| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IAALPD259 | A. BUILDING _____ B. WING _____ | 12/20/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ADDINGTON PLACE OF OTTUMWA | 173 EAST ROCHESTER STREET OTTUMWA, IA 52501 |

| (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<br><br>Assisted living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site.<br><br>Number of tenants without cognitive disorder: 14<br>Number of tenants with cognitive disorder: 6<br><br>TOTAL census of Assisted Living Program: 20<br><br>The following regulatory insufficiencies were cited during the investigation into Complaints #108559-C, #109456-C and #109480-C. | A 000 | | |
| A 130 | 481-67.2(1)e Program Policies and Procedures<br><br>67.2(1) The program's policies and procedures on incident reports, at a minimum, shall include the following:<br><br>e. All accidents or unusual occurrences within the program's building or on the premises that affect tenants shall be reported as incidents.<br><br>This Requirement is not met as evidenced by:<br>Based on interview and record review, the program failed to complete an incident report involving 1 of 9 tenants reviewed (Tenant #3) when she left the building without staff knowledge. Findings follow:<br><br>Record review of Tenant #3's progress notes on 12/14/22 revealed she was diagnosed with unspecified dementia of an unspecified severity. Tenant #3's primary care provider was in the building on 11/7/22 and recommended Tenant #3 move to the program's locked memory care unit due to her high elopement risk which medication | A 130 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IAALPD259 | A. BUILDING _____ B. WING _____ | 12/20/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ADDINGTON PLACE OF OTTUMWA | 173 EAST ROCHESTER STREET OTTUMWA, IA 52501 |

| (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 130 | Continued From Page 1<br><br>would not be helpful in treating. Staff left a message for Tenant #3's son about this move.<br><br>Record review failed to produce an incident report regarding the occurrence.<br><br>On 11/30/22, the Health Care Coordinator scheduled a meeting with Tenant #3's son about her move to the memory care unit for 12/7/22.<br><br>Tenant #3 moved to the memory care unit on 12/13/22.<br><br>When interviewed on 12/20/22 at 8:30 AM, the Life Enrichment Coordinator stated on a Monday or Tuesday she did devotions with a couple of the ladies. They decided to go for a walk since it was such a nice day. They waited almost 30 minutes for Tenant #3 to come up. They heard the alarm sound, but thought it was someone else who constantly messed with the alarmed doors. Another tenant told her there were two ladies outside, but she thought it was a tenant and her daughter who were also in the building. When they finally left for the walk, they saw Tenant #3 and Tenant #8 out by the road.<br><br>When interviewed on 12/15/22 at 8:50 AM, Tenant #10 reported Tenant #3 left the building the other day. Tenant #3 liked to go for walks. Recently, she walked out of the building. On days when the weather was nice, the tenants and the Life Enrichment Coordinator would take a stroll after exercise and devotions. When they went outside, they saw Tenant #3 and Tenant #8 walking down by the road, near Rochester Street. The Life Enrichment Coordinator went running down to get them. Tenant #3 kept saying things like, we just went for a walk. Tenant #10 described Tenant #8 as very confused, too. Tenant #10 did not think Tenant #8 would have been able to help Tenant #3 | A 130 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IAALPD259 | A. BUILDING _____ B. WING _____ | 12/20/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ADDINGTON PLACE OF OTTUMWA | 173 EAST ROCHESTER STREET OTTUMWA, IA 52501 |

| (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 130 | Continued From Page 2<br><br>get back to the building safely.<br><br>On 12/19/22 at 4:00 PM, the Regional Director of Sales and Operations confirmed an incident report was not written when Tenant #3 left the building without staff knowledge. | A 130 | | |
| A 325 | 481-67.9(1) Staffing<br><br>67.9(1) Number of staff. A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs.<br><br>This Requirement is not met as evidenced by:<br>Based on interview and record review, the program failed to ensure a sufficient number of trained staff available at all times to fully meet the identified needs of 1 of 3 discharged tenants and 3 of 9 current tenants reviewed (Tenant C1, Tenant 6, Tenant 7 and Tenant 9). Findings follow:<br><br>1) Record review on 12/14/22 revealed an Incident Report for Tenant C1 dated 9/30/22 at 6:01. Former Staff A wrote, the kitchen fire alarm broke/malfunctioned again, so Staff B and she went down the hall to tag doors and get everyone outside. She went to Tenant C1's room to move her out, since she had done that last time this happened and it was perfectly fine. She had the wheelchair fully locked and close to her recliner. She helped her to get up and into the wheelchair. She suddenly fell down on her left arm and hip. She rolled onto her back and was crying out in pain.<br><br>When interviewed on 12/15/22 at 12:25 PM, the hospice nurse who responded to Tenant #1's fall reported the (former) Director, Staff A and another staff were present were present when she arrived. | A 325 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IAALPD259 | A. BUILDING _____ B. WING _____ | 12/20/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ADDINGTON PLACE OF OTTUMWA | 173 EAST ROCHESTER STREET OTTUMWA, IA 52501 |

