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 05/16/2024

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: 32 Number of tenants with cognitive impairment: 13 Total census: 45 No regulatory insufficiencies were cited during the investigations of Incident #115495-I, Complaint #115329-C or Complaint #119782-C. The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program for People with Dementia.	A 000		
A 160	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the program failed to provide adequate care for 1 of 4 tenants reviewed (Tenant #2). Finding follows:	A 160	The Plan of Correction is attached.	

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

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 05/16/2024

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 160	Continued From page 1 On 5/13/24 at 4:50 p.m. observation revealed Staff D served Tenant #2 a plate with a grilled cheese sandwich cut into two pieces and a salad with large pieces of lettuce. Staff D said the program served Tenant #2 food she could eat with her fingers because she no longer used utensils (due to dementia). Staff D sat the plate of food on the table in front of Tenant #2 and turned away. Tenant #4, seated next to Tenant #2, slid the plate of food to her spot and began eating it. Tenant #4 continued to eat the food as staff served other tenants. Staff D checked back at the table at 5:06 p.m., which had four tenants and three plates of food. Tenant #2 sat quietly and drank a beverage. At approximately 5:10 p.m. Tenant #2 began to move away from the table. Staff E asked her if she was done and if she wanted more food. Tenant #2 said, "No" and continued to move away. Staff was informed Tenant #2 had not eaten any food because Tenant #4 ate it. Staff D went to the kitchen to get another grilled cheese sandwich. On 5/15/24 record review revealed Tenant #2 maintained a stable weight between 92 and 95 pounds from February 2022 through November 2023. No weights were documented for December 2023 or January 2024. Weight on 2/01/24 was 86.2 pounds. Weight in March and April was 84 pounds. The weight document noted a 10% weight loss since November 2023 during the months of February, March and April 2024. Review of Tenant #2's nursing notes and assessments since February 2024 revealed no mention of weight loss. Tenant #2's most recent health care assessment dated 4/18/24 indicated	A 160		

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 05/16/2024

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 160	Continued From page 2 she was on a regular diet, with no nutritional supplements. The assessment failed to note the weight loss. On 5/15/24 at 2:10 p.m., the Executive Director/Registered Nurse and the Licensed Practical Nurse said they had not noticed the weight loss for Tenant #2. They confirmed Tenant #2 was not in hospice and verified the program should have addressed the 10% weight loss.	A 160		
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 facility failed to ensure employee background checks were completed prior to hire for 3 of 10 employees reviewed (Staff A, Staff B and Staff C). Finding follows: On 5/14/24 record review revealed Staff A's date of hire was 12/12/23. She did not have a SING (Single Contact Repository) background check. The program provided a single paper with no identification of the source other than "an official website of the United State government". The paper indicated no results were found for Staff A on 1/17/24, but gave no indication of what had been searched/checked for Staff A.	A 400		

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 05/16/2024

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 400	Continued From page 3 Staff B's date of hire was 4/10/24. His SING background check was dated 4/29/24, with no additional background check provided. Staff C's date of hire was 3/07/24. Her SING background check was dated 4/01/24, with no additional background check provided. On 5/14/24 at 11:15 a.m. the Executive Director/Registered Nurse (ED/RN) stated she had difficulty accessing the SING website at around the time of Staff A's hire, so she checked with the US Office of Inspector General's website, at the direction of her corporate office. The ED/RN pulled up the site on her computer and verified it didn't indicate what information was checked. She said the program completed the SING background check for Staff A on 5/14/24, after the surveyor requested employee background checks. On 5/14/24 at 11:50 a.m. the ED/RN confirmed the program hired Staff B and Staff C prior to completion of background checks.	A 400		

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

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 A 160	**Regulation and Reg Number** 481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate.	**Tag #** 481-67.3(2)	**What initial correction was made?** Staff D went to the kitchen to get another grilled cheese sandwich for Tenant #2. Weights were audited on all Residents by the Assistant Director of Health and Wellness to ensure we didn't have any other significant weight losses.	**How will we ensure and maintain compliance going forward?** One staff member to always monitor the dining room. Staff have been educated in this. The director of health and wellness will ensure all Residents weights are charted on monthly or on their assessment date.	**Implementation Date:** 05/18/24 **Completion Date:** 05/22/24 **Responsible Party:** Director of Health and Wellness or designee
Tag #2 A 400	**Regulation and Reg Number** 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	**Tag #** 481-67.19(3)	**What initial correction was made?** The Executive director ran background checks for any staff members that didn't have one in their file. This was completed on 05/18/24.	**How will we ensure and maintain compliance going forward?** All staff will have background checks done by the Executive Director in the SING portal and we will receive confirmation of approval prior to the staff member starting.	**Implementation Date:** 05/18/24 **Completion Date:** 05/18/24 **Responsible Party:** Executive Director 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.

	record checks of the person in this state.				

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.