

DEPARTMENT OF INSPECTIONS AND APPEALS

PRINTED: 09/26/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/12/2017
NAME OF PROVIDER OR SUPPLIER HEARTWOOD HEIGHTS		STREET ADDRESS, CITY, STATE, ZIP CODE 409 9TH AVE NORTH SIBLEY, IA 51249			
(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: 18 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 18 TOTAL census of Assisted Living Program: 18 The following regulatory insufficiency was cited during the recertification conducted to determine compliance with certification for an Assisted Living Program:	A 000			10-2-17
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 Program failed to complete criminal, dependent adult abuse and child abuse checks prior to	A 118			

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

Theresa Riley,

TITLE

Director

(X6) DATE

10-3-17

DEPARTMENT OF INSPECTIONS AND APPEALS

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HEARTWOOD HEIGHTS

**409 9TH AVE NORTH
SIBLEY, IA 51249**

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A 118	Continued From page 1 employment for 1 of 2 staff reviewed (Staff B). Finding follows: Record review revealed Staff B, hired 10/11/16. Additional record review revealed the Program completed the Single Contract License and Background check on 10/18/16. Therefore, the Program did not complete criminal, dependent adult abuse and child abuse checks prior to employment of Staff B. When interviewed on 9/12/17 the Administrator confirmed the Program did not complete the record check prior to Staff B beginning employment.	A 118	This process is effective October 2, 2017. After finding the potential employee's background check to be clear, the administrator and department supervisor will be notified that employment may be offered. Following a successful screening, a job may be offered within 30 days from the date of the criminal check. A record of these dates will be noted and retained with a copy of the check, noting job offer date, job acceptance and supervisor's signature verifying these dates. If the 30-day time period is past, the screening will be repeated.	