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
	S0280	A. BUILDING: _____ B. WING _____	C 01/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF FORT MADISON	5025 RIVER VALLEY ROAD FORT MADISON, IA 52627

(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 (ALP/D) are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive disorder: 35 Number of tenants with cognitive disorder: 8 TOTAL census of Assisted Living Program: 43 The following regulatory insufficiencies were cited during the investigation into Complaints #107639-C and #106970-C. 235.3 (a) Based on interview and record review, the program failed to report a suspicion of dependent adult abuse for 2 of 8 tenants reviewed (Tenant #1 and Tenant #8). Findings follow: On 1/23/23 at 8:35 AM, the Director reported on 8/1/22 Tenant #1 told her she was missing $4,000.00. This was the Director's first day on the job. Tenant #1 said the former Director came into her apartment and counted the money. Tenant #1 then said she believed Staff A (who no longer worked for the program) was responsible for stealing the money. The Director reported this information to the former Director as well as the Regional Director of Sales and Operations. The former Director said she was aware of Tenant #1's report and thought Staff A took the money. The program had two corporate members, the	A 000		

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A 000	Continued From page 1	A 000		

Regional Director of Sales and Operations and the Portfolio Leader, come in to interview employees on 8/16/22. During these interviews, five employees reported being aware Tenant #1 was missing money. Some staff reported Tenant #1 was missing $4,000 in cash. Others reported she wrote a $400 check to another staff member. Some of these employees voiced concerns staff members may have been involved in taking Tenant #1's funds. The current director stated some resident funds kept were in the office and were off (specifically Tenant #8's account).

A review of Tenant #8's petty cash journal revealed during an audit on 8/4/22 the cash balance was $0, although there should have been $45.00 in the account.

The program had an Adult Abuse Reporting policy. If an employee suspected a dependent adult had been abused, they were to report it to the Director or Nurse immediately. The Director was responsible to notify the Department of Inspections and Appeals within 24 hours of their notification. If the Director was the alleged dependent adult abuser, the staff member should report immediately to Jaybird Senior Living. Within 48 hours after an oral report a Suspected Dependent Adult Abuse Report must be completed.

The program did not report the suspected dependent adult abuse to the Department of Inspections and Appeals on 8/2/22 (the first incident) or 8/17/22 (the second incident). They did not complete a written Suspected Dependent Adult Abuse Report within 48 hours after the oral report.

The current Director confirmed these findings on

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A 000	Continued From page 2 1/23/23 at 3:55 PM.	A 000		
A 275	481-67.5(2)f(2) Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program: (2) Medications shall be kept in a locked place or container that is not accessible to persons other than employees responsible for the administration or storage of such medications. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to properly store discontinued medication. Findings follow: A review of the program's Medication Policy revealed the Registered Nurse will have a designated locked storage in his/her office to store medication returns until they can be picked up from the pharmacy or destroyed. Access to the medication box will be limited to the Registered Nurse and the designee. On 1/19/23 at 10:05 AM, the former LPN reported when the former Health Care Coordinator (HCC) went on leave, she had access to his desk. Prior to this date, the HCC's desk was locked and he was the only person with access to the key. The desk was full of discontinued medication. Her belief was the HCC was too busy to destroy medication when tenants quit taking the pills.	A 275		

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A 275	Continued From page 3 On 1/23/23 at 3:35 PM, the Regional Nurse Specialist reported she found medication cards on the floor outside of the HCC's desk. She confirmed tenant medication was not properly stored in a locked place or container.	A 275		
A 635	481-69.32(2) Life Safety - Emergency Policies / Structure 69.32(2) An operating alarm system shall be connected to each exit door in a dementia-specific program. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the program failed to ensure an operating alarm system was connected to the main exit door potentially affecting all tenants from the hours of 6:00 AM - 8:00 PM. Findings follow: Observation of the main entry door on 1/17/22, 1/18/22, 1/19/22 and 1/23/22 during the daytime hours, found an alarm did not sound when exiting through the door. Staff did not have to enter a code to assist the monitor with leaving the building. On 1/17/23 at 12:55 PM, Staff B stated the main exit door was locked at 10:00 PM. Staff were not alerted when someone left through the main exit door. On 1/17/23 at 2:20 PM, Staff C said the main exit door was unlocked from 6:00 AM until 10:00 PM. She was not notified when tenants leave the building.	A 635		

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A 635	Continued From page 4 On 1/24/23 at 12:40 PM, the Maintenance Supervisor stated he previously worked in the building. When he was employed there, staff used pagers which received messages when individuals entered and exited through the main exit door. When he left employment at the program between the months of February, 2022 and October, 2022 the notifications for the main exit door alarm must have been disabled. The Maintenance Supervisor reported staff were not receiving messages during that time. The Maintenance Supervisor and the Director reset the system on 1/23/23 and now the door is alarmed during the day and staff receive messages when individuals enter and exit the door. On 1/24/23 at 1:35 PM, the Regional Nurse Specialist stated she was able to access reports indicating the main front entrance was not alarmed from 8/1/22 through 1/23/23.	A 635		