| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | S0417 | A. BUILDING: _____ B. WING _____ | C 05/12/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ADDINGTON PLACE OF DES MOINES | 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 are defined by the type of 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: 41<br>Number of tenants with cognitive impairment: 0<br>Total census: 41<br><br>No regulatory insufficiencies were cited during the investigation of Complaint #127058-C.<br><br>The following regulatory insufficiency was cited during the revisit from the recertification visit (8/7/2024). | A 000 | See attached POC 6/17/25 | |
| A 435 | 481-67.19(5) Record Checks<br><br>67.19(5) Employment prohibition. A person who has committed a crime or has a record of founded child or dependent adult abuse shall not be employed in a program unless an evaluation has been performed by the department of human services.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review, the Program failed to obtain an evaluation from the Department of Health and Human Services (HHS) prior to hire for 1 of 1 staff reviewed with a history of child abuse (Staff A). Findings include:<br><br>Staff A was hired on 2/10/25. A Single Contact License & Background Check (SING) dated 2/4/25 indicated a history of child abuse and instructed the program to initiate the evaluation | A 435 | | |

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 |
|---|---|---|---|
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **ADDINGTON PLACE OF DES MOINES** | **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 435 | Continued From page 1<br>process by completing form 470-2310 and submitting to HHS. This evaluation process was not completed in order to determine whether the individual was eligible to work at the Program.<br><br>When interviewed on 5/6/25 at 11:29am, the Executive Director acknowledged the above findings, but would rerun the SING background check and complete the subsequent Child Abuse Record Check Evaluation.<br><br>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 435 | | |

ok
7/1/25

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: S0417 | DATE SURVEY COMPLETED: 5/12/25 |
|---|---|---|

| 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(5) Record Checks**<br>67.19(5) Employment prohibition. A person who has committed a crime or has a record of founded child or dependent adult abuse shall not be employed in a program unless an evaluation has been performed by the department of human services.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review, the Program failed to obtain an evaluation from the Department of Health and Human Services (HHS) prior to hire for 1 of 1 staff reviewed with a history of child abuse (Staff A). | **A435** | **What initial correction was made?**<br><br>New SING background check was run on Staff A 5/6/25 followed by Record Check Evaluation which was approved by HHS. | **How will we ensure and maintain compliance going forward?**<br><br>The Director or Designee will ensure that all requirements are met by adding a selection for Child abuse to 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 with updated form to ensure Pre-employment requirements were met. | Implementation Date: 6/17/2025<br><br>Completion Date: On going<br><br>Responsible Party: Director or designee |
| | | | **What initial correction was made?** | **How will we ensure and maintain compliance going forward?** | Implementation Date:<br><br>Completion Date:<br><br>Responsible Party: |
| | | | **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.*

Compliance Date: 06/16/2025