

✓ 5/20/18

OK 5/29/18

PRINTED: 05/09/2018
FORM APPROVED

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0310	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/24/2018
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GOOD SAMARITAN SOCIETY - TIMBER RIDGE

**#2 OAK RIDGE ROAD
OTTUMWA, IA 52501**

(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: 21 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 21 TOTAL census of Assisted Living Program: 21 The following regulatory insufficiencies were cited during the recertification conducted to determine compliance with certification for an Assisted Living Program:	A 000	See attached POC 5/14/18	
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 history, dependent adult abuse and child abuse checks	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: S0310	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/24/2018
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - TIMBER RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE #2 OAK RIDGE ROAD OTTUMWA, IA 52501		
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A 118	Continued From page 1 prior to employment for 1 of 3 staff reviewed (Staff A). Findings follow: Record review on 4/23/18 revealed the Program hired Staff A on 5/4/15. The Program could not produce documentation of a record check. When interviewed on 4/24/18 at 11:30 a.m. the Administrator explained that a sister facility was responsible for record checks. She produced a checklist which noted the record check had been completed, but could not produce the documentation required to indicate the check occurred.	A 118			



TIMBER RIDGE

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Ottumwa IA 52501

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✓ 5/30/18 OK 5/29/18

May 14, 2018

Ms. Linda Kellen
Department of Inspections and Appeals
Adult Service Bureau
3rd Floor Lucas Building
321 E. 12th St.
Des Moines, IA 50319

RE : Recertification visit April 23 - 24, 2018

Dear Ms. Kellen:

Following is our POC required per your letter dated May 9, 2018 in regards to the regulatory insufficiency found during the re-certification monitoring visit of April 23-24, 2018.

This response, prepared for this document, was executed solely because provisions of the state law require it along with our credible allegation of compliance that all issues identified are resolved.

481-67-19(3) Record Checks

1. Staff A complete criminal history, dependent adult abuse and child abuse check completion dates were verified in Lawson, the HR software application.
2. All active employee files were audited by the Human Resources Director on 11/3/2017.
3. Audits on employee files will be conducted by the Campus Administrator weekly x 2 then bi-weekly x 2, then monthly x 2 then quarterly x 2. All results of audits will be reviewed at the monthly quality assurance performance improvement meeting for any further recommendations.
4. Compliance date: 5/14/18

Sincerely,

Pamela K Wilson
Director of Campus Housing and Ancillary Services