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PRINTED: 02/18/2026
FORM APPROVED

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 _____ | 01/15/2026 |

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

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| A 000 | Initial Comments<br><br>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 visit.<br><br>Tenants without cognitive impairment: 46<br>Tenants with cognitive impairment: 9<br>Total census: 55<br><br>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 | See attached POC 3/18/26 | |
| A 150 | 481-69.23(1)a Criteria for Admission / Retention of Tenants<br><br>69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who:<br><br>a. Is bed-bound<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview and record review, the Program failed to discharge or request a Department of Inspections, Appeals and Licensing (DIAL) waiver for 1 of 1 tenants reviewed who was bed-bound and exceeded criteria for retention in an assisted living program (Tenant #5). Finding follows:<br><br>During an interview on 1/13/26 at 1:25 p.m. Staff A reported Tenant #5 stayed in bed. Staff dressed her and changed her in bed. She ate in bed. Staff A said hospice staff bathed Tenant #5. During a | A 150 | - Waiver sent to DIAL on 1.15.26<br>Resending waiver to DIAL on 2/18/26 Sent via Email to Catie Campbell on 2/18/26. | bl 3/18/26 |

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

ED 2/24/26

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| A 150 | Continued From page 1<br>follow up conversation on 1/15/26 at 11:20 a.m. Staff A indicated Tenant #5 had stayed in bed for several months.<br><br>During an interview on 1/13/26 at 2:05 p.m. Staff B indicated Tenant #5 didn't get out of bed. Tenant #5 stayed in her bed all of the time.<br><br>During an interview on 1/13/26 at 2:20 p.m. Staff C reported Tenant #5 didn't get out of bed.<br><br>During a phone interview on 1/15/26 at 10:00 a.m. Tenant #5's hospice nurse confirmed the tenant was bed bound. The nurse indicated hospice had provided bed baths for months. He said hospice staff had been getting Tenant #5 out of bed once per month to weigh her, but stopped this recently due to her inability to bear weight.<br><br>Observation on 1/15/26 at 10:05 a.m. revealed Tenant #5 laying in her bed with the covers pulled up. Tenant #5 was alert and conversed, but appeared confused. Staff D stated Tenant #5 stayed in bed. Staff D reported he didn't think Tenant #5 had the ability to bear weight to transfer out of bed, but he didn't know for sure since he hadn't gotten her out of bed in a long time.<br><br>Record review revealed Tenant #5's was 95 years old with a diagnosis including dementia and muscle weakness. Her occupancy date was 11/17/22. She moved to the secure memory care unit on 1/18/24. According to her assessment completed 11/15/25, Tenant #5 needed assistance with all activities of daily living including dressing, bathing, eating, and grooming. Her Global Deteriorate Scale score was six, which indicated moderately severe dementia. | A 150 | | |

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| A 150 | Continued From page 2<br>During an interview on 1/15/26 at 1:05 p.m. the Executive Director (ED) and the Director of Health/Licensed Practical Nurse did not dispute Tenant #5 was bed bound. The ED indicated they would submit a waiver request to the DIAL office in order to retain Tenant #5. | A 150 | | |
| A 290 | 481-69.25(1)i Tenant Documents<br><br>69.25(1) Documentation for each tenant shall be maintained by the program and shall include:<br><br>i. When any personal or health-related care is delegated to the program, the medical information sheet; documentation of health professionals' orders, such as those for treatment, therapy, and medication; and nurses' notes written by exception<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review, the Program failed to adequately document information regarding a change of medical condition for 1 of 6 tenants reviewed (Tenant #2). Finding follows:<br><br>Record review on 1/14/26 revealed Tenant #2's occupancy date of 10/14/25. Tenant #2's resident assessment dated 10/14/25 indicated no skin integrity issues. His diagnoses included blindness and Type 2 diabetes. Edema was not listed as a diagnosis on his health assessment or resident information sheet, but the assessment indicated he wore TED hose (Thrombo-Embolic Deterrent Stockings), which he managed independently. According to the assessment, Tenant #2 needed stand-by assistance for showering and staff | A 290 | - Documentation will be maintained and updated as needed when any personal or health-related care is delegated to the community, the medical information sheet; documentation of health professionals' orders, such as those for treatment, therapy, and medication; and nurses' notes written by exception. This will be completed by the nurse. | by 3/18/26 |