| (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 325 | Continued From Page 3<br><br>Tenant C1 screamed when the on-call nurse received the call 30 minutes prior to her arrival and at the time she arrived. The on-call nurse asked how this happened. Staff A said she was getting Tenant C1 up, went to put Tenant C1 in her in the wheelchair, and the wheelchair went zip. The on-call nurse asked how the wheelchair went "zip" and Staff A said she did not have the brakes on the wheelchair. They then got a lift and transferred Tenant C1 back into her recliner. A mobile x-ray was scheduled for the following day.<br><br>During an interview on 12/15/22 at 11:50 AM, Tenant C1's regular hospice nurse reported the tenant was moved to a nursing facility a few days after her fall. She was bed bound and rapidly declining. Tenant C1 needed more pain management than staff could provided in an assisted living program.<br><br>Tenant C1 died on 10/5/22. Her cause of death was listed as complications from a hip fracture. A description of the injury noted: fell while being transferred with help of facility staff in own room.<br><br>Tenant C1 had a service plan dated 8/17/22., which identified Tenant C1 was an assist of 1 with her gait belt to stand and pivot to her bedside commode.<br><br>Tenant C1 received hospice services. Her primary diagnosis was malignant neoplasm of an unspecified site of the left breast. A hospice plan of care dated 8/5/22 to 10/3/22 identified Tenant C1 required 24 hour supervision, energy conservation and safe transfers. Hospice provided Tenant C1 with a gait/transfer belt to assist with these transfers. Hospice provided an aide to Tenant C1. The aide was to assist with transfers from the chair to the commode using a gait belt and walker. The plan identified | A 325 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IAALPD259 | A. BUILDING _____ B. WING _____ | 12/20/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ADDINGTON PLACE OF OTTUMWA | 173 EAST ROCHESTER STREET OTTUMWA, IA 52501 |

| (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 325 | Continued From Page 4<br><br>interventions for Tenant C1 such as to ambulate patient using a walker and a safety intervention of a transfer belt.<br><br>On 12/14/22 at 10:55 AM, the Life Enrichment Coordinator reported prior to 9/30/22, Tenant C1 had a significant fall and got a commode in her room. After the fall, Tenant C1 mostly went from the commode to the recliner in her room and vice versa. Tenant C1 never left her room. She had all her meals in her room. Tenant C1 said her anxiety was too high and didn't want to come out.<br><br>On 12/19/22 at 10:20 AM, Staff B reported she worked in the kitchen with Staff A on 9/30/22. The fire alarm went off and Staff A said she would take care of Tenant C1 because she had done it before. Staff B checked on the tenants in the 400 hall and everyone was out of their apartment. Staff B realized Staff A and Tenant C1 were not out of the apartment yet so she went in to check on them. Tenant C1 was on the floor and yelling. Staff B said Tenant C1 fell. Staff B said if she was in a tenant's room, she would not help to transfer them because she was not trained to do this. She would press the tenant's pendant to get assistant from a trained staff member.<br><br>On 12/19/22 at 10:50 AM, the Assistant Director stated she hired and trained Staff A. Staff A was trained not to handle tenants because she was not trained to do so. The Assistant Director did not understand why Staff A would try and move Tenant C1 if she knew the alarm came from the dishwasher and there wasn't really a fire. Dietary staff were told not to touch tenants in an emergency situation if at all possible. Staff A got trays from tenant's apartments frequently. There was a situation with another worker who helped a tenant up and got in a lot of trouble, so the Assistant Director made sure dietary staff knew | A 325 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IAALPD259 | A. BUILDING _____ B. WING _____ | 12/20/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ADDINGTON PLACE OF OTTUMWA | 173 EAST ROCHESTER STREET OTTUMWA, IA 52501 |

| (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 325 | Continued From Page 5<br><br>not to transfer tenants.<br><br>2) Tenant #6 had a service plan initiated 6/14/22. According to her service plan, she was to receive 2 baths each week. Staff were to check her skin and report and reddened areas to the nurse. A review of her task sheets through the period of 10/1/22 - 12/19/22 revealed Tenant #2 did not receive any showers between the dates of 10/20/22 and 12/8/22.<br><br>3) Tenant #7 had a service plan initiated 6/21/22. According to her service plan, she was to receive two baths per week. A review of staff documentation revealed Tenant #7 did not receive any showers between 10/28/22 and 12/9/22.<br><br>4) Tenant #9 had a service plan initiated 3/31/22. According to his service, he was to receive three showers per week. A review of staff documentation revealed Tenant #9 missed 3 showers in October, 6 showers in November and 2 showers in December (through 12/8/22).<br><br>5) Record review of a pendant response times over the past 30 days revealed tenants called for assistance 463 times. A review of the data is as follows:<br>192 pages - staff responded within 0-5 minutes<br>142 pages - staff responded within 5:02 - 10:00 minutes<br>84 pages - staff responded within 10:22 - 19:33 minutes<br>15 pages - staff responded within 20:31 - 23:50 minutes<br>30 pages - staff responded in over an hour<br><br>On 12/14/22 at 4:50 PM, the Regional Director of Sales and Operations reported staff should respond to tenants' requests for assistance within 5 minutes. | A 325 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IAALPD259 | A. BUILDING _____ B. WING _____ | 12/20/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ADDINGTON PLACE OF OTTUMWA | 173 EAST ROCHESTER STREET OTTUMWA, IA 52501 |

