STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALP348 HFD	A. BUILDING _____ B. WING _____	10/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLE POINTE PLACE	2700 MATTHEW JOHN DRIVE DUBUQUE, IA 52002

(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 impairment: 78 Number of tenants with cognitive impairment: 2 Total census: 80 No regulatory insufficiencies were cited during the investigation of Complaint # 105277-C & 100126-I. The following regulatory insufficiency was re-cited during the first revisit to determine progress toward correcting deficiencies identified during the investigation of Mandatory Report #97518-M and Mandatory Report #97371-M.	A 000	**See Attached** **POC 3/10/23**	
A 435	481-67.19(5) Record Checks 67.19(5) Employment prohibition. A person who has committed a crime or has a record of founded child or dependent adult abuse shall not be employed in a program unless an evaluation has been performed by the department of human services. This Requirement is not met as evidenced by: Based on interview and record review the Program failed to complete an evaluation by the Department of Human Services (DHS) for 5 of 5 staff reviewed with a criminal history (Staff A, Staff B, Staff C, Staff D, and Staff E). Findings include: 1. On 10/12/22, a review of Staff A's employee file revealed a hire date of 9/12/22. The file included a single contact repository (SING) form originally	A 435		

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALP348 HFD	A. BUILDING _____ B. WING _____	10/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLE POINTE PLACE	2700 MATTHEW JOHN DRIVE DUBUQUE, IA 52002

(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 435	Continued From Page 1 completed on 8/29/22. The further research, completed on 8/30/22, indicated a criminal history had been located. No evaluation of this criminal history was on file by DHS. Staff A was hired on 9/12/22 and continued working as of 10/12/22 though no evaluation was completed. 2. On 10/12/22, a review of Staff B's employee file revealed a hire date of 3/7/22. The file included a single contact repository (SING) form originally completed on 3/1/22. The further research, completed on 3/3/22, indicated a criminal history had been located. No evaluation of this criminal history was on file by DHS. Staff B was hired on 3/7/22 and continued working as of 10/12/22 though no evaluation was completed. 3. On 10/12/22, a review of Staff C's employee file revealed a hire date of 8/22/22. The file included a single contact repository (SING) form originally completed on 7/25/22 . The further research, completed on 7/28/22, indicated a criminal history had been located. No evaluation of this criminal history was on file by DHS. Staff C was hired on 8/22/22 and continued working as of 10/12/22 though no evaluation was completed. 4. On 10/12/22, a review of Staff D's employee file revealed a hire date of 9/19/22. The file included a single contact repository (SING) form originally completed on 9/8/22. The further research, completed on 9/9/22, indicated a criminal history had been located. No evaluation of this criminal history was on file by DHS. Staff D was hired on 9/19/22 and continued working as of 10/12/22 though no evaluation was completed. 5. On 10/12/22, a review of Staff E's employee file revealed a hire date of 10/10/22. The file included a single contact repository (SING) form originally completed on 10/5/22. The further research,	A 435		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALP348 HFD	A. BUILDING _____ B. WING _____	10/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLE POINTE PLACE	2700 MATTHEW JOHN DRIVE DUBUQUE, IA 52002

(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 435	Continued From Page 2 completed on 10/6/22, indicated a criminal history had been located. No evaluation of this criminal history was on file by DHS. Staff E was hired on 10/10/22 and working as of 10/12/22 though no evaluation was completed. 6. On 10/12/22 at 1:00 pm, the Director confirmed the DHS evaluations were not initiated as she was unaware of this process on her end as it was not trained on upon her taking her position. The Director indicated she would be doing this immediately.	A 435		

ok

Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

On 2/17/2023 the Executive Director (ED) completed and submitted the criminal history form to DHS for evaluation for Staff A and Staff D. Staff B, C, and E are no longer employed at the community.

On 2/17/2023, ED conducted an audit of current employee files for compliance with submitting evaluation to DHS for employees with a criminal record, additional findings were sent DHS for evaluation.

On 2/13/2023, Regional Executive Director (RED) trained the ED and Administrative Specialist on the hiring process, including submitting potential employees with a criminal history or records of child or dependent adult abuse, to DHS for an evaluation prior to employment.

The ED and/or designee will audit newly hired employee files weekly x4 weeks, then biweekly x4 weeks, then monthly x1 month to ensure compliance with sending evaluation to DHS for employees with a criminal record. Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be on-going.

Completion date: 3/10/2023 with Audits on going.