VRL 6/8/17 CAC 6/16/17

PRINTED: 04/18/2017
FORM APPROVED

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
	S0091	A. BUILDING: _____ B. WING _____	04/04/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COBBLE CREEK ASSISTED LIVING	2116 1ST AVE E SPENCER, IA 51301

(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: 9 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 9 TOTAL census of Assisted Living Program: 9 The following regulatory insufficiency was cited during the recertification of the Program.	A 000	POC 5/17/17	
A 123	481-67.19(3)e Record Checks 481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks. 67.19(3)e Employment pending evaluation. The program may employ a person for not more than 60 calendar days pending the completion of the evaluation by the department of human services if all of the following apply. The 60-day period begins on the first day of the person's employment. (1) The person is being considered for employment other than employment involving the operation of a motor vehicle; (2) The person does not have a record of founded child or dependent adult abuse; (3) The person has been convicted of a crime that is a simple misdemeanor offense under Iowa Code section 123.47 or a first offense of operating a motor vehicle while intoxicated under Iowa Code section 321J.2, subsection 1; and	A 123		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Dawn Duyn — TITLE: Director — (X6) DATE: 5-17-17

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A 123	Continued From page 1 (4) The program has requested an evaluation to determine whether the crime warrants prohibition of the person's employment. This REQUIREMENT is not met as evidenced by: Based on staff interview and personnel record review, the Program failed to ensure evaluation of employee's felony conviction by the Department of Human Services (DHS) prior to employment with the Program on 1 of 4 files reviewed. Findings included: On 4/04/17 at 11:43 a.m. personnel record review revealed Staff B hired by the Program on 10/18/16. The Program completed Staff B's a criminal background check on 10/10/16, which resulted in a possible hit. Further review revealed Staff B's criminal history included a felony conviction on 8/6/07 with a suspended 10 year prison sentence for the possession of a controlled substance. Record review revealed DHS completed their review and authorized Staff B to work on 11/01/16. On 4/04/17 at 12:06 p.m. Staff A confirmed this finding. Staff A thought the Program had 60 days to have DHS complete their review.	A 123	Beginning immediately Staff A will make sure all background checks are done correctly... if a felony conviction arises, Staff A will not allow any new hire to start working unless DHS has prior authorized said staff. Staff A will pay much closer attention to this record check evaluation	