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
	S0243	A. BUILDING: _____ B. WING _____	C 12/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF CLINTON	1701 13TH AVENUE NORTH CLINTON, IA 52732

(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. Number of tenants without cognitive impairment: 26 Number of tenants with cognitive impairment: 10 Total census: 36 No regulatory insufficiencies were cited during the investigation of Complaint #109394-C, #106894-C or Incident #104713-I. The following regulatory insufficiencies were cited during the investigation of Complaint #107142-C .	A 000	See Attached POC	
A 695	481-69.34(3) Activities 69.34(3) A written schedule of activities shall be developed at least monthly and made available to tenants and their legal representatives. This REQUIREMENT is not met as evidenced by: Based on observation and interview the Program failed to have an activity calendar available to all tenants in the building. Findings include: 1. During observations of the memory care unit on 12/7/22 at 1:00 pm, no activity calendar could be located. 2. On 12/7/22 at 1:15 pm, Staff H stated there was no activity calendar for the memory care unit of the Program. Staff H stated the Activity Director only came back once in awhile to do activities for the memory care tenants. Staff working the floor tried to do activities on their own but had no guidance from the activity department.	A 695		

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

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A 695	Continued From page 1 3. On 12/7/22 at 10:35 am, the Activity Director stated she had not made calendars for the memory care unit of the building for her or staff to follow. The Activity Director stated she had completed one activity a day in the memory care unit in the past. She stated it was hard to get into the memory care unit to do activities when she is the only one doing them in the general population area also. She hoped to get an assistant in the next budget year. 4. On 12/12/22 at 12:00 pm, the Director confirmed the above findings.	A 695		
A 710	481-69.35(1)b Structural Requirements 69.35(1) General requirements. b. The buildings and grounds shall be well-maintained, clean, safe and sanitary. This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the Program failed to ensure one tenant apartment was well maintained and safe (Tenant #5) Findings include: 1. On 12/7/22 at 1:30 pm, Tenant #5 stated she did not have any complaints about the Program except for the large tear in her apartment carpeting which had been there since she moved in. There was also a smaller one in her bathroom. The two tears in Tenant #5's carpeting were observed. The tear in the carpeting in her front room was approximately 2.5 ft long and 2.5 inches wide in some spots. Tenant #5 stated she	A 710		

DEPARTMENT OF INSPECTIONS AND APPEALS

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	S0243	A. BUILDING: _____ B. WING _____	C 12/12/2022

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ADDINGTON PLACE OF CLINTON	**1701 13TH AVENUE NORTH CLINTON, IA 52732**

(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 710	Continued From page 2 was embarrassed about it and wished the Program would fix it. 2. On 12/7/22 at 2:00 pm, the Director stated the carpet became torn in Tenant #5's apartment after she moved in. The carpeting had begun to bubble up and the tenant snagged her walker on the carpeting with her walker. The previous Program maintenance technician attempted to fix the bubbled and snagged carpeting by cutting it. The result was a large looking tear in the front room carpet and a smaller tear in the bathroom carpet. The Director stated she has submitted a cost for it to be repaired in the next budget year. 3. On 12/8/22 at 10:00 am, a family member of Tenant #5 stated the large and small tears had been on the tenant's apartment carpeting for approximately 4 to 5 months with no repair. 4. On 12/12/22 at 12:00 pm, the Director confirmed the above findings.	A 710		

ok

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: Addington Place of Clinton S0243	DATE SURVEY COMPLETED: 12/12/2022

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
Tag#1	**Regulation and Reg Number: 481-69.34(3) Activities 69.34(3)** A written schedule of activities shall be developed at least monthly and made available to tenants and their legal representatives. This REQUIREMENT is not met as evidenced by: Based on observation and interview the Program failed to have an activity calendar available to all tenants in the building. F	A695	Calendar posted in Memory Care for staff, residents, families to observe in the common area on 12/13/2022. Counseling completed with the Life Enrichment Coordinator on 12/28/2022. Additional training completed with the Life Enrichment Coordinator on 1/10/2023 on Activity Programming.	Life Enrichment Coordinator to Post monthly Calendar in common area of Memory care for staff, residents, & families to observe. Life Enrichment Coordinator and Resident Assistants provided education/training related to Memory Care Programming on 1/11/2023.	Implementation: 12/28/2022 Completion Date: Ongoing Responsible Director, Life Enrichment Coordinator, and/or Designee
Tag#2	**Regulation and Reg Number:** **481-69.35(1)b Structural Requirements 69.35(1)** General requirements. b. The buildings and grounds shall be well-maintained, clean, safe and sanitary. This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the Program failed to ensure one tenant apartment was well maintained and safe (Tenant #5)	A710	Carpet & Vinyl flooring quotes from Carpetland completed to replace both damaged carpet & vinyl flooring 12/28/2022. Carpet & Vinyl flooring Replacement: products ordered on 01/04/2023. Replacement of flooring completed on 1/30/2023. Staff education related to maintenance notification for environmental issues on 1/11/2023.	Director and/or Designee will complete community walkthroughs to look for any environmental issues as needed as determined by the Director and promptly address any items noted.	Implementation: 12/28/2022 Completion Date: 1/30/2023 Responsible Director and/or Designee

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.

Compliance Date 1/30/2023