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 _____	08/06/2025

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 visit. Number of tenants without cognitive impairment: 35 Number of tenants with cognitive impairment: 6 Total census: 41 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program for People with Dementia.	A 000		
A 140	481-69.22(2) Evaluation of Tenant 69.22(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to complete comprehensive evaluations within 30 days of occupancy for 2 of 3 tenants reviewed who moved to the program within the past four months (Tenant #2 and Tenant #3). Findings follow. 1. Record review on 8/05/25 revealed Tenant	A 140	A 140 - 481-69.22(2) Evaluation of Tenant A New Admission/Change of Condition Tracking Log has been implemented to ensure timely evaluations. The Director of Health & Wellness will audit all new admissions and residents with condition changes weekly for 90 days to verify service plans are updated within regulatory timeframes. Staff education has been completed on required timelines and documentation expectations. The Executive Director will oversee compliance.	9/15/2025

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A 140	Continued From page 1 #2's occupancy date of 4/30/25. Initial cognitive, health and functional evaluations were dated 4/23/25. Evaluations were next completed 7/18/25, which was approximately 10 weeks after Tenant #2 moved to the program. Both the initial assessment and the assessment dated 7/18/25 indicated Tenant #2 had "new onset dysphasia", with a recommendation for a speech evaluation. The assessments also indicated Tenant #2 required a special texture diet, but didn't note the type of modification needed. No further information regarding a diagnosis of dysphasia, speech evaluation or special texture diet could be located in the tenant's record. Review of Tenant #2's physical exam completed by her Primary Care Provider (PCP) on 4/29/25 revealed the PCP noted there was some question regarding the tenant's ability to swallow. The PCP indicated the tenant had a long history of difficulty taking pills, but noted she had no difficulty with swallowing and no known history of aspiration pneumonia, coughing, gagging or difficulty while eating. He indicated he did not recommend a swallow study or speech therapy. During interview on 8/05/25 at 1:00 p.m. Staff B reported staff cut up Tenant #2's food, but none of her food had additional modification. During interview on 8/05/25 at 1:05 p.m. Tenant #2's husband said his wife didn't have problems chewing and swallowing food, but had difficulty swallowing large pills. During interview on 8/06/25 at 2:45 p.m. the Executive Chef stated Tenant #2 did not receive	A 140		

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A 140	Continued From page 2 a special texture diet. During interview on 8/06/25 at 1:45 p.m. the Executive Director (ED) confirmed the program failed to complete updated assessments for Tenant #2 within 30 days of occupancy. During interview on 8/07/25 at 9:00 a.m. the Health and Wellness Director (HWD) stated she documented "new onset dysphasia" in Tenant #2's assessments because the tenant's husband reported she had difficulty swallowing pills. The HWD recommended Tenant #2 have a speech evaluation related to swallowing difficulties and documented this in the assessment. The HDW said after Tenant #2 moved into the program she swallowed her pills without problem, but the HDW failed to remove the information regarding dysphasia and a recommended speech evaluation from the follow-up assessment completed 7/18/25. When asked about the modified texture diet indicated in the assessments, the HWD stated staff cut up Tenant #2's food. 2. Record review on 8/06/25 revealed Tenant #3's occupancy date of 6/06/25. Initial evaluations were dated 6/03/25 and 6/05/25. Evaluations were next completed 7/14/25, which was 38 days after Tenant #3 moved to the program. During interview on 8/06/25 at 11:55 a.m. the ED confirmed the program failed to complete updated assessments for Tenant #3 within 30 days of occupancy.	A 140		
A 145	481-69.22(3) Evaluation of Tenant	A 145		

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A 145	Continued From page 3 69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to conduct functional, cognitive and health assessments for 1 of 1 tenant reviewed who experienced recent significant change (Tenant #3). Finding follows: Record review on 8/06/25 revealed Tenant #3's occupancy date of 6/06/25 to the memory care unit. Her diagnoses included dementia and anxiety disorder. Tenant #3's most recent assessments, dated 7/14/25, indicated the tenant did not exhibit behavioral issues, other than intrusive wandering. However, additional record review and interviews revealed Tenant #3 had behavioral issues of urinating in inappropriate places, disrobing in common areas and stuffing the toilet and causing the bathroom to flood (See	A 145		

