12/14/17

OK 12/11/17

PRINTED: 12/06/2017
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
	S0177	A. BUILDING: _____ B. WING _____	10/23/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD TERRACE	717 W 3RD ST BOONE, IA 50036

(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	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: 22 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 22 TOTAL census of Assisted Living Program: 22 The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program.	A 000	December 7, 2017 This plan of correction on 6899 constitutes Eastern Star Masonic Home written credible allegation of compliance as of December 7, 2017 for the deficiencies cited. POC 12/7/17	Completed 12/7/2017
A 121	481-67.19(3)c Record Checks 481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks. 67.19(3)c If a person considered for employment has been convicted of a crime. If a person being considered for employment in a program has been convicted of a crime under a law of any state, the department of public safety shall notify the program that upon the request of the program the department of human services will perform an evaluation to determine whether the crime warrants prohibition of the person's employment in the program. This REQUIREMENT is not met as evidenced by:	A 121	The facility assures that potential employees are evaluated with Dept. Human Services (DHS) to identify criminal records prior to hire. The facility assures no one is hired unless a satisfactory record check is obtained. Hiring staff were reeducated 10/23/2017 to ensure proper record completion on record checks. The Assisted Living Coordinator and/or her RN Assistant will review and monitor all new hires and assure completion of DHS evaluation of a crime prior to hire, in accordance to 481-67.19(3)c. The Assisted Living Coordinator will monitor monthly and will discuss monthly at QAPI meetings. The regulatory insufficiency we received was corrected 10/23/2017.	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Michael Colby

TITLE: Administrator

(X6) DATE: 12/7/2017

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A 121	Continued From page 1 Based on interview and record review the Program failed to ensure completion of Department of Human Services (DHS) evaluation of a crime prior to hire. This pertained to 1 out of 4 staff reviewed (Staff A). Findings follow: Review of Personal Service Attendant/Certified Nurse Aide Job Training Record indicated Staff A's hire date as 1-25-16. The record documented Staff A completed several trainings that day. Review of pay statement for pay period 1-24-16 through 2-6-16 revealed Staff A received paid wages prior to 2-11-16. Continued record review revealed Single Contact License and Background Check (SING), completed 1-7-16, indicated further research required for Staff A's criminal history. Iowa Criminal History, dated 1-11-16, revealed Staff A had misdemeanor convictions of Domestic Abuse and Disorderly Conduct. Iowa Department of Human Service Record Check Evaluation, dated 2-11-16, documented Staff A approved to work for the Program. Interview with the Director of Nursing (DON) on 10-23-17 at 12:47 p.m. confirmed the Program failed to obtain DHS approval prior to Staff A beginning employment. The DON explained she thought Staff A was approved for hire pending evaluation because the Iowa Record Check Request Form S had a Waiver Signature on File. She stated she thought the Waiver Signature meant the person had already been cleared since Staff A was currently employed at another facility. She stated Staff A did not provide her with a copy of the evaluation completed by the previous	A 121		

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A 121	Continued From page 2 employer.	A 121		