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
	S0170	A. BUILDING: _____ B. WING _____	C 12/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF FAIRFIELD	3000 WEST MADISON AVENUE FAIRFIELD, IA 52556

(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. General Population Number of tenants without cognitive disorder: 30 Number of tenants with cognitive disorder: 1 Memory Care Unit Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 8 TOTAL Census of Assisted Living Program for People with Dementia : 39 No regulatory insufficiencies were cited during the investigation into Complaint #115321-C. The following regulatory insufficiency was cited during the investigation into Complaint #112818-C.	A 000	See Attached POC 3/1/24	
A 340	481-69.25(2) Tenant Documents 69.25(2) The program records relating to a tenant shall be retained for a minimum of three years after the transfer or death of the tenant. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to maintain the record of 1 of 1 discharged tenant reviewed for three years (Tenant C1). Finding follows: Record review on 12/18/23 revealed Tenant C1 moved to the program on 11/17/23. The tenant's record consisted of a face sheet, service plan and	A 340		

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

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A 340	Continued From page 1 information on Tenant #1's code status. There were no other records for Tenant C1. On 12/18/23 at 12:30 PM the Executive Director confirmed the paper record for Tenant C1 was destroyed and she no longer had access to the electronic record.	A 340		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: S0170	DATE SURVEY COMPLETED: 12/18/2023

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENTCIES (EACH DEFICIENCY SHOULD BE PRECEDE BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY	Identify what changes to the provider's systems and practices were made to ensure compliance with the specific statute(s). Include information about how the provider will maintain compliance in the future.	COMPLETION DATE
A 340	Based on interview and record review, the program failed to maintain the record of 1 of 1 discharged tenant reviewed for three years. **Regulation and Reg Number** 481-69.25(2) Tenant Documents 69.25(2) The program records relating to a tenant shall be retained for a minimum of three years after the transfer or death of the tenant.	A 340	1. Director/RN or designee will keep physical copies of tenant records in addition to electronic records.	1. Director/RN or designee will monitor that all records are being kept in paper format in tenant files: weekly, monthly, as needed and as determined by the Director/RN or designee to ensure compliance.	Implementation Date: 12/19/2023 Completion Date: 3/1/2024

Community will be in compliance with this plan of correction by 3/1/2024.

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.