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
	S0164	A. BUILDING: _____ B. WING _____	C 10/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVERCREST AT WOODLANDS CREEK	12605 WOODLANDS PARKWAY CLIVE, IA 50325

(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 impairment: 45 Number of tenants with cognitive impairment: 23 Total census: 68 The following regulatory insufficiencies were cited during the investigation of Complaints 111506-C and 113101-C.	A 000		
A 400	481-67.19(3) 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 perform criminal history and background checks as required prior to employment for 1 of 3 staff reviewed (Staff B). Finding follows: Record review on 10/17/23 revealed the Program hired Staff B on 3/25/23. The required Iowa criminal history and abuse checks prior to hire could not be located. A SING (Single Contact License & Background Check) form dated	A 400	The Plan of Correction is attached	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 400	Continued From page 1 7/11/23 revealing no criminal history or founded cases of child or dependent adult abuse was in Staff B's file. When interviewed on 10/17/23 at 2:00 p.m. the Director said the Program used a national company to complete a record check on 3/16/23. During a follow-up interview on 1/5/24 at 3:45 p.m. the Director stated she believed the SING got missed when the staff was hired. She had run a check of all SING reports completed in 2023 and the only one done for Staff B was in July. She believed it was most likely completed in July during a chart audit when it was realized it had been overlooked.	A 400		

Plan of Correction for Silvercrest at Woodlands Creek
In Response to
Investigations #111506-C and #113101-C
Dated 1/8/2024

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged 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 provisions of state law.

Regulatory Insufficiency: Record Checks: 481-67.19(3)

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.

1. **Elements detailing how the program will correct the insufficiency.**
    a. The program completed the required background check for Staff B on 7/11/23.
2. **What measures will be taken to ensure the problem does not recur.**
    a. An audit process is currently in place to monitor that all pre-employment documentation is completed per regulations.
3. **How the program plans to monitor performance to ensure compliance.**
    a. Executive Director and or designee to randomly conduct employee file audits to ensure completion.
    b. Regional Nurse and or designee will randomly audit employee files during visits to community to ensure completion.
4. **The date by which the regulatory insufficiency will be corrected.**
    a. 1/8/2024

Respectfully submitted,

Kristine Toms

Kristine Toms, Executive Director

✓ 6/27/24