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
	S0200	A. BUILDING: _____ B. WING _____	C 02/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAPTERS LIVING OF COUNCIL BLUFFS (ALF	3000 RISEN SON BOULEVARD CO BLUFFS, IA 51503

(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. Tenants without cognitive impairment: 0 Tenants with cognitive impairment: 11 Total census: 11 No regulatory insufficiencies were cited as result of complaint investigation #130971-C. 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	See attached POC 4/17/26	
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 consistently perform background checks prior to employment. This pertained to 1 of 4 staff reviewed (Staff A). Finding follows: Record review on 2/18/26 revealed the Program	A 400		

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
	S0200	A. BUILDING: _____ B. WING _____	C 02/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAPTERS LIVING OF COUNCIL BLUFFS (ALF	3000 RISEN SON BOULEVARD CO BLUFFS, IA 51503

(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 hired Staff A on 6/02/25. The Program provided a Single Licensed Contact and Background Check (SING) dated 6/04/25 (completed after hire). During the exit on 2/18/26 at 4:00 p.m. the Program Administrator confirmed the Program provided all documentation related to Staff A's record checks.	A 400		
A 415	481-67.19(3)c Record Checks 67.19(3)c If a person considered for employment has been convicted of a crime. If a person being considered for employment in a program has been convicted of a crime under a law of any state, the department of public safety shall notify the program that upon the request of the program the department of human services will perform an evaluation to determine whether the crime warrants prohibition of the person's employment in the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently request an evaluation of staff's criminal history. This pertained to 1 of 4 staff reviewed (Staff A). Finding follows: Record review on 2/18/26 revealed the Program hired Staff A on 6/02/25. The Program provided a Single Licensed Contact and Background Check (SING) dated 6/04/25 (completed after hire) which indicated Staff A had a criminal history. The Program failed to perform the required evaluation of Staff A's criminal history. During the exit on 2/18/26 at 4:00 p.m. the	A 415		

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
	S0200	A. BUILDING: _____ B. WING _____	C 02/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAPTERS LIVING OF COUNCIL BLUFFS (ALF	3000 RISEN SON BOULEVARD CO BLUFFS, IA 51503

(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 415	Continued From page 2 Program Administrator confirmed the Program provided all documentation related to Staff A's record checks and evaluation of criminal history identified by the SING.	A 415		
A 350	481-69.26(1) Service Plans 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure service plans were based on evaluations (cognitive, functional and health). This pertained to 2 of 3 tenants reviewed(Tenant #2 and #3). Findings follow: Record review on 2/18/26 revealed the following regarding service plans: 1. Tenant #2's service plan dated 3/19/25 (reason not identified) but signed by the Licensed Practical Nurse on 2/19/25. The Program completed evaluations 12/11/25. When interviewed on 2/18/26 at 2:00 p.m. the Licensed Practical Nurse (LPN) responsible for	A 350		

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
	S0200	A. BUILDING: _____ B. WING _____	C 02/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAPTERS LIVING OF COUNCIL BLUFFS (ALF	3000 RISEN SON BOULEVARD CO BLUFFS, IA 51503

(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 350	Continued From page 3 completing Tenant #2's evaluations and service plan explained she completed the service plan based on a date provided by the Program. She confirmed she failed to complete evaluations prior to developing Tenant #2's service plan dated 3/19/26 and signed 2/19/26. She completed evaluations on 12/11/25. 2. Tenant #3's annual service plan dated 5/30/25. The Program completed evaluations 12/11/25. When interviewed on 2/18/26 at 2:00 p.m. the Licensed Practical Nurse (LPN) responsible for completing Tenant #3's evaluations and annual service plan explained she completed the service plan based on a date provided by the Program. She confirmed she failed to complete evaluations prior to developing Tenant #3's service plan dated 5/30/25. She said she completed evaluations on 12/11/25 for a quarterly review but could not provide evaluations used to develop Tenant #3's service plan dated 5/30/25. During the exit on 2/18/26 at 4:00 p.m. the Administrative Team confirmed the Program failed to ensure tenant service plans were based on evaluations as required.	A 350		
A 370	481-69.26(3)a 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. a. If a significant change triggers the review and update of the service plan, the updated service plan shall be signed and dated by all parties.	A 370		

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
	S0200	A. BUILDING: _____ B. WING _____	C 02/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAPTERS LIVING OF COUNCIL BLUFFS (ALF	3000 RISEN SON BOULEVARD CO BLUFFS, IA 51503

(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 370	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure service plans were signed by all parties. This pertained to 3 of 3 tenants reviewed (Tenant #1, #2, and #3). Finding follows: Record review on 2/18/26 revealed the following regarding tenants' service plans: 1. Tenant #1's annual service plan, dated 1/23/26, failed to include the tenant and/or responsible party's signature. 2. Tenant #2's annual service plan, dated 3/19/25, failed to include the tenant and/or responsible party's signature. 3. Tenant #3's annual service plan, dated 5/30/25, failed to include the tenant and/or responsible party's signature. During the exit on 2/18/26 at 4:00 p.m. the Administrative staff confirmed the Program failed to obtain required signatures on tenant service plans.	A 370		

Chapters Living of Council Bluffs ALPD
Provider # S0200
Survey Dates: 2.17.2026 - 2.18.2026
Survey Type: Recertification

A 400

- Facility will conduct audits on new hire staff 1x per week x4 weeks to ensure Single Licensed Contract and Background Check prior to employment and before start date.
  Completion date: 4/17/26

A 415

- Facility's corporate human resources department implemented a new process to ensure that an evaluation is requested by DHS should any applicant's background check indicate conviction of a crime and not allow the applicant to start prior to being cleared by DHS.
  Completion date 3/26/26
- Facility's corporate human resources department will audit all current employee files to ensure and request DHS evaluations of any that indicate conviction of a crime and will submit the evaluation request to DHS.
  Completion date 4/17/26
- Facility will conduct audits on new hire staff 1x per week x4 weeks to ensure new hire staff with a positive criminal history, at the request of the facility the Department of Human Services has performed an evaluation to determine whether the crime warrants prohibition of the persons employment.
  Completion date: 4/17/26

A 350

- Facility will ensure all resident evaluations and Service Plans are current and up to date by 4/17/26.
  Completion date: 4/17/26
- Facility will develop evaluation and Service Plan schedule to ensure timely resident evaluation and Service Plan updates, including initial assessment is performed prior to resident move-in by 4/1/26.
  Completion date: 3/25/26
- Community will audit Service Plan schedule 1x weekly x4 weeks.
  Completion date: 4/17/26

A 370

- Moving forward, Residents and/or Responsible Party will be invited to participate in the Service Plan process with appropriate signatures obtained. Service Plans completed as of January 1, 2026, will be signed by Resident and/or Responsible Party by 4/17/26.

Completion date: 4/17/26

- Community will implement the process of auditing Service Plans for Resident and/or Responsible Party signatures 1x monthly x4 months.
  Implementation date: 4/17/26

Dave Creal, Administrator

3/27/2026
Date