

✓ 10/21/19

OK 10/21/19

PRINTED: 09/19/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IAALP073	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/21/2019
NAME OF PROVIDER OR SUPPLIER CLAREMONT'S RAMSEY VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1611 27TH ST DES MOINES, IA 50310		
(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 Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 9 TOTAL Census of Assisted Living Program for People with Dementia: 9 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program for People with Dementia.	A 000	<i>See attached</i> <i>POC</i> <i>10/4/19</i>		
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 a criminal, child abuse, and dependent adult abuse background check prior to employment for 1 of 5 staff	A 118			

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

Myron F. Rodriguez

TITLE

Executive Director

(X6) DATE

9/24/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IAALP073	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/21/2019
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A 118	Continued From Page 1 reviewed (Staff A). Findings follow: Review of Staff A's file revealed a hire date of 8-9-18. Single Contact License & Background Check revealed background check was completed on 8-16-18. The background check was not completed prior to employment. The Director of Health Services confirmed these findings on 8-20-19 at 1:29 p.m.	A 118			

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Preparation and/or execution of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or the conclusions set forth in the statement of deficiencies. This plan of correction is prepared solely because it is required by State and Federal law.

A 118

481-67.19 (3) Record Checks

It is standard practice at Ramsey Village that all new hires have had a criminal, dependent adult abuse, and child abuse record check done prior to employment.

After a change in Director of Human Resources personnel, an audit was developed to monitor that employees have met this standard prior to hire.

To ensure on-going compliance, the new Director of Human Resources/Designee will conduct monthly audits for 3 months on employee files. These audits will be reviewed by QAPI committee to determine resolution or needed on-going compliance.

Completion Date: October 4th, 2019