DEPARTMENT OF INSPECTIONS AND APPEALS

ok
7/1/25

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 05/12/2025

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 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: 0 Number of tenants with cognitive impairment: 12 Total census: 12 No regulatory insufficiencies were cited during the investigation of Complaints #124780-C and #125128-C. The following regulatory insufficiencies were cited during the investigation of Complaint #127223-C.	A 000	See attached POC 6/17/25	
A 145	481-69.22(3) Evaluation of Tenant 69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change. This REQUIREMENT is not met as evidenced	A 145		

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A 145	Continued From page 1 by: Based on interview and record review, the program failed to complete evaluations of tenants due to significant change for 1 of 6 tenants reviewed (Tenant 3). Findings follow: Record review on 5/5/25 indicated Tenant 3 was admitted to the program on 7/19/24. On 4/24/25 Tenant 3 had a significant change and began hospice services. While a notation about hospice services was added on a previous evaluation/assessment dated 4/11/25 by the LPN Director of Health and Wellness (DHW), a new evaluation/assessment was not completed by a health care professional (such as a Registered Nurse) or a human service professional to reflect the significant change and start of hospice services. Licensed practical nurses were not allowed to complete evaluations when tenants exhibited a significant change. On 5/12/25 at 2:30 pm the Executive Director, Director of Health and Wellness, and Area Director of Operations confirmed the above findings.	A 145		
A 360	481-69.26(3) Service Plans 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. This REQUIREMENT is not met as evidenced	A 360		

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A 360	Continued From page 2 by: Based on interview and record review, the Program failed to ensure the service plan was updated to address needs of 1 of 1 tenants reviewed with significant weight loss (Tenant 3). Findings follow: Record review on 5/5/25 revealed Tenant 3 was admitted to the program on 7/19/24. Service plans dated 2/24/25 and 4/11/25 both indicated the need for monthly weights and vitals be taken under the sections entitled "Acute Illness Needs" and listed "Failure to Thrive" as a chronic illness. The tenant's weight summary was reviewed and revealed weights were only obtained sporadically and revealed the following: 10/23/24 - 120 lbs 1/16/25 - 103.8 lbs, a loss of 16.2 lbs since 10/23/24 3/1/25 - 100.2 lbs, a loss of 19.8 lbs since 10/23/24 4/18/25 - 90 lbs, a loss of 30 lbs since 10/23/24 Further review of Tenant 3's service plans dated 2/24/25 and 4/11/25 indicated she was on a regular diet, did not use nutritional supplements, had no recent unplanned change in weight, and identified the tenant often requested room trays for meals and refused to come out to the dining room for meals. A nursing progress note dated 4/24/25 revealed Tenant 3 then began services with Hospice Care with an admitting diagnosis of "Peripheral Vascular Disease complicated by Vascular Dementia and PCM." (Protein Calorie Malnutrition). During an interview 5/7/25 at 3:10 pm Tenant 3	A 360		

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A 360	Continued From page 3 stated she "really doesn't like the food here at all" and stated she "can't eat it due to hating it" but was aware of her significant weight loss and had been encouraged by her physician to get adequate nutrition to help promote wound healing. During an interview 5/6/25 at 10:35 am Executive Director and Director of Health and Wellness acknowledged Tenant 3's weight loss and stated the tenant would often refuse meals and had it in her head she couldn't provided room trays, offered food from restaurants she liked, and nutritional supplement shakes in her room but did not track their attempts and/or meal intake, meal refusals, or nutritional supplement usage to help monitor the tenant's loss of weight. The service plan/s failed to address the tenant's significant weight loss ways to address it. On 5/12/25 at 2:30 pm the Executive Director, Director of Health and Wellness, and Area Director of Operations confirmed the above findings.	A 360		
A 370	481-69.26(3)a Service Plans 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. This REQUIREMENT is not met as evidenced	A 370		

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A 370	Continued From page 4 by: Based on interview and record review, the Program failed to ensure service plans related to significant change were signed and dated by all parties for 1 of 6 tenants reviewed (Tenant 3). Findings follow: Record review on 5/5/25 indicated Tenant 3 was admitted to the program on 7/19/24. A service was reviewed and updated on 2/24/25 due to significant change as the tenant was transferred to the Memory Care program from the AL program. The service plan was not signed/dated by all parties. On 5/12/25 at 2:30 pm the Executive Director, Director of Health and Wellness, and Area Director of Operations confirmed the above findings.	A 370		
A 545	481-69.30(1) Dementia Specific Education for Personnel 69.30(1) All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to provide staff the required eight hours of dementia-specific education within 30 days of employment for 3 of 3 staff reviewed (Staff B, Staff C, and Staff D). Findings follow:	A 545		