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| A 290 | Continued From page 3<br>assistance to navigate the building due to his vision impairment. He managed his own medications and blood sugar monitoring.<br><br>Tenant #2's 30-day resident assessment dated 11/21/25 indicated no issues with skin integrity. He continued to need stand-by assistance for showering and staff assistance to escort him or push his wheelchair in the building due to vision impairment. He also needed staff assistance for occasional episodes of incontinence. The assessment indicated Tenant #2 needed nursing assistance once per week to check his INR (International Normalized Ratio) number in order to determine his Coumadin dosage. The assessment made no mention of edema or weeping (fluid leaking) in his legs.<br><br>The Director of Health Services/Licensed Practical Nurse (LPN) wrote nursing notes dated 10/30/25, indicating the physical therapist (PT) visited Tenant #2 for an evaluation and asked the LPN to look at the tenant's legs. The LPN documented edema and erythema (redness of skin) noted in both legs. Both legs were weeping. She notified the doctor, who recommended Tenant #2 continue Lasix medication, keep legs elevated and be seen at the lymphedema clinic. An appointment was made at the lymphedema clinic for 12/08/25.<br><br>A nursing progress note dated 11/14/25 indicated Tenant #2 continued to be seen by PT/OT (occupational therapy) three times per week. Therapy noted Tenant #2 continued to have edema to both lower legs. There was no indication the LPN assessed Tenant #2's legs.<br><br>The LPN documented in nursing progress notes a 90-day review (actually a 30-day review) | A 290 | | |

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| A 290 | Continued From page 4<br>completed on 11/21/25. The nursing note reviewed some medical information related to Tenant #2, but made no mention of edema or the condition of his legs.<br><br>There were no additional nursing notes or assessments regarding Tenant #2's legs after 11/14/25 until the LPN documented on 1/02/26 Tenant #2 was being seen by a wound clinic.<br><br>During an interview on 1/14/26 at 11:25 a.m. the LPN indicated Tenant #2 was seen by the lymphedema clinic for his edema. The clinic put wraps on the tenant's legs, which were managed by the tenant and his friend. At some point, Tenant #2 developed open blisters on his legs and was referred to the wound clinic. The LPN said Tenant #2's friend primarily managed the edema and wound care issues. The LPN reported she occasionally checked Tenant #2's legs, but confirmed she failed to document any assessments or any follow up regarding the issues with his legs. | A 290 | | |
| A 350 | 481-69.26(1) Service Plans<br><br>69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. | A 350 | = Service Plans will be developed for all residents upon admission, updated at least annually and whenever changes are needed. Service Plans will be reviewed with the Resident and Family at least every 90-days. by 3/18/26 | |

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| A 350 | Continued From page 5<br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review, the Program failed to develop and update service plans to meet tenants needs for 4 of 6 tenants reviewed (Tenant #1, Tenant #2, Tenant #4, Tenant #5). Findings follow:<br><br>1. Record review on 1/14/26 revealed Tenant #1's occupancy date of 3/06/25. The only signed, dated service plan provided was dated 3/06/25. The program provided an unsigned service plan dated 7/08/25. The service plans dated 3/06/25 and 7/08/25 indicated no concerns regarding hallucinations/delusions, impaired decision-making skills and reality disorientation.<br><br>An updated assessment on 11/09/25 indicated Tenant #1 had hallucinations/delusions, impaired decision-making skills, and reality disorientation, with interventions listed. No updated service plan could be located.<br><br>2. Record review on 1/14/26 revealed Tenant #2's occupancy date of 10/14/25. The Program completed an initial health, functional and cognitive evaluation dated 10/14/25. An initial service plan could not be located. Tenant #2's "30 Day Assessment" dated 11/21/25 indicated he received services for personal and health related care. A service plan updated within 30 days could not be located. The Program provided an unsigned, undated report, which listed services provided.<br><br>3. Record review on 1/14/26 revealed Tenant #4's most recent service plan dated 1/16/25. According to the service plan, Tenant #4 had no behavior concerns regarding non-compliance/refusals. Tenant #4's most recent | A 350 | | |

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| A 350 | Continued From page 6<br>assessment, dated 11/11/25 indicated present and past behaviors of non-compliance or refusal of care, with interventions listed. An updated service plan could not be located.<br><br>4. Record review on 1/15/26 revealed Tenant #6's occupancy date of 11/06/25. The Program completed an initial health, functional and cognitive evaluation dated 11/06/25. An initial service plan could not be located. The Program completed an updated health, functional and cognitive evaluation dated 12/06/25. The evaluation added behavioral issues of agitation/anxiety and for paranoia, hallucinations/delusions. A service plan updated within 30 days of occupancy could not be located.<br><br>During an interview on 1/14/26 at 3:35 p.m. the Executive Director (ED) indicated the Program used the comprehensive evaluations as the tenants' service plans. They failed to develop signed, dated service plans. The computer system generated reports/information for staff to follow regarding services provided. | A 350 | | |
| A 355 | 481-69.26(2) Service Plans<br><br>69.26(2) Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan. | A 355 | — Service Plans will be developed and reviewed with the resident and/or POA prior to the occupancy agreement. The Service Plan will have signatures by the resident and/or Legal representative as well as the persons who develop the plan by 3/18/26 | |

