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
	S0067	A. BUILDING: _____ B. WING _____	C 06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGEVIEW ASSISTED LIVING	4925 WEST AVE BURLINGTON, IA 52601

(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. Tenants without cognitive impairment: 36 Tenants with cognitive impairment: 4 Total census: 40 The following regulatory insufficiency was cited during the investigation of Complaint #131482-C.	A 000	See attached POC 7/7/26	
A 282	481-69.26(3) Service Plans 481-69.26(231C) Service plans. 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. The service plan shall be signed by all parties, including the tenant or tenant's legal representative. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure service plan signatures following a change of condition for 1 of 3 current tenants reviewed (Tenant #1). Findings follow: Record review on 6/18/26 revealed an assessment dated 10/6/25, completed when Tenant #1 returned to the Program. Tenant #1 required staff assistance to put on a Thoracolumbar Sacral Orthosis brace (a rigid	A 282		

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A 282	Continued From page 1 medical back brace used to restrict movement, reduce pain, and promote healing in the thoracic and lumbar spine). Changes since the last service plan included no longer being independent. Tenant #1's service plan, dated 10/6/25, identified staff were to reach out to her daughter when the tenant needed to sign papers. Tenant #1's daughter was her Power of Attorney. The 10/6/25 service plan was not signed. During an interview with the Administrator on 6/18/26 at 2:42 PM she confirmed the Program updated Tenant #1's service plan on 10/6/25 but did not obtain the signature of her Power of Attorney.	A 282		

Department of Inspections and Appeals
Attn: Catie Campbell
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319

Dear Ms. Campbell:

On behalf of Ridgeview Assisted Living in Burlington, Iowa, I respectfully submit our Plan of Correction for your approval. This response is specific to Investigations #131482-C. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the alleged facts or conclusions set forth in the statement of insufficiencies. The Plan of Correction is executed solely because it is required by the provisions of Iowa Law.

Service Plan

1. Elements detailing how the program will correct each regulatory insufficiency.
    - A change of condition Service Plan will be signed by all parties, including the tenant or tenant's legal representative.
2. Measures taken to ensure the problem does not recur.
    - Program LPN was re-educated on Service Plans.
    - DON will be re-educated upon return from FMLA.
3. How the Program plans to monitor performance to ensure compliance.
    - DON or designee will perform audits of the Service Plans at least quarterly to monitor for compliance and completeness including signatures.
4. The date by which the regulatory insufficiency will be corrected.
    - The regulatory insufficiency has been corrected as of July 7, 2026.

If you have any questions regarding this Plan of Correction, please contact me at (319) 294-9669.

Respectfully submitted,

Audra Larison
Administrator