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
	S0433	A. BUILDING: _____ B. WING _____	05/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRIENDLY HORIZONS, LLC	645 1ST AVENUE SW SIOUX CENTER, IA 51250

(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 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 impairment:0 Number of tenants with cognitive impairment: 10 Total census: 10 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program.	A 000		
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 perform criminal history and background checks prior to employment. This pertained to 2 of 2 staff reviewed (Staff A and B). Finding follows: Record review on 5/2024 revealed the following: Staff A was hired on 11/27/23. The Single Contact	A 400	The Plan of Correction is attached.	

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

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A 400	Continued From page 1 License and Background (SING) check was not completed until 12/4/23. Staff B was hired on 10/27/23. The SING check was not completed for Staff B until 10/30/23. When interviewed on 5/20/24 at 5:00 p.m. the Executive Director confirmed the Program failed to complete required record checks prior to hire for Staff A and B.	A 400		

FRIENDLY HORIZONS

645 1st Ave SW Sioux Center, IA 51250

Plan of Correction

1. 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.

   All background checks including but not limited to Criminal, child and dependent abuse will be performed on every single person prior to employment with the facility with SING.

2. Measures taken to ensure the problem does not recur.

   We have instructed our Web Designer to include the background check document 470-0643 to be filled out at the same time as our job application prior to being eligible for an interview. The program administrator will ensure that these items are completed by their tentative hire date to avoid any insufficiencies in the future.

3. How the Program plans to monitor performance to ensure compliance.

   An employee cannot begin working until the background checks have been completed and have been deemed appropriate by the state of Iowa to be employed.

4. The date by which the regulatory insufficiency will be corrected.

   This process within our website will be completed by June 21, 2024. We will ensure that a person fill out a background check manually prior to being eligible for hire before June 21, 2024.