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| A 355 | Continued From page 7<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review, the Program failed to develop initial service plans for 2 of 2 tenants reviewed who moved to the Program in the past three months (Tenant #2 and Tenant #6). Findings follow:<br><br>1. Record review on 1/14/26 revealed Tenant #2's occupancy date of 10/14/25. The Program completed an initial health, functional and cognitive evaluation dated 10/14/25. An initial service plan could not be located. The Program provided an unsigned, undated report, which listed services provided.<br><br>2. Record review on 1/15/26 revealed Tenant #6's occupancy date of 11/06/25. The Program completed an initial health, functional and cognitive evaluation dated 11/06/25. An initial service plan could not be located.<br><br>During an interview on 1/14/26 at 3:35 p.m. the Executive Director (ED) indicated the Program used the comprehensive evaluations as the tenants' service plans. They failed to develop signed, dated service plans. The computer system generated reports/information for staff to follow regarding services provided. | A 355 | | |
| A 360 | 481-69.26(3) Service Plans<br><br>69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. | A 360 | - Service Plans will be reviewed and update within 30 days after admission. This will be completed by the nurse. by 3/14/26 | |

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| A 360 | Continued From page 8<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review, the Program failed to update service plans within 30 days of occupancy for 2 of 2 tenants reviewed who moved to the Program in the past three months (Tenant #2 and Tenant #6). Findings follow:<br><br>1. Record review on 1/14/26 revealed Tenant #2's occupancy date of 10/14/25. A nursing progress note dated 10/30/25 indicated Tenant #2 was assessed for Occupational Therapy/Physical Therapy (OT/PT) services. The therapist asked the nurse to check the tenant's legs, which had edema and were "weeping". The nurse contacted the physician. A nursing note dated 11/14/25 indicated OT/PT services three times per week and continued edema. Tenant #2's "30 Day Assessment" dated 11/21/25 indicated he received services for personal and health related care.<br><br>A service plan updated within 30 days of occupancy could not be located. The Program provided an unsigned, undated report, which listed services provided.<br><br>2. Record review on 1/15/26 revealed Tenant #6's occupancy date of 11/06/25. Nursing progress notes indicated Tenant #6 became agitated at 3:30 a.m. on 12/06/25 and swung a pocket knife at a staff member. Police were called and the tenant was hospitalized for two days. The Program completed an updated health, functional and cognitive evaluation dated 12/06/25. The | A 360 | | |

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| A 360 | Continued From page 9<br>evaluation added behavioral issues of agitation/anxiety and for paranoia, hallucinations/delusions, but was not specific regarding those concerns. The updated assessment indicated no past or present physical aggression.<br><br>A service plan updated within 30 days of occupancy could not be located.<br><br>During an interview on 1/14/26 at 3:35 p.m. the Executive Director (ED) indicated the Program used the comprehensive evaluations as the tenants' service plans. They failed to develop signed, dated service plans. The computer system generated reports/information for staff to follow regarding services provided. | A 360 | | |
| A 420 | 481-69.27(1)a Nurse Review<br><br>69.27(1) If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse:<br><br>a. To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders<br><br>This REQUIREMENT is not met as evidenced by: | A 420 | - Nurse reviews will be provided and completed at least every 90 days. 3/18/26 | |

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| A 420 | Continued From page 10<br><br>Based on interview and record review, the Program failed to complete thorough nurse reviews at least every 90 days for 4 of 4 tenants reviewed who resided at the Program for at least 90 days (Tenant #1, Tenant #3, Tenant #4, Tenant #5). Findings follow:<br><br>Record review on 1/14/26 and 1/15/26 revealed the following:<br><br>1. Tenant #1's 90-day assessment completed by the Licensed Practical Nurse (LPN) on 11/09/25 contained health information but provided no information related to the tenant's medications. According to the assessment, the Program provided medication administration for Tenant #1.<br><br>2. Tenant #3's 90-day assessment completed by the LPN on 11/24/25 contained health information but provided no information related to the tenant's medications. According to the assessment, the Program provided medication administration for Tenant #3.<br><br>3. Tenant #4's 90-day assessment completed by the LPN on 11/11/25 contained health information but provided no information related to the tenant's medications. According to the assessment, the Program provided medication administration for Tenant #4.<br><br>4. Tenant #5's 90-day assessment completed by the LPN on 11/15/25 contained health information but provided no information related to the tenant's medications. According to the assessment, the Program provided medication administration for Tenant #5.<br><br>In all four cases, the assessment failed to indicate confirmation of current medication | A 420 | | |

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| A 420 | Continued From page 11<br>orders, correct administration of medications and whether the medications were monitored for adverse reactions.<br><br>During an interview on 1/15/26 at 1:20 p.m. the Executive Director and the LPN confirmed the 90-day assessments completed by the LPN failed to include information regarding review of the tenants' medications. | A 420 | | |