| (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 325 | Continued From Page 6<br><br>The Regional Director of Sales and Operations confirmed these tenants' needs were not met by staff on 12/19/22 at 4:00 PM. | A 325 | | |
| A 330 | 481-67.9(2) Staffing<br><br>67.9(2) Emergency procedures. All program staff shall be able to implement the accident, fire safety, and emergency procedures.<br><br>This Requirement is not met as evidenced by:<br>Based on interview and record review, the program failed to implement fire safety procedures at the program, possibly affecting all tenants. Findings follow:<br><br>Record review on 12/14/22 revealed the program had a Fire Procedure policy. Staff responsibilities included:<br>- Check the fire panel for directions to the area of the fire.<br>- Locate the fire or smoke area by going to that zone and determining where the smoke was detected.<br>- Once the exact location of the fire is determined, the staff will knock on the apartment doors of tenants in the zone where the fire is located and direct them to a point of egress.<br>- Tenants will be notified of the status of the situation.<br>- Per fire department, tenants are to shelter in place and they will evacuate the building.<br><br>An Incident Report was written for Tenant C1 dated 9/30/22 at 6:01. Former Staff A wrote, the kitchen fire alarm broke/malfunctioned again, so Staff B and I went down the hall to tag doors and get everyone outside. I went to Tenant C1's room to move her out, since I did that last time this | A 330 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IAALPD259 | A. BUILDING _____ B. WING _____ | 12/20/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ADDINGTON PLACE OF OTTUMWA | 173 EAST ROCHESTER STREET OTTUMWA, IA 52501 |

| (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 330 | Continued From Page 7 | A 330 | | |

happened and it was perfectly fine. I had the wheelchair fully locked and close to her recliner. I was helping her to get up and into the wheelchair. She suddenly fell down on her left arm and hip. She rolled onto her back and was crying out in pain.

On 12/19/22 at 10:20 AM, Staff B reported she was working with Staff A when the fire alarm went off on 9/30/22. When Staff B was first hired, she was trained to get all of the tenants out of their apartments. Staff B was taught to put green slips on the doors of tenants who were out of their apartments. Staff A said she would take care of evacuating Tenant C1, because she had done it before when an alarm sounded. Staff B went down the 400 hall and made sure everyone was out. Staff B realized Staff A and Tenant C1 weren't out of the apartment yet, so she went in. Tenant C1 was on the floor and yelling. Staff A said Tenant C1 fell.

On 12/19/22 at 11:50 AM, the Assistant Director stated in the past, when a fire alarm went off, the two kitchen people would go down the 400 hall to ensure the tenants were out. The policy before Tenant C1 fell was to get people out of their apartments and to a safe location outside, but then they didn't know where everyone was. Staff at the fire department said they should keep everyone in their apartments.

On 12/15/22 at 9:52 AM, Tenant #9 reported when the alarm went off for 20 some minutes he was frustrated when no one came in and told him it was a false alarm. Very few times have staff come to his room and told him things were okay. He pushed his pendant to ask if everything was okay and they would say yes.

On 12/15/22 at 8:50 AM, Tenant #10 stated there

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IAALPD259 | A. BUILDING _____ B. WING _____ | 12/20/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ADDINGTON PLACE OF OTTUMWA | 173 EAST ROCHESTER STREET OTTUMWA, IA 52501 |

| (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 330 | Continued From Page 8<br><br>have been a couple of issues with the fire alarm going off in the past month. She does not recall being alerted there was a problem. Staff #10 said they had two fire drills and went to two different areas which was confusing.<br><br>On 12/19/22 at 3:25 PM, the Deputy Fire Chief reported he discussed the evacuation plan with staff at the building. He encouraged staff to have tenants remain in their apartments because there were not enough staff to evacuate all of the tenants. The fire department would send someone to investigate the fire and evacuate the tenants if there was a need.<br><br>On 12/19/22 at 2:50 PM, the Regional Director of Sales and Operations confirmed the program was using the same Fire Procedure policy during this entire time period, but staff were not following the policy. | A 330 | | |