

✓ 1/25/18

PRINTED: 12/18/2017
FORM APPROVED

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0307	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/14/2017
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WHISPERING CREEK

**2607 NICKLAUS BLVD
SIOUX CITY, IA 51106**

(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 for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. General Population Number of tenants without cognitive disorder: 41 Number of tenants with cognitive disorder: 4 Memory Care Unit Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 14 TOTAL Census of Assisted Living Program for People with Dementia: 59 No regulatory insufficiencies were cited during the Investigation of Incident #72660-I. The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program for People with Dementia.	A 000		
A 125	481-67.19(5) Record Checks 481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks. 67.19(5) Employment prohibition. A person who has committed a crime or has a record of founded child or dependent adult abuse shall not be employed in a program unless an evaluation has been performed by the department of human services.	A 125	<i>Plan of Correction is attached Dix - 1/25/18</i>	

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: S0307	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 12/14/2017
NAME OF PROVIDER OR SUPPLIER WHISPERING CREEK		STREET ADDRESS, CITY, STATE, ZIP CODE 2607 NICKLAUS BLVD SIOUX CITY, IA 51106			
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A 125	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to obtain a Department of Human Services (DHS) evaluation prior to employment for 1 of 1 staff reviewed with a record of child abuse (Staff A). Findings follow: Review of Staff A's file revealed a hire date of 1-8-17. The Single Contact License and Background Check (SING) was completed 12-21-16. The SING documented the facility was to initiate a record check evaluation with DHS regarding child abuse. The DHS Record Check Evaluation form revealed Staff A was approved to work on 2-2-17. The evaluation was not completed prior to employment. When interviewed on 12-13-17 at 2:32 p.m. the Executive Director confirmed this finding. She stated she thought she was able to hire someone pending evaluation and did not realize child abuse did not meet the criteria listed in rule 67.19(3)e.	A 125			



✓ 1/25/19

Nicole Ellermeier
Executive Director
2607 Nicklaus Boulevard
Sioux City, IA 51106
(712) 276-2091 office
(712) 204-6339 cell

**In Response to
Final Complaint/Incident Investigation
Dated December 26th 2018**

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the 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 provisions of state law.

Evaluation

Regulatory Insufficiency: 481-67.19(5) Record Checks

481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks.

67.19(5) Employment prohibition. A person who has committed a crime or has a record of founded child or dependent adult abuse shall not be employed in a program unless an evaluation has been performed by the department of human services.

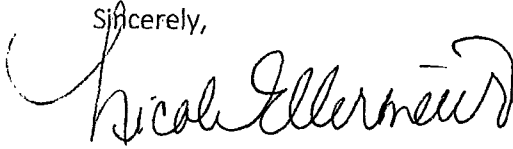
1. Elements detailing how the program will correct each regulatory insufficiency.
 - a. Reeducation of the DHS paperwork process reviewed with the ED, office manager, and additional department heads involved in hiring process.
2. What measures will be taken to ensure the problem does not recur.
 - a. Backgrounds completed prior to employment
 - b. Department of Human Services evaluations forms will be completed on employees prior to employment as applicable.
3. How the Program plans to monitor performance to ensure compliance.
 - a. Background checks will be sent into home office with new employee paperwork as double verification background checks completed prior to hire.
4. The date by which the regulatory insufficiency will be corrected.
 - a. The regulatory insufficiency has started and/or being implemented on or before January 27th 2017.

*Whispering Creek Active Retirement Community
Independent Living * Assisted Living * Alzheimer's Care
WhisperingCreekSeniorLiving.com * (712) 276-2091*

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1/25/18

If you have any questions regarding this plan of correction, please feel free to contact me at (712) 204-6339. Thank you.

Sincerely,

A handwritten signature in black ink, reading "Nicole Ellermeier". The signature is fluid and cursive, with a large initial "N" and a stylized "E".

Nicole Ellermeier
Executive Director

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