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
	S0190	A. BUILDING: _____ B. WING _____	03/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MURPHY PLACE ASSISTED LIVING	620 EAST MONROE CORYDON, IA 50060

(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: 6 Number of tenants with cognitive disorder: 2 Total census: 8 The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program.	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 to conduct a background check prior to hiring 2 of 7 staff reviewed (Staff D and Staff G). Findings follow: A review of personnel files on 3/21/23 revealed Staff D was hired on 7/7/22. The program had a single contact repository (SING) dated 6/2/20, but not one completed within 30 prior to her current hire date. Staff G had a hire date of 7/14/22. The program	A 400	Murphy Place Assisted Living Administrator/Human Recourses completed an employee file audit to correct the finding. All employee files were audited and corrections in place on 03/22/2023. In order to ensure this finding doesn't happen in the future, a new hire checklist has been created and will be included in all employee files. HR will complete file audits quarterly to ensure regulatory compliance.	

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A 400	Continued From page 1 had a SING dated 11/21/19, but not one completed within 30 days prior to her current hire date. On 3/21/23 at 2:25 PM, the Administrator reported both employees had previoulsy worked at the program, ended their employment and were rehired on the dates identified above. The program did not conduct a new background check to learn if they had been charged with a crime or any type of abuse in the intervening period.	A 400		

✓ 5/22/23