

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0242	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/27/2022
NAME OF PROVIDER OR SUPPLIER HUSKAMP HAVEN		STREET ADDRESS, CITY, STATE, ZIP CODE 300 RIVERVIEW DRIVE ALGONA, IA 50511		
(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 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: 15 Number of tenants with cognitive disorder: 0 Total census of Assisted Living Program: 15 The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program.	A 000	“Preparation and execution of this response and plan of correction does not constitute an admission of agreement by the provider of the truth of the facts alleged or conclusion set forth in statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of State Law. For the purposes of any allegation that the facility is not in substantial compliance with State requirements of participation, this response and plan of correction constitutes the facility’s allegation of compliance. All issues have been resolved as of 7/9/2022. Staff A’s SING background check for child and dependent adult abuse was run on 7/9/22 without any findings. This has the potential to affect all employees. All staff are up to date and verified for SING background checks.	
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 complete child and dependent adult abuse background checks prior to employment for 1 of 2 staff reviewed (Staff A). Findings follow: Review of Staff A's file on 6-21-22 revealed a hire date of 12-14-18. A record check for child and dependent adult abuse could not be located The Administrator confirmed these findings on	A 400		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Administrator

7/12/2022

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A 400	Continued From page 1 6-27-22 at 1:20 p.m.	A 400	All new hires will be audited to verify SING checks were completed prior to starting employment. SING checks to be completed by Good Samaritan Society-National Campus.		