

✓ 10/8/18

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: s0084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2018
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NAME OF PROVIDER OR SUPPLIER MEADOWS OF SHELL ROCK	STREET ADDRESS, CITY, STATE, ZIP CODE 528 N KELLY ST SHELL ROCK, IA 50670
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(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. Number of tenants without cognitive disorder: 28 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 28 The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program.	A 000		
A 124	481-67.19(4) Record Checks 481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks. 67.19(4) Validity of background check results. The results of a background check conducted pursuant to this rule shall be valid for a period of 30 calendar days from the date the results of the background check are received by the program. This REQUIREMENT is not met as evidenced by: Based on record review and interview the Program failed to complete a background check within 30 days of hire for 1 of 4 staff reviewed (Staff A). Findings follow:	A 124	The preparation of the following plan of correction for this deficiency does not constitute and should not be interpreted as an admission nor an agreement by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction prepared for this deficiency was executed solely because provisions of state and federal law require it. Without waiving the foregoing statement, the facility states with respect to: 1. Staff A had their background study re-done 09/04/18. 2. Education provided to staff regarding background studies on 09/05/18.	

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

TITLE

(X6) DATE

✓ DDD 10/5/18

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A 124	<p>Continued From page 1</p> <p>Review of Staff A's file revealed a hire date of 9-19-17. A Single Contact License and Background Check was completed on 6-15-17 with no issues noted. The background check was not completed within 30 days of hire.</p> <p>Interview with the Housing Manager on 8-21-18 at 1:42 p.m. confirmed this finding.</p>	A 124	<p>3. Executive Director will audit new employee files at hire to ensure that background studies are completed.</p> <p>4. The date for completion will be 09/24/18.</p>	