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 11/04/2024

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: 48 Number of tenants with cognitive impairment: 16 Total census: 64 No regulatory insufficiencies were cited during the investigation of Complaint #122851-C, Incident #122709-I or the revisit of #122196-M. The following regulatory insufficiency was cited during the revisit conducted to determine progress in correcting regulatory insufficiencies cited during the recertification visit completed on 5/16/24.	A 000		
A 435	481-67.19(5) Record Checks 67.19(5) Employment prohibition. A person who has committed a crime or has a record of founded child or dependent adult abuse shall not be employed in a program unless an evaluation has been performed by the department of human services. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure evaluations were completed by the Department of Health and Human Services (HHS) for 4 of 4 staff reviewed with a criminal or founded child abuse history (Staff B, Staff C, Staff D and Staff E). Findings follow:	A 435	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

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 11/04/2024

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 435	Continued From page 1 Review of personnel files on 10/30/24 revealed the following: Staff B was hired on 10/7/24. The program received a Single Contact License and Background Check (SING) on 9/26/24 informing them she had a criminal history. Staff C was hired on 9/18/24. The program received a SING on 9/24/24 informing them of a criminal history. Staff D was hired on 9/19/24. The program received the SING on 9/12/24 letting them know the employee had a history of child abuse. Staff E was hired on 9/25/24. The program received the SING on 10/1/24 informing them she had a criminal history. The program did not begin the evaluation process for Staff B, Staff C, Staff D or Staff E until 10/30/24, weeks after they began working with tenants at the program. The Executive Director confirmed these findings on 10/31/24 at 9:40 AM.	A 435		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: S0243	DATE SURVEY COMPLETED: 11/04/2024

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 435	**Regulation and Reg Number** 481-67.19(5) Record Checks 67.19(5) Employment prohibition. A person who has committed a crime or has a record of a founded child or dependent adult abuse shall not be employed in a program unless an evaluation has been performed by the department of human services. This REQUIREMENT is not met as evidenced by: A 435 Based on interview and record review, the program failed to ensure evaluations were completed by the Department of Health and Human Services (HHS) for 4 of 4 staff reviewed with a criminal or founded child abuse history (Staff B, Review of personnel files on 10/30/24 revealed the following: Staff B was hired on 10/7/24. The program received a Single Contact License and Background Check (SING) on 9/26/24 informing them she had a criminal	**Tag #** 481-67.19(5)	**What initial correction was made?** The Executive Director and Area Director of Operations promptly sent staff home who had not completed their background checks with HHS. Background checks were initiated before the surveyor left the building. Staff were not permitted to return to work until their background checks were completed and they received approval from HHS to work.	**How will we ensure and maintain compliance going forward?** Moving forward, the Business Office Manager will conduct the background check. Once completed, she will finalize any required documentation and submit the background check results to the Executive Director. The Executive Director will verify that the background check is complete and confirm receipt of the fax showing the staff member is cleared to work. The Business Office Manager will then receive approval from the Executive Director before sending the job offer letter to the applicant.	**Implementation Date:** 11/04/24 **Completion Date:** 11/7/24 **Responsible Party:** Executive Director and Business office Manager

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.

	history. Staff C was hired on 9/18/24. The program received a SING on 9/24/24 informing them of a criminal history. Staff D was hired on 9/19/24. The program received the SING on 9/12/24 letting them know the employee had a history of child abuse. Staff E was hired on 9/25/24. The program received the SING on 10/1/24 informing them she had a criminal history				

√ 5/14/25

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.