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A 145	Continued From page 4 A 395). A nursing progress note dated 7/21/25 indicated staff would begin monitoring Tenant #3 during the entire overnight shift, but gave no explanation for the increased supervision. Tenant #3's current task sheet listed monitoring the tenant during the entire overnight shift. A nursing progress note dated 7/25/25 indicated hospice completed their assessment on 7/24/25. A hospice form in the record noted hospice services began on 7/26/25. During interview on 8/06/25 at 11:55 a.m. the Health and Wellness Director (HWD) stated Tenant #3 began receiving increased supervision on the overnight shift on/around 7/21/25 due to stuffing her toilet and causing her bathroom to flood, wandering and not sleeping. The program provided a staff person 1-to-1 with Tenant #3 when three staff worked the overnight shift. If only two staff worked the overnight shift, the staff person in the memory care unit kept a close eye on Tenant #3 and tried to keep her in the common area when awake. The HWD also confirmed Tenant #3 began receiving hospice services on/around 7/26/25. The HWD and the Executive Director verified the program failed to complete updated assessments due to the significant change in Tenant #3's supervision level and the start of hospice services.	A 145	A360 - 481-69.26(3) A New Admission/Change of Condition Tracking Log has been implemented to ensure timely service plan updates. The Director of Health & Wellness will audit all new admissions and residents with condition changes weekly for 90 days to verify service plans are updated within regulatory timeframes. Staff education has been completed on required timelines and documentation expectations. The Executive Director will oversee compliance.	9/15/2025
A 360	481-69.26(3) Service Plans 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be	A 360		

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 360	Continued From page 5 updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to update service plans within 30 days of occupancy for 2 of 3 tenants reviewed who moved to the program within the past four months (Tenant #2 and Tenant #3) and 1 of 1 tenant with recent significant change (Tenant #3). Findings follow. 1. Record review on 8/05/25 revealed Tenant #2's occupancy date of 4/30/25. Her initial service plan was dated 4/30/25 and indicated she received personal and health-related care. The next service plan was dated 7/18/25, which was approximately 10 weeks after Tenant #2 moved to the program. During interview on 8/06/25 at 1:45 p.m. the Executive Director (ED) confirmed the program failed to update the service plan for Tenant #2 within 30 days of occupancy. 2. Record review on 8/06/25 revealed Tenant #3's occupancy date of 6/06/25. Her initial service plan was dated 6/05/25 and indicated she received personal and health-related care. The service plan was dated 7/14/25, which was 38 days after Tenant #3 moved to the program. During interview on 8/06/25 at 11:55 a.m. the ED	A 360		

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 360	Continued From page 6 confirmed the program failed to update the service plan for Tenant #3 within 30 days of occupancy. 3. Record review on 8/06/25 revealed Tenant #3's occupancy date of 6/06/25 to the memory care unit. Her diagnoses included dementia and anxiety disorder. Tenant #3's most recent service plan dated 7/14/25 indicated the tenant did not exhibit behavioral issues, other than intrusive wandering. However, additional record review and interviews revealed Tenant #3 had behavioral issues of urinating in inappropriate places, disrobing in common areas and stuffing the toilet and causing the bathroom to flood (See A 395). The service plan made no mention of hospice services or increased staff supervision on the overnight shift. A nursing progress note dated 7/21/25 indicated staff would begin monitoring Tenant #3 during the entire overnight shift, but gave no explanation for the increased supervision. Tenant #3's current task sheet listed monitoring the tenant during the entire overnight shift. A nursing progress note dated 7/25/25 indicated hospice completed their assessment on 7/24/25. A hospice form in the record indicated hospice services began on 7/26/25. During interview on 8/06/25 at 11:55 a.m. the Health and Wellness Director (WD) stated Tenant #3 began receiving increased supervision on the overnight shift on/around 7/21/25 due to stuffing her toilet and causing her bathroom to flood, wandering and not sleeping. The program	A 360		

