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
	S0438	A. BUILDING: _____ B. WING _____	03/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERVIEW RIDGE	712 WESTVIEW DRIVE ROCK VALLEY, IA 51247

(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 disorder: 11 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 12 No regulatory insufficiencies were cited during the onsite infection control survey. The following regulatory insufficiencies were cited during initial certification visit conducted to determine compliance with certification rules for an Assisted Living Program.	A 000	✓ 6/4/21	
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 3 of 6 staff reviewed (Staff A, Staff B, and Staff C). Findings follow: 1. Review of Staff A's file on 3-11-21 revealed a hire date of 12-11-2020. A Single Contact License and Background Check was completed	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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0438	A. BUILDING. _____ B. WING _____	03/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERVIEW RIDGE	**712 WESTVIEW DRIVE ROCK VALLEY, IA 51247**

(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 400	Continued From page 1 3-10-21. 2. Review of Staff B's file on 3-11-21 revealed a hire date of 10-16-2020. A Single Contact License and Background Check was completed 3-10-21. 3. Review of Staff C's file on 3-11-21 revealed a hire date of 2-4-21. A Single Contact License and Background Check was completed 3-10-21. On 3-11-21 at 10:45 a.m. the Administrator stated she was new in the position. Since she was unable to find the record checks for these three staff, she ran them on 3-10-21. All record checks came back clear.	A 400		

HEALTH FACILITIES

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

MAY 20 2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
S0438	A. BUILDING _____ B. WING _____	3/11/2021

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
RiverView Ridge Senior Living	712 Westview Dr. Rock Valley, IA 51247

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A400	67.19(3) 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. Based on interview and record review the Program failed to complete criminal, child, and dependent adult abuse background checks prior to employment for 3 of 6 staff reviewed (Staff A, Staff B, and Staff C). Findings follow: 1. Review of Staff A's file on 3-11-21 revealed a hire date of 12-11-2020. A Single Contact License and Background Check was completed 3-10-21. 2. Review of Staff B's file on 3-11-21 revealed a hire date of 10-16-2020. A Single Contact License and Background Check was completed 3-10-21. 3. Review of Staff C's file on 3-11-21 revealed a hire date of 2-4-21. A Single Contact License and Background Check was completed 3-10-21. On 3-11-21 at 10:45 a.m. the Administrator stated she was new in the position. Since she was unable to find the record checks for these three staff, she ran them on 3-10-21. All record checks came back clear. $500.00		Prior to employment RiverView Ridge Senior Living shall complete the background check requirements set forth. 1. RiverView Ridge sSenior Living hall ask each person seeking employment "Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime other than a simple misdemeanor offense relating to motor vehicles and laws of the road. I addition the person shall be informed that a background check will be conducted. The person shall indicate, by signature that the person has been informed that the background check will be conducted. 2.RiverView Ridge Senior Living will conduct background check through SING and OIG after employee has signed the Iowa Department of Human Services request & acknowledge to conduct registry and record check. 3. RiverView Ridge Senior living will not hire any employee until all background check has been completed. 4. RiverView Ridge Regional Operation Director will conduct quarterly audits on all new employees files. 5. Riverview Ridge Senior Living Director [redacted] will audit all employee files by April 11, 2021 to make sure all employee have proper background checks before hire date.	V 6/4/21

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. *(See reverse for further instructions.)* Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. 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
[signature]	Director [signature]	5/18/2021 5/18/21