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
	S0286	A. BUILDING: _____ B. WING _____	08/18/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IRVING POINT	910 7TH STREET SE CEDAR RAPIDS, IA 52401

(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. General Population Program Number of tenants without cognitive disorder: 53 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 53 TOTAL census of Assisted Living Program: 53 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program. No regulatory insufficiencies were cited during the onsite infection control survey.	A 000	POC attached 11/30/21	
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 criminal, child, and dependent adult abuse background checks prior to employment for 2 of 4 staff reviewed (Staff A and the Administrator). Findings follow:	A 400		

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

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 400	Continued From page 1 Record review of staff files on 8-18-21 revealed the following: The Administrator was hired 4-26-21. A Single Contact License and Background Check was completed 8-18-21. No criminal, child, and dependent adult abuse background checks completed prior to employment could be located. Staff A was hired 11-30-2020. A Single Contact License and Background Check was completed 8-18-21. No criminal, child, and dependent adult abuse background checks completed prior to employment could be located. The Administrator confirmed these findings on 8-18-21 at 2:54 p.m.	A 400		

Irving POINT
AFFORDABLE ASSISTED LIVING

November 12, 2021

OK 2/15/22

Department of Inspections and Appeals
Catie Campbell
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319

Dear Ms. Campbell:

On behalf of Irving Point in Cedar Rapids, I respectfully submit our Plan of Correction for your approval. Our response is specific to the Monitoring Report dated November 8, 2021. 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 insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of state law.

Record Checks

1. Elements detailing how the Program will correct each regulatory insufficiency.
    - Background checks were completed for the Administrator and Staff A.
    - Background checks will be completed for all employees prior to employment.

2. What measures will be taken to ensure the problem does not recur.
    - Staff responsible for completing background checks were educated during the onsite survey on the regulatory requirement. Processes were reviewed at that time and corrections made.

3. How the Program plans to monitor performance to ensure compliance.
    - The Administrator and/or Designee will audit staff files at least one time per year to determine compliance.

910 7th Street S.E. ▪ Cedar Rapids, Iowa 52401
(319) 294-5007 ▪ (319) 337-2430 fax

4. The date by which the regulatory insufficiency will be corrected.
    - This regulatory insufficiency will be corrected by November 30, 2021.

If you have any questions regarding this plan of correction, please feel free to contact me at 319-294-5007. Thank you.

Sincerely,

Sally Page
Administrator

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