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
	S0092	A. BUILDING: _____ B. WING _____	08/29/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIMROSE PATH AT THE KENSINGTON	2210 AVE H FORT MADISON, IA 52627

(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 (ALP/D)are defined by the population served. The census numbers were provided by the Program at the time of the on-site. Assisted Living Program for People with Dementia Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 24 Total Number of Tenants in ALP/D: 24 The following regulatory insufficiency was cited during recertification visit to determine compliance with the licensing rules for ALP/D.	A 000		
A 122	481-67.19(3)d Record Checks 481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks. 67.19(3)d If a person considered for employment has a record of founded child abuse or dependent adult abuse. If a department of human services child or dependent adult abuse record check shows that a person being considered for employment in a program has a record of founded child or dependent adult abuse, the department of human services shall notify the program that upon the request of the program the department of human services will perform an evaluation to determine whether the founded child or dependent adult abuse warrants prohibition of employment in the program. This REQUIREMENT is not met as evidenced	A 122		

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0092	A. BUILDING: _____ B. WING _____	08/29/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIMROSE PATH AT THE KENSINGTON	2210 AVE H FORT MADISON, IA 52627

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A 122	Continued From page 1 by: Based on interview and record the review, the program failed to obtain approval from the Department of Human Services for 1 of 1 employees with a record of founded child abuse to begin working. Finding follows: Record review revealed Staff C was hired to work at the program on 10/10/17. A Single Contact License & Background Check was completed by the program on 10/2/17. The child abuse section of the background check stated, "initiate record check evaluation process by completing form 2310 and submitting to DHS." Additional record review revealed the Program failed to initiate the record check evaluation. When interviewed on 8/28/18 at 2:50 p.m. the Executive Director confirmed this finding. She stated the program did a more extensive record check on Staff C after they received the background check, but felt they did not need to do the child abuse evaluation as there were no children receiving services from the program.	A 122		

11/6/18

PRINTED: 09/20/2018
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
	S0092	A. BUILDING: _____ B. WING _____	08/29/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIMROSE PATH AT THE KENSINGTON	2210 AVENUE H - 2ND FLOOR FORT MADISON, IA 52627

(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 - 24 Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 24 The following regulatory insufficiency was cited during the initial certification visit to determine compliance with the licensing rules for an Assisted Living Program for People with Dementia (ALP/D).	A 000		
A 122	481-67.19(3)d Record Checks 481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks. 67.19(3)d If a person considered for employment has a record of founded child abuse or dependent adult abuse. If a department of human services child or dependent adult abuse record check shows that a person being considered for employment in a program has a record of founded child or dependent adult abuse, the department of human services shall notify the program that upon the request of the program the department of human services will perform an evaluation to determine whether the founded child or dependent adult abuse warrants prohibition of employment in the program. This REQUIREMENT is not met as evidenced by: Based on interview and record the review, the	A 122	form process was completed on-site. 8/29/18 moving forward 2 employees will review all DFS reports to ensure compliance. 8/29/18	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

10/26/18

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
	90092	A. BUILDING: _____ B. WING _____	08/29/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIMROSE PATH AT THE KENSINGTON	2210 AVENUE H - 2ND FLOOR FORT MADISON, IA 52627

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A 122	Continued From page 1 program faile to obtain approval from the Department of Human Services for 1 of 1 employees with a record of founded child abuse to begin working. Finding follows: Record review revealed Staff C was hired to work at the program on 10/10/17. A Single Contact License & Background Check was completed by the program on 10/2/17. The child abuse section of the background check stated, "Initiate record check evaluation process by completing form 2310 and submitting to DHS". Additional record review revealed the Program failed to initiate the record check evaluation. When interviewed on 8/28/18 at 2:50 p.m. the Executive Director confirmed this finding. She stated the program did a more extensive record check on Staff C after they received the background check, but felt they did not need to do the child abuse evaluation as there were no children receiving services from the program.	A 122		