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
	S0287	A. BUILDING: _____ B. WING _____	C 11/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF BURLINGTON	5175 WEST AVENUE BURLINGTON, IA 52601

(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: 33 Number of tenants with cognitive impairment: 14 Total census: 47 The following regulatory insufficiencies were cited during the investigation into Complaint #122113-C and Complaint #124337-C.	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 interview and record review, the program failed to provide appropriate services to 2 of 3 current tenants reviewed (Tenant #1 and Tenant #2). Findings follow: 1) Record review on 11/13/24 revealed Tenant #1 had a service plan dated 10/1/24 which identified she was incontinent of bowel and bladder and required staff assistance when using the toilet.	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

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A 160	Continued From page 1	A 160		

Staff were to help her to and from the toilet, assist with clean-up and negotiate her clothing after the toileting process.

Staff documented the services they provided to Tenant #1 on a documentation survey report form. A review of the September and October 2024 documentation survey reports revealed staff were to accompany Tenant #1 to the toilet twice per shift and as needed. Staff did not document providing these cares on 9/7, 9/9, 9/11, 9/12, 9/15, 9/16, 9/17, 9/19, 9/21, 9/26, 9/27, 10/1, 10/3, 10/4, 10/5, 10/9, 10/10, 10/11, 10/12, 10/14, 10/17, 10/18 and 10/30.

2) Tenant #2 had a service plan dated 9/6/24. He had a history of shearing and pressure injuries to his buttocks in the previous few months which healed, but staff were to apply barrier cream and skin prep to his bilateral buttocks twice daily. Tenant #2 required assistance with toileting activity and peri-care.

A review of the September and October 2024 documentation survey reports revealed staff were to assist Tenant #2 with peri-care and changing his pull-up every shift. Staff did not document providing this level of assistance on the following dates: 9/3, 9/4, 9/6, 9/7, 9/10, 9/12, 9/13, 9/15, 9/16, 9/19, 9/20, 9/24, 9/26, 10/1, 10/2, 10/3, 10/4, 10/6, 10/7, 10/8, 10/9, 10/10, 10/11, 10/17, 10/22, 10/24, 10/25, 10/29, 10/30 and 10/31.

3) On 11/13/24 at 9:20 AM, Staff A reported he had concerns tenants did not receive appropriate incontinence care on the 2nd and 3rd shifts. There were times he came in to work and found tenants soiled.

On 11/13/24 at 8:50 AM, Staff B stated

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A 160	Continued From page 2 periodically there had been issues with tenants getting their incontinence briefs changed in a timely manner. When there was an issue like that she had brought it to the attention of the Executive Director or the Director of Health and Wellness. On 11/13/24 at 3:45 PM the Executive Director and Director of Health and Wellness confirmed these findings.	A 160		
A 870	481-69.39(4) Respite Care Services 69.39(4) Written direction to staff. The program nurse shall document the care needs of the respite care individual based on the assessment conducted pursuant to subrule 69.39(3) and provide the documentation to staff. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to provide written directions to staff of the care needs for 1 of 1 former respite care individuals reviewed (Tenant C1). Findings follow: Record review on 11/13/24 revealed a progress note for Tenant C1 indicating he admitted to the program on 7/8/24 for a one week respite stay. Tenant C1's spouse reported he had short-term memory issues. He required assistance with using his CPAP machine at night. Staff were to administer medication from a planner set up by the spouse twice daily. The Health and Wellness Director completed a Senior Living Standard Level of Care and Service Plan on 7/3/24. Tenant C1 was diagnosed with	A 870		

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A 870	Continued From page 3 excoriation (skin-picking) disorder. He had scabbed areas to his bilateral upper extremities, bilateral lower extremities and neck. This was managed by applying triamcinolone cream to the affected areas twice daily. Tenant C1 was also supposed to have gloves placed over his hands each evening. Staff were to document services provided to tenants on the Documentation Survey Report form. There were no services listed on the Documentation Survey Report form for the use of the CPAP or applying triamcinolone cream to Tenant C1's extremities or neck. There was a Medication Administration Record for Tenant C1 which had an entry for his medication planner but did not list the cream or use of the CPAP machine. The Director of Health and Wellness confirmed these findings on 11/13/24 at 3:45 PM.	A 870		

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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 #** A 160	**What initial correction was made?** All staff educated on Tenants Rights regarding resident care, treatments, and services. Staff will sign off on tenant rights.	**How will we ensure and maintain compliance going forward?** In-service was conducted with all team members regarding resident rights on 1/15/25 Team members will receive education on Resident Rights during orientation and annually. BOM or designee will audit 3 employee charts for 6 weeks to ensure all employees have received Resident Rights education and then quarterly audits will be conducted	**Implementation Date:** 1/15/25 **Completion Date: 2/14/25** **Responsible Party: Director and/or designee : ED/BOM/DHW**
Tag #2 **A 870**	**Regulation and Reg Number** 481-69.39(4) Respite Care Services 69.39(4) Written direction to staff. The program nurse shall document the care needs of the respite care individual based on the assessment conducted pursuant to subrule 69.39(3) and provide the documentation to staff.	**Tag #** **A 870**	**What initial correction was made?** Nurse will document services and needs of residents in PCC for caregivers to follow	**How will we ensure and maintain compliance going forward?** All respite move-ins will have an individualized service plan at the time of move per policy AS-05. The service plan will provide documentation for staff of the residents' individualized needs and personal preferences along with specific care to be performed. All resident service plans will be accessible to all care team members for review. An in-service with DHW or designee will	**Implementation Date:** 1/15/25 **Completion Date: 2/14/25** **Responsible Party: Director and/or designee: DHW**

				be conducted by the DDRC/and RDRC on policy AS-05 by January 30, 2025. All resident service plans will be printed and stored in a binder for care managers to access by 2/15/25. The DHW and/or designee will audit 3 resident service plans per week X 6 weeks and then 5 service plans per month to ensure all resident service plans are updated with the most current individualized needs and preferences.	
Tag #3	**Regulation and Reg Number**	**Tag #**	**What initial correction was made?**	**How will we ensure and maintain compliance going forward?**	**Implementation Date:** **Completion Date:** **Responsible Party:**
Tag #4	**Regulation and Reg Number**	**Tag #**	**What initial correction was made?**	**How will we ensure and maintain compliance going forward?**	**Implementation Date:** **Completion Date:** **Responsible Party:**