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8/22/17

PRINTED: 08/16/2017
FORM APPROVED

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0257	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/10/2017
NAME OF PROVIDER OR SUPPLIER VILLAGE AT LEGACY POINTE		STREET ADDRESS, CITY, STATE, ZIP CODE 1664 SE HOLIDAY CREST CIRCLE WAUKEE, IA 50263		
(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: 32 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 34 TOTAL census of Assisted Living Program: 34 The following regulatory insufficiency was cited during the recertification conducted to determine compliance with certification for an Assisted Living Program:	A 000	This plan of correction constitutes our credible allegation of compliance. The following deficiencies were corrected by 8/17/17. Preparation and or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of the federal and state law. In Response to A 118: A. The HR Director who completed the criminal, dependent adult abuse and child abuse check after Staff C was hired is no longer employed by the Program. B. Program has a system in place whereas all employees have a criminal, dependent adult abuse and child abuse check completed prior to employment. The Administrator or her designee will do routine audits to verify compliance.	
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 interview and record review the	A 118		

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

[Signature]

TITLE

Ex. Director

(X6) DATE

STATE FORM

6899

BQK211

If continuation sheet 1 of 2

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0257	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/10/2017
NAME OF PROVIDER OR SUPPLIER VILLAGE AT LEGACY POINTE		STREET ADDRESS, CITY, STATE, ZIP CODE 1654 SE HOLIDAY CREST CIRCLE WAUKEE, IA 50263			
(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 Program failed to complete criminal, dependent adult abuse and child abuse checks prior to employment for 1 of 3 staff reviewed (Staff C). Finding follows: 1. The Program hired Staff C on 4/13/16. The Program completed the Single Contract License and Background check on 4/19/16. Therefore, the Program did not complete criminal, dependent adult abuse and child abuse checks prior to employment of Staff C. When interviewed on 8/10/17 the delegating nurse confirmed the Program did not complete the record check prior to Staff C's beginning employment.	A 118			