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
	S0108	A. BUILDING: _____ B. WING _____	03/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CUSTOM CARE	1224 13TH ST NW CEDAR RAPIDS, IA 52405

(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: 14 Number of tenants with cognitive disorder: 0 TOTAL census of Assisted Living Program: 14 The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000	POC 3/19/19	
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 was employed within 30 days of the receipt of the background check results without obtaining a new background check. This pertained to 1 of 5 staff reviewed (Staff A). Findings follow:	A 124	Human resources has updated their pre-orientation checklist to ensure staff's background checks are completed within the proper time frame. The pre-orientation checklist was updated on 3/19/2019, this will ensure going forward employees will not start orientation, unless their background has been checked or rechecked and cleared within the valid time frame.	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

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A 124	Continued From page 1 Record review revealed Staff A's date of hire was 6-8-17. A criminal history background check and abuse registries background check was completed on 4-28-17 and revealed no records were found. The results of the background check were received greater than 30 days from Staff A's date of hire. Continued record review of handwritten time records provided by the Program indicated, Staff A's first day (orientation) was on 6-8-17 from 11:10 a.m. to 2:45 p.m. When interviewed on 3-18-19 at 4:10 p.m. the Director of Long Term Support and Services revealed there were no additional background check documents for Staff A.	A 124		