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
	S0371	A. BUILDING: _____ B. WING _____	R-C 04/04/2024

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
{A 000}	Initial Comments The following deficiency was cited during the revisit conducted to determine progress in correcting regulatory insufficiencies cited during the recertification visit competed on 11/21/23.	{A 000}	POC 4/5/24	
{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 obtain a record check evaluation following notification of a child abuse history for 1 of 2 employees reviewed (Staff A). Findings follow: Staff A was hired by the program on 3/18/24. The program requested a Single Contact License and Background Check (SING) and was notified on 3/14/24 they needed to initiate a record check evaluation and submit the form to the Department of Human Services due to a history of child abuse. The program did not initiate the record check evaluation. The program started the record check evaluation process on 4/4/24 and Staff A was placed on paid leave by the program pending the results. The program had a Background Check policy in which it was written they would conduct appropriate background checks prior to employment. They would not employ applicants with unacceptable background checks.	{A 435}		

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

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{A 435}	Continued From page 1 On 4/4/24 at 2:55 PM the Executive Director confirmed the program did not obtain a record check evaluation for Staff A. She reported the history of child abuse was missed when reviewing the SING.	{A 435}	All background checks are to be reviewed and signed by Business Office Manager and Executive director before proceeding with any new hire. Any hits on the initial check will constitute follow up with DHS. This procedure was started on 4/5/2024 The team member discovered on 4/4/24 revisit was suspended with pay until the DHS report came back.	