

✓ 8/16/17 OK 8/16/17

PRINTED: 07/03/2017
FORM APPROVED

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/20/2017
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

COUNTRY MEADOW PLACE, L L C

**17396 KINGBIRD AVE
MASON CITY, IA 50401**

(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. Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 10 Number of tenants with cognitive disorder: 22 Total Population of Program at time of on-site: 32 TOTAL census of Assisted Living Program: 32 The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program.	A 000	See attached POC 7/12/17	
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 conduct a criminal, dependent adult abuse and child abuse record check prior to	A 118		

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: S0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 06/20/2017
NAME OF PROVIDER OR SUPPLIER COUNTRY MEADOW PLACE, L L C			STREET ADDRESS, CITY, STATE, ZIP CODE 17396 KINGBIRD AVE MASON CITY, IA 50401		
(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 employment for 1 out 5 staff files reviewed (Staff A). Findings follow: Review of Staff B's employment file revealed a hire date of 2-1-16. Single Contact License & Background Check revealed the check for criminal, dependent adult abuse and child abuse completed on 3-7-16. The Program failed to complete the background check prior to employment. When interviewed on 6-19-17 at 12:36 p.m. the Administrator confirmed Staff B's background check completed after his/her hire date. She stated she was sure she had completed it prior to hire but could not find a copy so she ran it again.	A 118			

✓ 8/16/17

Country Meadow Place
17396 Kingbird Avenue
Mason City, Iowa 50401

July 12, 2017

Re: Recertification monitoring visit June 19, 2017

Monitor: Mary Hildreth

A: 481-67.19(135C, 231B, 231C, 231D) 481—67.19(3) Record Checks *Criminal, dependent adult abuse, and child abuse record checks. 6719(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 the child and dependent adult abuse record checks of the person in this state.*

Program POC:

1. Elements detailing how insufficiency was corrected:

- a) The monitor reviewed 5 employee files. One background check was found completed after hire date. The program manager did state she was sure this was completed prior to hire, but was unable to locate the file, so she re-ran the report after hire.
- b) The program manager will follow requirements to complete all required background checks prior to offering employment.

2. Actions the program is taking to ensure requirements are met in similar situations:

- a) The program manager will print copies of background checks and place on file prior to offering employment.
- b) The program manager will not offer employment to applicants until background check records are cleared and approved.

3. Measures taken to ensure policy and procedure are followed:

- a) The program manager will print copies of background checks and place on file prior to offering employment
- b) The program manager will follow requirements to complete all required background checks prior to offering employment.

Disclaimer for POC

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the program of the truth of the facts alleged or conclusions set forth in the statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law