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
	S0464	A. BUILDING: _____ B. WING _____	02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARSTONE SENIOR LIVING MC	4715 ALGONQUIN DRIVE CEDAR FALLS, IA 50613

(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: 7 Number of tenants with cognitive impairment: 14 Total census: 21 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		
A 410	481-67.19(3)b Record Checks 67.19(3)b Conducting a background check. The program may access the single contact repository (SING) to perform the required background check. If the SING is used, the program shall submit the person's maiden name, if applicable, with the background check request. If SING is not used, the program must obtain a criminal history check from the department of public safety and a check of the child and dependent adult abuse registries from the department of human services. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure child and dependent adult abuse record checks were completed prior to employment for 7 of 7 employee files reviewed (Staff F through L). Findings follow:	A 410	The Plan of Correction is attached	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0464	A. BUILDING: _____ B. WING _____	02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARSTONE SENIOR LIVING MC	4715 ALGONQUIN DRIVE CEDAR FALLS, IA 50613

(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 410	Continued From page 1 Employee record review on 2/18/25 revealed the following: Employee record review on 2/18/25 revealed the following: - Staff F was hired on 2/13/25. A Background Screeners of America background check dated 1/28/25 failed to include child and dependent adult abuse checks. - Staff G was hired on 1/16/25. A Background Screeners of America background check dated 1/9/25 failed to include child and dependent adult abuse checks. - Staff H was hired on 1/2/25. A Background Screeners of America background check dated 12/6/24 failed to include child and dependent adult abuse checks. - Staff I was hired on 12/19/24. A Background Screeners of America background check dated 12/9/24 failed to include child and dependent adult abuse checks. - Staff J was hired on 11/13/24. A Background Screeners of America background check dated 11/5/24 failed to include child and dependent adult abuse checks. - Staff K was hired on 10/3/24. A Background Screeners of America background check dated 9/18/24 failed to include child and dependent adult abuse checks. - Staff L was hired on 9/12/24. A Background Screeners of America background check dated 9/5/24 failed to include child and dependent adult abuse checks. No checks of the child and dependent adult abuse registries from the department of health and human services could be located. When questioned, the Executive Director replied via email on 2/19/25 at 10:31 am and	A 410		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0464	A. BUILDING: _____ B. WING _____	02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARSTONE SENIOR LIVING MC	4715 ALGONQUIN DRIVE CEDAR FALLS, IA 50613

(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 410	Continued From page 2 acknowledged the child and adult abuse checks had not been completed prior to employment. On 2/20/25 at 10:15 am the Executive Director and Director of Wellness confirmed these findings. When questioned, the Executive Director replied via email on 2/19/25 at 10:31am and acknowledged the child and adult abuse checks had not been completed prior to employment. On 2/20/25 at 10:15 am the Executive Director and Director of Wellness confirmed these findings.	A 410		
A 435	481-67.19(5) Record Checks 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to obtain an evaluation from the Department of Health and Human Services (DHHS) prior to employment for 1 of 1 staff reviewed with a criminal history (Staff G). Finding follows: Employee record review on 2/18/25 revealed Staff G was hired 1/16/25. The Background Screeners of America background check dated 1/9/25 revealed a criminal history. An evaluation from HHS determining whether the crime	A 435		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0464	A. BUILDING: _____ B. WING _____	02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARSTONE SENIOR LIVING MC	4715 ALGONQUIN DRIVE CEDAR FALLS, IA 50613

(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 3 warranted prohibition of Staff G's employment could not be located. When questioned, the Executive Director replied via email on 2/18/25 at 10:45 am and stated the program had no DHHS evaluation letters as the program did not hire anyone with anything on their backgrounds. On 2/20/25 at 10:15 am the Executive Director and Director of Wellness confirmed these findings.	A 435		

PLAN OF CORRECTION

Provider/Supplier Name:	Cedar Stone Senior Living
Street Address, City, Zip:	4715 Algonquin Dr Cedar Falls, IA 50613
Date of Survey:	February 17, 2025 to February 20,2025

Cedar Stone Senior Living Cert No.	**S0463**

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
	This plan of correction is submitted as required under State and/or Federal law. The submission of this Plan of Correction does not constitute an admission on the part of the community as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. Submission of this Plan of Correction also does not constitute an admission that the findings constitute a deficiency cited are correctly applied. Any changes to the community policies and procedures should be considered subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence, corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the community or any employee, agent, officer, director, attorney, or shareholder of the community or affiliated companies.	
481-67.19(3)b Record Checks	**Correction of Cited Deficiency:** Business office Director will complete a history check of the child and dependent adult abuse registry on all existing employees, and on going on new employees.	2.25.25
481-67.19(3)b Record Checks	**Assessment to Identify other Residents that may be affected:** No residents have been affected by this Cited Deficiency.	2.25.25
481-67.19(3)b Record Checks	**Procedure to ensure on-going compliance:** Business Office Director will not set up any new employee with orientation until both the criminal history check from the department of public safety and a check of the child and dependent adult abuse registry has been completed with results returned to the community.	2.25.25
481-67.19(3)b Record Checks	**Monitoring for on-going compliance:** Business Office Director will discuss new hires on a weekly basis with Executive Director and discuss where they are in the background process prior to setting up the employee for orientation.	3.10.25

PLAN OF CORRECTION

Provider/Supplier Name:	Cedar Stone Senior Living
Street Address, City, Zip:	4715 Algonquin Dr Cedar Falls, IA 50613
Date of Survey:	February 17, 2025 to February 20,2025

Cedar Stone Senior Living Cert No.	**S0463**

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
	This plan of correction is submitted as required under State and/or Federal law. The submission of this Plan of Correction does not constitute an admission on the part of the community as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. Submission of this Plan of Correction also does not constitute an admission that the findings constitute a deficiency cited are correctly applied. Any changes to the community policies and procedures should be considered subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence, corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the community or any employee, agent, officer, director, attorney, or shareholder of the community or affiliated companies.	
481-67.19(5) Record Checks	**Correction of Cited Deficiency:** Business office Director will complete a history check of the child and dependent adult abuse registry on all existing employees, and ongoing on new employees. Any employee who has committed a crime or has a record of founded child or dependent adult abuse will not be employed but Cedar Stone Senior Living with out a evaluation preformed but the department of human services. Business Office Director will complete the evaluation process for Staff G by the department of human services. If not approved to work by then department of human services Staff G will no longer be employed by Cedar Stone Senior Living effective immediately after results are received.	2.25.25
481-67.19(5) Record Checks	**Assessment to Identify other Residents that may be affected:** No residents have been affected by this Cited Deficiency.	2.25.25
481-67.19(5) Record Checks	**Procedure to ensure on-going compliance:** Business Office Director will not set up any new employee with orientation until both the criminal history check from the department of public safety and a check of the child and	2.25.25

	dependent adult abuse registry has been completed with results returned to the community. If employee has a Criminal or abuse result, then the community will either not go forward with hiring the individual or will complete the evaluation process by the department of human services.	
481-67.19(5) Record Checks	**Monitoring for on-going compliance:** Business Office Director will work with the Executive Director to when a employee has a criminal or abuse background to determine if employing the employee is desired, if employment is desired the Community will not offer employment with out completing the evaluation process and approval from the department of human services.	3.10.25

√ 5.21.25