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 |
|---|---|---|---|
| | S0299 | A. BUILDING: _____ B. WING _____ | C 08/07/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ADDINGTON PLACE OF DES MOINES MC | 5815 SE 27TH STREET DES MOINES, IA 50320 |

| (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 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.<br><br>Number of tenants without cognitive impairment: 2<br>Number of tenants with cognitive impairment: 8<br>Total census: 10<br><br>No regulatory insufficiencies were cited during the investigation of Complaint #119849-C.<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 | The Plan of Correction is attached. | |
| A 400 | 481-67.19(3) Record Checks<br><br>67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to consistently perform criminal history and abuse background checks as required prior to employment. This pertained to 2 of 4 staff reviewed (Staff A and B). Finding | A 400 | | |

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 |
|---|---|---|---|
| | S0299 | A. BUILDING: _____ B. WING _____ | C 08/07/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ADDINGTON PLACE OF DES MOINES MC | 5815 SE 27TH STREET DES MOINES, IA 50320 |

| (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 400 | Continued From page 1<br>follows:<br><br>Record review on 8/7/24 revealed the Program hired Staff A on 3/26/24. The Program provided a background check completed by a national background screening agency on 3/7/24. Neither a review of her criminal history by the department of public safety or a child and dependent adult abuse check by the department of health and human services was provided.<br><br>Record review on 8/7/24 revealed the Program hired Staff B on 12/27/23. The Program provided a SING (Single Contact Registry) form for Staff B. The SING was completed on 12/29/23, two days after the staff was hired.<br><br>On 8/7/24 at 3:15 p.m. the administrative team confirmed the Program failed to complete required record checks prior to employment for Staff A and B as required. | A 400 | | |
| A 370 | 481-69.26(3)a 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.<br><br>a. If a significant change triggers the review and update of the service plan, the updated service plan shall be signed and dated by all parties.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to consistently update service | A 370 | | |

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 |
|---|---|---|---|
| | S0299 | A. BUILDING: _____ B. WING _____ | C 08/07/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ADDINGTON PLACE OF DES MOINES MC** | **5815 SE 27TH STREET DES MOINES, IA 50320** |

| (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 370 | Continued From page 2<br>plans within 30 days of occupancy. This pertained to 1 of 1 tenants who became an occupant within the previous 90 days (Tenant #1). Finding follows:<br><br>Record review on 8/7/24 revealed Tenant #1's service plan was dated 8/6/24. Tenant #1 signed the Occupancy Agreement and took occupancy on 6/10/24.<br><br>During the exit on 8/7/24 at 3:15 p.m. the administrative staff confirmed the Program failed to update Tenant #1's service plan within 30 days of occupancy. | A 370 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: S0299 | DATE SURVEY COMPLETED: 8/7/2024 |
|---|---|---|

| ID PREFIX 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** | **481-67.19(3) Record Checks**<br>67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state.<br><br>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently perform criminal history and abuse background checks as required prior to employment. This pertained to 2 of 4 staff reviewed (Staff A and B). | **A400** | **What initial correction was made?**<br><br>SING background check was run on Staff A 8/7/2024. | **How will we ensure and maintain compliance going forward?**<br><br>The Director or Designee will ensure that all requirements are met by utilizing the Pre-employment check list for all new prospective employees before allowed to start employment/start working.<br><br>The Director or Designee will audit all new employee files to ensure Pre-employment requirements were met. | Implementation Date: 08/07/2024<br><br>Completion Date: 11/04/2024<br><br>Responsible Party: Director or designee |
| **Tag #2** | **481-69.26(3)a Service Plans**<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. If a significant change triggers the review and update of the service plan, the updated service plan shall be signed and dated by all parties.<br><br>This REQUIREMENT is not met as evidenced by: A 370 Based on interview and record review the Program failed to consistently update service plans within 30 days of occupancy. This pertained | **A370** | **What initial correction was made?**<br><br>Education was provided to the DHW on proper procedures on service plans reviews, signatures and dates. | **How will we ensure and maintain compliance going forward?**<br><br>An audit will be completed by the Director, Nurse, or designee to ensure that Service Plans are signed and dated as required when a comprehensive assessment is completed weekly, monthly, as needed, as determined by the Director or designee. | Implementation Date: 10/04/2024<br><br>Completion Date: On Going<br><br>Responsible Party: Director or designee |

| | | | | | |
|---|---|---|---|---|---|
| | to 1 of 1 tenants who became an occupant within the previous 90 days (Tenant #1). | | | | |
| | | | **What initial correction was made?** | **How will we ensure and maintain compliance going forward?** | Implementation Date:<br><br>Completion Date:<br><br>Responsible Party: |

*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.*

✓ 3.31.25

Compliance Date: 10/4/2024