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
	IAALP501	A. BUILDING: _____ B. WING _____	03/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY OF THE MEADOWS	119 E 2ND ST DE WITT, IA 52742

(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: 6 Tenants with cognitive impairment: 0 Total census: 6 The regulatory insufficiency was cited during the initial certification visit conducted to determine compliance with certification rules for an Assisted Living Program.	A 000	See attached POC 4/7/26	
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 observation, interview and record review the Program failed to complete the background check process on 1 of 2 employees reviewed who were convicted of a crime prior to the date of hire (Staff A). Finding follows: Record review on 3/03/26 revealed Staff A's Single Contact License and Background Check, dated 12/24/25, indicated she had a criminal history as further research was required into her	A 415		

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A 415	Continued From page 1 background. The Department of Public Safety notified the Program on 12/29/25 Staff A had previously been arrested. She had a serious misdemeanor conviction from 10/24/2018. The Program did not request an evaluation of Staff A's crime through the Department of Health and Human Services to determine if she was allowed to work at an assisted living program. Staff A started work at the Program on 12/29/25 and was present during the certification visit on 3/03/26. When interviewed on 3/04/26 at 8:25 a.m. the Administrator confirmed the Program failed to complete the necessary background check.	A 415		

LEGACY
OF THE MEADOWS
ASSISTED LIVING • MEMORY CARE

Plan of Correction

A 415

1. Elements detailing how the Program will correct each regulatory insufficiency; including at the system level.

All background checks including, but not limited to Criminal, Child and Dependent Abuse will continued to be performed on every person prior to date of employment and Administrator or appropriately trained Delegate will be responsible to ensure any records results are carefully monitored for any potential further research and submit a timely records check request to ensure full compliance.

2. Measures taken to ensure the problem does not recur.

The Program Administrator will ensure any further records reviews are completed in full and final results and state communication as to the ability of any person with a criminal background are completed by their tentative hire date to avoid any insufficiencies in the future. In addition, a full review and retraining of the systems in place to ensure strict compliance was completed.

3. How the Program plans to monitor performance to ensure compliance.

A program employee cannot begin working until all requested background checks and any potential necessary records review is fully satisfied by the State of Iowa appropriate authorities. Review of each new hire in SING will be completed by the Administrator or well-trained delegate responsible.

4. The date by which the regulatory insufficiency will be corrected.

The process had been corrected as of April 7, 2026, the date of the POC receipt, and a full review and retraining completed prior to this and embedded fully in the programs' processes.