8/20/19

PRINTED: 07/15/2019
FORM APPROVED

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
	S0102	A. BUILDING: _____ B. WING _____	7/15/19 ~~06/19/2019~~

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKHILL ASSISTED LIVING	1126 OAK HILL DRIVE HAWARDEN, IA 51023

(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: 0 Number of tenants with cognitive disorder: 14 Total census of Assisted Living Program: 14 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 118	481-67.19(3) Record Checks 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 criminal history, dependent adult abuse and child abuse checks prior to employment for 1 of 3 staff reviewed (Staff A). Findings follow:	A 118	Administrative staff will start quality assurance checks quarterly and upon potential hire to ensure all staffing paper work is completed in a timely manner.	08/05/2019

Joan Garcia Administrator 07/25/19

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

8/16/19

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A 118	Continued From page 1 Record review on 6/18/19 revealed the Program hired Staff A on 9/23/17. The Program completed a criminal history, child abuse and dependent adult abuse check on 10/19/17 via the SING (Single Contact License and Background Check) website. The criminal check revealed further research was required. On 10/20/19 the SING website indicated no criminal history was found. On 6/19/19 at 2:00 p.m. the Manager confirmed the Program failed to complete the required checks prior to employment of Staff A.	A 118		
A 033	481-69.21(3) Occupancy Agreement 481-69.21(231C) Occupancy agreement. 69.21(3) The occupancy agreement shall be reviewed and updated as necessary to reflect any change in services or financial arrangements. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure the Occupancy Agreement (OA) included all of the required information within the agreement or in supporting documents/attachments. This potentially affected 14 of 14 tenants (Tenants #1-14). Finding follows: Record review on 6/18/19 revealed the Occupancy Agreement (OA) and/or supporting documents did not include all required criteria for admission and retention of tenants. When interviewed on 6/18/19 at 5:00 p.m. the	A 033	Occupancy agreement has updated to include "Despite intervention, chronically urinates or defecates in places that are not considered acceptable according to social norms, such as on the floor or in a potted plant" under involuntary discharge criteria. Current tenants or legal responsible person will be given an addendum to the previous occupancy agreement to review and sign.	08/05/2019

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A 033	Continued From page 2 Owner/Administrator confirmed the Program failed to update tenant OAs when program rules changed to include additional admission/retention criteria.	A 033		