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A 360	Continued From page 7 provided a staff person 1-to-1 with Tenant #3 when three staff worked the overnight shift. If only two staff worked the overnight shift, the staff person in the memory care unit kept a close eye on Tenant #3 and tried to keep her in the common area when awake. The HWD also confirmed Tenant #3 began receiving hospice services on/around 7/26/25. The HWD and the Executive Director verified the program failed to update Tenant #3's service plan due to the significant change in level of supervision the start of hospice services.	A 360		
A 395	481-69.26(4)a Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to include information regarding behavioral needs and interventions for 2 of 2 tenants reviewed with inappropriate behaviors (Tenant #1 and Tenant #3). Findings follow: 1. Record review on 8/04/25 revealed Tenant #1's occupancy date of 6/21/25. His diagnoses included Parkinson's disease, heart disease and weakness. A Brief Interview for Mental Status (BIMS) dated 6/23/25 indicated no cognitive impairment.	A 395	A395 - 481-69.26(4)a Service Plans The DHW will audit all new and updated service plans for residents with behavioral concerns weekly for the next 90 days to ensure appropriate needs and interventions are included. Staff involved in care planning have been retrained on behavioral documentation standards and expectations. The Executive Director will oversee compliance.	9/15/25

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A 395	Continued From page 8 Tenant #1's 30-day health and functional assessment dated 7/16/25 indicated the nurse had a conversation with the tenant about boundaries and staff should report "inappropriate behavior or verbal suggestions." The exact nature of the inappropriate behavior was unclear. The 30-day service plan dated 7/16/25 contained the same information regarding behavior issues. An incident report dated 8/02/25 indicated a male staff person saw Tenant #1 walking in the common hallway naked. When the staff person called out to the tenant, he hurried back to his room. When staff later talked with Tenant #1 about the incident, he denied he was naked. During interview on 8/04/25 at 9:30 a.m. Staff A said she heard Tenant #1 was seen by staff walking naked in the common hallways over the past weekend. Staff A said Tenant #1 has made inappropriate comments to younger female staff and some of them didn't feel comfortable working with him. During interview on 8/04/25 at 2:50 a.m. Staff B said she had interactions with Tenant #1 that seemed inappropriate. She said Tenant #1 once asked her to check something in his room. After Staff B entered the room, Tenant #1 closed the apartment door and offered Staff B something to eat and drink. He also asked Staff B to sit with him. Staff B said she declined and left the room. She said other young female staff said Tenant #1 made similar comments to them. There were also incidents when staff knocked, entered the apartment and Tenant #1 was naked. Staff B said the nurse talked with Tenant #1 and asked him to be presentable when staff entered his apartment.	A 395		

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 395	Continued From page 9 During interview on 8/04/25 at 4:00 p.m. the Health and Wellness Director (HWD) stated she talked with Tenant #1 on 6/27/25 regarding his inappropriate behavior of being naked and asking female staff to come into his room to visit/sit with him. The HWD said a staff person also told her Tenant #1 asked her out on a date. The HWD confirmed Tenant #1's service plan was vague regarding his behavioral issues and contained no staff interventions, other than to report to the nurse (HWD). 2. Record review on 8/06/25 revealed Tenant #3's occupancy date of 6/06/25 to the memory care unit. Her diagnoses included dementia and anxiety disorder. Tenant #3's most recent assessments and service plan dated 7/14/25 indicated the tenant was independent with toileting and did not exhibit behavioral issues, other than intrusive wandering. A physician's note dated 7/15/25 indicated "undressing continues." During interview on 8/04/25 at 9:30 a.m. Staff A reported Tenant #3 exhibited inappropriate behaviors of pulling the fire alarm, attempting to urinate in inappropriate places and disrobing in common areas. Staff A said staff intervened and redirected Tenant #3. During interview on 8/04/25 at 10:00 a.m. Staff C stated Tenant #3 had urinated on the floor of her room a couple of times and attempted to urinate in the common area, but staff intervened and directed her to the bathroom.	A 395		

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A 395	Continued From page 10 During interview on 8/06/25 at 11:55 a.m. the HWD stated Tenant #3 had behavioral issues of stuffing her toilet and flooding her bathroom, wandering, and disrobing. She said Tenant #3 had pulled the fire alarm twice since moving to the program. The HWD said she knew of one incident of Tenant #3 attempting to urinate in a common area. The HWD confirmed the inappropriate behaviors and recommended interventions were not included in Tenant #3's service plan.	A 395		