

DEPARTMENT OF INSPECTIONS AND APPEALS

PRINTED: 01/09/2019  
FORM APPROVED


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0195</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/27/2018</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**KEYSTONE CEDARS ALP/D**

**6325 ROCKWELL DRIVE NE  
CEDAR RAPIDS, IA 52402**

(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.  Number of tenants without cognitive disorder: 2 Number of tenants with cognitive disorder: 17  TOTAL Census of Assisted Living Program for People with Dementia: 19  The recertification visit conducted to determine compliance with certification for a Dedicated Dementia Specific Assisted Living Program resulted in a regulatory insufficiency.	A 000	See attached  	
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 interview and record review the Program failed to ensure a staff employment within 30 days of the receipt of the background check results. This pertained to 1 of 7 staff reviewed (Staff A). Findings follow:	A 124		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

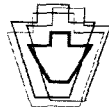
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0195</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/27/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>KEYSTONE CEDARS ALP/D</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6325 ROCKWELL DRIVE NE CEDAR RAPIDS, IA 52402</b>		
(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 124	<p>Continued From page 1</p> <p>Record review on 11-26-18 of Staff A's file revealed a hire date of 2-20-18. A criminal history background check and abuse registries background check was completed on 1-16-18. No records were found related to the background checks.</p> <p>Continued record review revealed an Individual Timecard document indicated Staff A's first date/time of employment was on 2-20-18 from 10:00 a.m. to 12:30 p.m. The results of the criminal history background check and abuse registries background check completed on 1-16-18 were no longer valid as the results were greater than 30 calendar days from the date the results were received.</p> <p>When interviewed on 11-27-18 at approximately 3:00 p.m. the Director of Health and Wellness confirmed there was no additional background check information for Staff A. She revealed it was a scheduling and availability matter related to Staff A's school schedule.</p>	A 124		



Keystone Cedars

Assisted Living Residence

✓ 1/20/19 OK 1/29/19

January 23, 2019

RECEIVED

JAN 28 2019

To: Iowa Department of Inspections & Appeals  
Health Facilities Division - Adult Service Bureau  
Attention: Linda Kellen  
Lucas State Office Building-Third Floor  
321 East 12<sup>th</sup> Street  
Des Moines, IA 50319-0083

Dear Linda:

On behalf of Keystone Cedars in Cedar Rapids, Iowa, I respectfully submit our Plan of Correction for your approval. Our response is specific to the Final Recertification Monitoring Evaluation completed by the DIA on November 27, 2018. Preparation and/or execution of this plan of correction does not constitute admission 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 provision of the state law.

**Alleged Regulatory Insufficiency- 481-67.19(4)**

1. Elements detailing how the program will correct each regulatory insufficiency.
  - *Employee background checks will be completed within 30 days of hire and start date.*
2. What measures will be taken to ensure the problem does not recur?
  - *The appointed staff that is responsible for completing background checks will be reeducated on the regulatory requirements of a background check prior to hire. Staff will be trained on completion of a new background check in the*

*event a prospective new employee does not commence work within 30 days of a background check.*

3. How the Program plans to monitor performance to ensure compliance.

- All employee files will be audited at least one time per year to ensure regulatory compliance. The Director of Operations and his or her designee will be responsible for this task.*
- The community's personnel file checklist will be updated to insure the background check is completed and new hires begin working within 30 days of the background check.*

4. The date by which the regulatory insufficiency will be corrected.

- Staff retraining and audits of personnel files for compliance of the background will be corrected by February 8, 2019.*

If you have any questions regarding this plan of correction, please feel free to contact me at 319-393-9500.

Sincerely,



Lisa Cleland  
Executive Director  
Keystone Cedars Assisted Living  
6325 Rockwell Drive, NE  
Cedar Rapids, IA 52402  
W) 319-393-9500  
C) 319-361-8221

RECEIVED

JAN 28 2019