IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

December 11, 2015

Mr. Michael Grevengoed, Manager
Aspen Heights
1410 Aspen Street
Hull, IA 51239

RE: Final Recertification Monitoring Evaluation Report – Aspen Heights, Hull, IA

Dear Mr. Grevengoed:

Enclosed is the **Final 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 **December 2, 2015.** The Report notes a Regulatory Insufficiency in the area(s) of: Record checks.

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
	S0320	A. BUILDING: _____ B. WING _____	12/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASPEN HEIGHTS ASSISTED LIVING	1410 ASPEN STREET HULL, IA 51239

(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: 21 Number of tenants with cognitive disorder: 4 Total Population of Program at time of on-site: 25 TOTAL census of Assisted Living Program: 25 The following insufficiencies were cited during the recertification to determine compliance with certification for an Assisted Living Program:	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 interviews and record review the Program failed to complete criminal history and child and dependent adult abuse checks prior to	A 118		

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 118	Continued From page 1 employment for 2 of 4 staff. Findings follow: 1. Review of the Program's current staff list revealed Resident Assistant (RA) B's date of hire as 9/1/15. RA B's employee file contained Single Contact License & Background checks for child, dependent adult abuse, and criminal history completed 9/4/15. RA B's file also contained Staff Training/Delegations completed 9/1/15. The file also contained Delegation Forms were signed by the nurse and RA B on 9/4/15. 2. RA D's date of hire was listed as 5/27/15. Review of RA D's file revealed Single Contact License & Background checks for child, dependent adult, and criminal history completed 5/28/15. The file also contained Staff Training/Delegations forms trained on 5/27/15 and Delegation Forms signed by the nurse and RA D on 5/2715. When interviewed on 12/2/15 at 1:00 the Registered Nurse (RN)/Administrator explained RA B's and RA D's dates of hire were actually the days they interviewed for the positions and he offered them the job pending passing the background checks. He confirmed training activities of daily living with RA D on 5/27/15, the day before the background checks were completed. He said he made an error in dating RA B's Staff Training/Delegations forms as 9/1/15 and they were actually completed on 9/4/15. The RN also confirmed the background checks were completed after the date of hire listed on the Program's current staff list.	A 118		

RI Plan of Correction.

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.

1. Our program at Aspen Heights assisted living will do the interview with applicant, and then have them sign the consent to do background check. This will end the interview and the applicant will vacate the premise. From there, the manager will run the background check and impending the results will call the applicant back to hire them.

2. Our policies and procedures were updated related to the hiring of staff so this incident will not happen again. I will be diligent in making sure to run the background check on the applicant before we proceed with any type of hiring process.

3. I have a list of the hire dates of employees and when they have background check done. I will make sure to double check all the dates against one another to make sure we are in compliance with the state regulations. Also, I will double check to make sure I write the right date on the computer compared to the actual hire date.

4. I implemented these rules upon myself as of December 14, 2015.

Signed,

Michael Grevengoed, Nurse Manager of Aspen Heights Assisted Living.