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
	S0451	A. BUILDING: _____ B. WING _____	C 09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENCREST AT THE TUSCANY	1690 8TH STREET SE ALTOONA, IA 50009

(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. Number of tenants without cognitive impairment: 41 Number of tenants with cognitive impairment: 0 Total census: 41 No regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program The following regulatory insufficiency was cited during the investigation of Complaint #119561-C.	A 000	The Plan of Correction is attached.	
A 175	481-67.3(5) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67/3(5) To receive from the manager and staff of the program a reasonable response to all requests. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to repair a damaged sink over a period of five months despite receiving multiple requests to do so for 1 of 1 former tenants reviewed (Tenant C1). Findings include: Record review on 9/18/24 revealed an incident report for Tenant C1 dated 10/11/23. Tenant C1 was in his bathroom and got his left hand stuck between the counter and his wheelchair. Staff	A 175		

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

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A 175	Continued From page 1	A 175		

called 911. The first responders had to break the sink to get Tenant C1's hand out. Tenant C1's fingers were cut from being smashed between the sink and his wheelchair.

A picture of the sink revealed at least four sharp edges along the front where large chunks of the sink basin were broken off.

On 9/17/24 at 11:35 AM, Staff A reported she was aware Tenant C1's sink was broken. She filled out maintenance reports to have the sink fixed but nothing was done to get it repaired.

On 9/17/24 at 3:35 PM, the Assistant Executive Director stated the former management group would not approve the cost of fixing the sink in Tenant C1's bathroom. Tenant C1 ran into the sink with his electric wheelchair and broke the sink and almost broke his wheelchair. The tenant asked multiple times about getting a new sink, but it was not approved. The program offered Tenant C1 a different apartment, but he did not want to move. The sink was raised to a special height to accommodate his wheelchair.

On 9/18/24 at 1:02 PM, the Executive Director (ED) recalled shortly after she began working at the program (on 1/15/24), Tenant C1 told her the story of how he scooted up to the sink in his motorized scooter and got his finger trapped under the sink. Staff from the fire department had to break the sink to get his finger out. The EDirector reported this to her boss and someone came and took information about the sink on 2/2/24 to arrange for repairs. The Executive Director provided a work order dated 2/2/24 which was acknowledged by the management company on 2/9/24 with a message a plumber would be "coming to replace." The sink was not

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	S0451	A. BUILDING: _____ B. WING _____	C 09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENCREST AT THE TUSCANY	**1690 8TH STREET SE ALTOONA, IA 50009**

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A 175	Continued From page 2 repaired while Tenant C1 lived in the apartment. Tenant C1 went to the hospital on 3/23/24 and did not return. Tenant C1's sink was not repaired from 10/11/23 when it was broken by the first responders until he discharged to the hospital on 3/23/24. On 9/18/24 at 1:02 PM the Executive Director stated it was not acceptable for Tenant C1 to live in an apartment with a sink in such a condition for multiple months.	A 175		

Edencrest at Tuscany STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: S0451 CLIA 16D2211822	DATE SURVEY COMPLETE 09/17-09/19/2024

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#l	481-67.3(5) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67/3(5) To receive from the manager and staff of the program a reasonable response to all requests. This REQUIREMENT is not met as evidenced	**Tag#l A175**	**What initial correction was made?** Resident no longer resides at Edencrest Tuscany.	**How will we ensure and maintain compliance going forward?** Edencrest Tuscany now has a software program called building engines that all maintenance requests for the community filter through our corporate maintenance department to ensure requests are completed in a set time frame. The sink/vanity is repaired at this time. .	**Implementation Date: 2/29/24** **Completion Date:** Ongoing **Responsible Party:** Director or Designee

Compliance Date: 02/29/2024

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.