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
	S0471	A. BUILDING: _____ B. WING _____	C 06/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENCREST AT TIMBERLINE	**14001 DOUGLAS PARKWAY URBANDALE, IA 50323**

(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: 1 Number of tenants with cognitive impairment: 7 Total census: 8 No regulatory insufficiencies were cited during investigations #126889-I, 128523-I, 128349-C, 128351-C, 128514-C and 128812-C. The following regulatory insufficiencies were cited during investigations 126927-I and 128350-C.	A 000		
A 160	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure tenants received care, and treatment which were adequate and appropriate. This pertained to 1 of 1 former tenant (Tenant C1) identified in	A 160		

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

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A 160	Continued From page 1 self-reported incident 126927-I. Finding follows: Record review on 6/3/25 revealed an Incident Report (IR) dated 2/20/25. The IR described Tenant C1 on the floor of the bathroom when staff summoned the Registered Nurse (RN). Tenant C1 fell from the toilet after her shower when staff went to retrieve her socks. Tenant C1 attempted to get up from the toilet. Tenant C1 reported pain to her head, neck and right arm and leg. A skin tear to her right arm, swelling and bleeding was noted on left posterior of her head. The IR documented Emergency Medical Services (EMS) called, family was called and vital signs assessed. Tenant C1 went to the hospital via EMS. Further review of Program documentation revealed Tenant C1 was admitted to the hospital on 2/21/25 with rib and lumbar fractures and a liver hematoma. Further review revealed Tenant C1's Progress Note dated 2/20/25 authored by former Wellness Director. The note stated Tenant C1 could not confirm what happened when she attempted to get up from the toilet where staff placed her before walking away to retrieve socks. Record review on 6/4/25 revealed Tenant C1's Service Plan (SP) signed 2/7/25 and 2/10/25. The service plan included stand by assistance for bathing, toileting and transferring. Record review on 6/4/25 revealed the Program failed to provide Staff A and B with re-training regarding stand by assistance as directed by Tenant C1's service plan. When interviewed on 6/4/25 at 9:10 a.m. Regional Director of Clinical Services confirmed	A 160		

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A 160	Continued From page 2 Staff A and B failed to be present within arm's reach to prevent injury while Tenant C1 used the toilet (stand by assistance). She also confirmed neither staff received disciplinary action and/or retraining regarding stand by assistance after the incident involving injuries to Tenant C1. During the exit on 6/5/25 at 1:00 p.m. the administrative staff confirmed Program staff failed to provide stand by assistance as directed by Tenant C1's service plan. The lack of stand by assistance resulted in injuries to Tenant C1.	A 160		
A 380	481-67.9(6) Staffing 67.9(6) Dependent adult abuse training. Program staff shall receive training relating to the identification and reporting of dependent adult abuse as required by Iowa Code section 235B.16. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure staff received Dependent Adult Abuse (DAA) training as required. This pertained to 1 of 3 staff reviewed (Staff A). Finding follows: Chapter 235B.16 requires employees complete two hours of training relating to the identification and reporting of Dependent Adult Abuse within six months of initial employment and at least two hours of additional dependent adult abuse identification and reporting training every three years thereafter. Record review on 6/3/24 revealed Staff A's DAA certificate dated 5/28/19. Staff A completed DAA	A 380		

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A 380	Continued From page 3 training six years ago. During the exit on 6/5/25 at 1:00 p.m. Administrative Staff confirmed the Program had provided all training documentation requested for Staff A.	A 380		
A 400	481-67.19(3) Record Checks 67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently perform background checks prior to employment. This pertained to 1 of 3 staff reviewed (Staff A). Finding follows: Record review on 6/3/25 revealed the Program hired Staff A on 12/11/24. The Program could not provide documentation of a completed Single Contact License and Background (SING) check. During the exit on 6/5/25 at 1:00 p.m. the Administrative Team confirmed the Program could not locate Staff A's SING.	A 400		
A 556	481-69.30(3)b Dementia-Specific Education for Personnel 69.30(3) Dementia-specific continuing education	A 556		

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A 556	Continued From page 4 b. Direct-contact personnel employed by or contracting with a dementia-specific program or employed by a contracting agency providing staff to a dementia-specific program shall receive a minimum of eight hours of dementia-specific continuing education annually. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure all staff received eight hours of dementia-specific education annually. This pertained to 1 of 3 current staff employed for a year or more (Staff A). Findings follow: Record review on 6/3/25 revealed the Program hired Staff A on 12/11/24. Review of documentation on 6/3/25 revealed Staff A failed to complete eight hours of training on an annual basis. During the exit on 6/5/25 at 1:00 p.m. the administrative team acknowledged Staff A failed to complete eight hours of dementia specific training annually.	A 556		