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A 545	Continued From page 5 Record review on 5/12/25 revealed: - Staff B was hired on 1/17/25. The program provided documentation Staff B completed six (6) hours of dementia-specific training within 30 days of employment and an additional one (1) hour of dementia-specific training completed on 3/18/25. Eight hours of dementia-specific training was not completed within 30 days of employment as required. - Staff C was hired on 2/6/25. The program provided documentation Staff C completed seven (7) hours of dementia-specific training within 30 days of employment. Eight hours of dementia-specific training was not completed within 30 days of employment as required. - Staff D was hired on 2/17/25. The program provided documentation Staff D completed four (4) hours of dementia-specific training within 30 days of employment and an additional 3 hours completed on 5/1/25. Eight hours of dementia-specific training was not completed within 30 days of employment as required. The Assisted Living Director stated on 5/12/25 at 11:33 am dementia-specific training was assigned on the online education platform by the management company, as she had no access in which to assign the required hours of training. She acknowledged each of the above employees failed to complete eight (8) hours within 30 days of employment. On 5/12/25 at 2:30 pm the Executive Director, Director of Health and Wellness, and Area Director of Operations confirmed the above findings.	A 545		

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Tag #1	**481-69.22(3) Evaluation of Tenant** 69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to complete evaluations of tenants due to significant change for 1 of 6 tenants reviewed (Tenant 3).	**A145**	**What initial correction was made?** Education was provided to the DHW on proper timeline of notification to RN with significant change.	**How will we ensure and maintain compliance going forward?** The DHW will have a conference call or video call with RN at time of assessment or when reviewing any care plans or significant change 6/4/25. Effective June 4, 2025, LPNs will be authorized to conduct initial assessments/evaluations and evaluations or nurse reviews necessitated by significant changes in a tenant's condition in Assisted Living Programs, provided they do so under the supervision of a Registered Nurse (RN). An Audit will be completed by DHW or designee to insure appropriate significant changes are captured and reviewed.	Implementation Date: 6/16/25 Completion Date: On Going Responsible Party: DHW or designee
Tag #2	**481-69.26(3)a Service Plans** 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to	**A360**	**What initial correction was made?** Education was provided to the DHW on updating any interventions on service plans.	**How will we ensure and maintain compliance going forward?** An Audit will be completed by DHW or designee to insure updating appropriate interventions are on service plans monthly, as needed, as determined by the DHW or designee.	Implementation Date: 6/16/2025 Completion Date: On Going Responsible Party: Director or designee

	ensure the service plan was updated to address needs of 1 of 1 tenants reviewed with significant weight loss (Tenant 3).				
Tag #3	**481-69.26(3)a Service Plans** 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to ensure service plans related to significant change were signed and dated by all parties for 1 of 6 tenants reviewed (Tenant 3).	**A370**	**What initial correction was made?** 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?** An audit will be completed by the DHW or designee to ensure that Service Plans are signed and dated as required when a comprehensive assessment is completed monthly, as needed, as determined by the DHW or designee.	Implementation Date: 6/17/2025 Completion Date: On Going Responsible Party: DHW or designee
Tag #4	**Dementia Specific Education for Personnel** 69.30(1) All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to provide staff the required eight hours of dementia-specific education within 30 days of employment for 3 of 3 staff reviewed (Staff B, Staff C, and Staff D).	**A545**	**What initial correction was made?** Staff B, C, and D all completed one additional hour of dementia-specific training to meet the requirements.	**How will we ensure and maintain compliance going forward?** The Director or Designee will ensure that all requirements are met by adding a selection for eight hours of dementia-specific training to the Pre-employment check list for all new employees to complete within 30-day of hire. The Director or Designee will audit all new employee files with updated form to ensure dementia-specific training requirements were met.	Implementation Date: 6/17/2025 Completion Date: On Going Responsible Party: Director or designee

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.

Compliance Date: 10/4/2024