

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0475	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/23/2026
NAME OF PROVIDER OR SUPPLIER CHAPTERS LIVING OF COUNCIL BLUFFS (ALF		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 RISEN SON BLVD COUNCIL BLUFFS, IA 51503		
(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: 13 Tenants with cognitive impairment: 1 Total census: 14 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program.	A 000	See attached POC 4/17/26	
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 4 staff reviewed (Staff A). Finding follows: Record review on 2/18/26 revealed the Program hired Staff A on 6/02/25. The Program provided a Single Licensed Contact and Background Check (SING) dated 6/04/25 (completed after hire). During the exit on 2/18/26 at 4:00 p.m. the	A 400		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 400	Continued From page 1 Program Administrator confirmed the Program provided all documentation related to Staff A's record checks.	A 400		
A 415	481-67.19(3)c Record Checks 67.19(3)c If a person considered for employment has been convicted of a crime. If a person being considered for employment in a program has been convicted of a crime under a law of any state, the department of public safety shall notify the program that upon the request of the program the department of human services will perform an evaluation to determine whether the crime warrants prohibition of the person's employment in the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently request an evaluation of staff's criminal history. This pertained to 1 of 4 staff reviewed (Staff A). Finding follows: Record review on 2/18/26 revealed the Program hired Staff A on 6/02/25. The Program provided a Single Licensed Contact and Background Check (SING) dated 6/04/25 (completed after hire) which indicated Staff A had a criminal history. The Program failed to perform the required evaluation of Staff A's criminal history. During the exit on 2/18/26 at 4:00 p.m. the Program Administrator confirmed the Program provided all documentation related to Staff A's record checks and evaluation of criminal history identified by the SING.	A 415		

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A 145	Continued From page 2	A 145		
A 145	481-69.22(3) Evaluation of Tenant 69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently complete evaluations with a significant change of condition. This pertained to 1 of 1 tenants reviewed with a significant change of condition (Tenant #3). Finding follows: Record review on 2/18/26 revealed Tenant #1's Nurse Review Assessment, dated 11/05/25 for a significant change of condition. Further review revealed the evaluation failed to include cognitive and functional evaluations. When interviewed on 2/18/26 the Licensed Practical Nurse (LPN) confirmed she failed to complete all cognitive and functional evaluations as required.	A 145		

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A 145	Continued From page 3 During the exit on 2/18/26 at 4:00 p.m. the Administrative team acknowledged the Program failed to complete evaluations as required.	A 145		
A 350	481-69.26(1) Service Plans 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure service plans were based on evaluations (cognitive, functional and health). This pertained to 3 of 3 tenants reviewed(Tenant #1, #2, and#3). Findings follow: Record review on 2/18/26 revealed the following regarding service plans: 1. Tenant #1's annual service plan, dated 12/04/25, and signed by the Licensed Practical Nurse. The Program completed evaluations 11/05/25. When interviewed on 2/18/26 at 2:00 p.m. the Licensed Practical Nurse (LPN) responsible for completing Tenant #1's evaluations and service	A 350		

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A 350	Continued From page 4 plan explained she completed the service plan based on a date provided by the Program. She confirmed she failed to complete evaluations prior to developing Tenant #2's service plan dated 12/04/25. She completed evaluations on 11/05/25. 2. Tenant #2's annual service plan, dated 6/06/25. The Program completed evaluations 2/04/26. When interviewed on 2/18/26 at 2:00 p.m. the Licensed Practical Nurse (LPN) responsible for completing Tenant #2's evaluations and annual service plan explained she completed the service plan based on a date provided by the Program. She confirmed she failed to complete evaluations prior to developing Tenant #2's service plan dated 6/06/25. She said she completed evaluations on 2/04/26 for a quarterly review but could not provide evaluations used to develop Tenant #2's service plan dated 6/06/25. 3. Tenant #3's service plan dated 8/11/25. When interviewed on 2/18/26 at 2:00 p.m. the Licensed Practical Nurse (LPN) responsible for completing Tenant #3's evaluations and annual service plan explained she completed the service plan based on a date provided by the Program. She confirmed she failed to complete evaluations prior to developing Tenant #3's service plan dated 8/11/25. During the exit on 2/18/26 at 4:00 p.m. the Administrative Team confirmed the Program failed to ensure tenant service plans were based on evaluations as required.	A 350			

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A 370	Continued From page 5	A 370		
A 370	481-69.26(3)a Service Plans 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. a. If a significant change triggers the review and update of the service plan, the updated service plan shall be signed and dated by all parties. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure service plans were signed by all parties. This pertained to 3 of 3 tenants reviewed (Tenant #1, #2, and #3). Finding follows: Record review on 2/18/26 revealed the following regarding tenants' service plans: 1. Tenant #1's annual service plan, dated 12/04/25, did not include tenant and/or responsible party's signature. 2. Tenant #2's annual service plan, dated 6/06/25, did not include tenant and/or responsible party's signature. 3. Tenant #3's annual service plan, dated 8/11/25, did not include tenant and/or responsible party's signature. During the exit on 2/18/26 at 4:00 p.m. the Administrative staff confirmed the Program failed to obtain required signatures on tenant service plans.	A 370		

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Chapters Living of Council Bluffs ALP

Provider # S0475

Survey Dates: 2.17.2026 - 2.18.2026

Survey Type: Recertification

A 400

- Facility will conduct audits on new hire staff 1x per week x4 weeks to ensure Single Licensed Contract and Background Check prior to employment and before start date.

Completion date: 4/17/26

A 415

- Facility's corporate human resources department implemented a new process to ensure that an evaluation is requested by DHS should any applicant's background check indicate conviction of a crime and not allow the applicant to start prior to being cleared by DHS.
Completion date 3/26/26
- Facility's corporate human resources department will audit all current employee files to ensure and request DHS evaluations of any that indicate conviction of a crime and will submit the evaluation request to DHS.
Completion date 4/17/26
- Facility will conduct audits on new hire staff 1x per week x4 weeks to ensure new hire staff with a positive criminal history, at the request of the facility the Department of Human Services has performed an evaluation to determine whether the crime warrants prohibition of the persons employment.
Completion date: 4/17/26

A145

- Facility will audit all residents by 3/26/2026 for significant change in condition.
Completion date 3/26/2026
- Moving forward, cognitive and functional evaluations will be completed as required.
Completion date 3/26/2026

A 350

- Facility will ensure all resident evaluations and Service Plans are current and up to date by 4/17/26.
Completion date: 4/17/26
- Facility will develop evaluation and Service Plan schedule to ensure timely resident evaluation and Service Plan updates, including initial assessment is performed prior to resident move-in by 4/1/26.
Completion date: 3/25/26
- Community will audit Service Plan schedule 1x weekly x4 weeks.

Completion date: 4/17/26

A 370

- Moving forward, Residents and/or Responsible Party will be invited to participate in the Service Plan process with appropriate signatures obtained. Service Plans completed as of January 1, 2026, will be signed by Resident and/or Responsible Party by 4/17/26.

Completion date: 4/17/26

- Community will implement the process of auditing Service Plans for Resident and/or Responsible Party signatures 1x monthly x4 months.

Implementation date: 4/17/26



Dave Creal, Administrator

3/27/2026

Date