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
	S0417	A. BUILDING: _____ B. WING _____	C 03/23/2026

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 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. Tenants without cognitive impairment: 37 Tenants with cognitive impairment: 1 Total census: 38 No regulatory insufficiencies were cited during the investigation of Complaint #131298-C. The following regulatory insufficiencies were cited during the investigation of Complaint #130941-C. 231C.5 Written Occupancy Agreement required. 2. An assisted living program occupancy agreement shall clearly describe the rights and responsibilities of the tenant and the program. The occupancy agreement shall also include but is not limited to inclusions of all of the following information in the body of the agreement on in the supporting documents and attachments. l. the emergency response policy. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to include the emergency response policy in the body of the occupancy agreement or in the supporting documents and attachments. This pertained to the occupancy agreement for 1 of 1 tenants reviewed (Tenant #1), with the potential to affect all tenants residing at the Program. Findings follow:	A 000	See attached POC 4/16/26	

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
	S0417	A. BUILDING: _____ B. WING _____	C 03/23/2026

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	Continued From page 1 Record review on 3/23/26 of Tenant #1's 3/26/25 occupancy agreement included reference to addendums in the agreement the Program provided with supporting documents and attachments. The attachments included Addendum I for House Rules, under "Fire and Disaster Drills", which provided basic information about drills, smoke detectors, fire alarm, and sprinkler systems. The document also included "Severe Weather Conditions", with basic information for the tenant. The occupancy agreement and attachments failed to include the emergency response policy either in the body of the occupancy agreement or in the supporting documents and attachments. During an interview on 3/23/26 at 3:25 p.m., the Executive Director (ED) indicated the Program's full emergency response policy was 139 pages long and acknowledged the full policy was not included in the body of the occupancy agreement or the supporting documents and attachments per 231C.5 (l). During the exit conference on 3/23/26 at 4:15 p.m., the ED confirmed the above findings.	A 000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: S0417	DATE SURVEY COMPLETED: 03/23/2026

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	231C.5 Written Occupancy Agreement required. 2. An assisted living program occupancy agreement shall clearly describe the rights and responsibilities of the tenant and the program. The occupancy agreement shall also include but is not limited to inclusions of all the following information in the body of the agreement on in the supporting documents and attachments. l. the emergency response policy. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to include the emergency response policy in the body of the occupancy agreement or in the supporting documents and attachments. This pertained to the occupancy agreement for 1 of 1 tenants reviewed (Tenant #1), with the potential to affect all tenants residing at the Program.	**A000**	**What initial correction was made?** Added a New Addendum outlining the responsibilities of the tenant and program for emergency response policy.	**How will we ensure and maintain compliance going forward?** All Current and new residents will receive the new addendum outlining the responsibilities of the tenant and program for emergency response policy.	Implementation Date: 4/16/2026 Completion Date: On going Responsible Party: Director or designee
			What initial correction was made?	**How will we ensure and maintain compliance going forward?**	Implementation Date: Completion Date: Responsible Party:
			What initial correction was made?	**How will we ensure and maintain compliance going forward?**	Implementation Date:

					Completion Date: 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: 04/16/2026