

✓ 10/17/18

PRINTED: 10/04/2018
FORM APPROVED

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0371	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/11/2018
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MORNINGSTAR AT JORDAN CREEK ALP/D

**525 SOUTH 60TH STREET
WEST DES MOINES, IA 50266**

(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
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A 000 Initial Comments

A 000

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 disorder: 0
Number of tenants with cognitive disorder: 9
Total Census of Assisted Living Program for People with Dementia: 9

The following regulatory insufficiencies were cited during the initial visit conducted to determine compliance with certification rules for an ALP/D:

A 118 481-67.19(3) Record Checks

A 118

481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse 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 dependent adult abuse and child abuse checks prior to employment for 1 of 3 staff reviewed (Staff A).

All employment files will be audited and brought into compliance. No later than 10/01/18. No ADP or payroll set up for new employees will be allowed until a Sing record check has been done and results have received and reviewed by the business office manager. The Business office manager will develop a spreadsheet that is a working document to be shared with the ED. This spreadsheet will maintain dates of background checks, state required dementia training, dependent adult abuse, and MorningStar brand specific

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

IKLD11

TITLE

(X6) DATE

Executive Director
10/9/2018

If continuation sheet 1 of 3

✓ DD - 10/10/18

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 121	Continued From page 2 2. Record review on 9/10/18 revealed the Program hired Staff B on 3/30/18. According to available documentation Staff B had not completed the required eight hours within 30 days of employment. When interviewed on 9/11/18 the Executive Director admitted no documentation existed to confirm Staff A and B had completed the required training.	A 121	Defendant Adult Abuse training, and Morning Star Brand Specific required training. The spreadsheet will include dates of completion and next due dates		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
STATE FORM

6899

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If continuation sheet 3 of 3

Paul A. Arndt, Executive Director

10/9/18