

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0315	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2025
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NAME OF PROVIDER OR SUPPLIER EDENCREST AT PLEASANT HILL	STREET ADDRESS, CITY, STATE, ZIP CODE 6151 MARTHA L MILLER DRIVE PLEASANT HILL, IA 50327
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(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	<p>Initial Comments</p> <p>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.</p> <p>Number of tenants without cognitive impairment: 11 Number of tenants with cognitive impairment: 12 Total census: 23</p> <p>The following regulatory insufficiencies were cited during the initial certification visit conducted to determine compliance with certification rules for an Assisted Living Program for People with Dementia.</p>	A 000		
A 150	<p>481-67.2(3) Program Policies and Procedures</p> <p>67.2(3) The program shall follow the policies and procedures established by the program.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to follow its own written medication policy for 1 of 4 tenants reviewed (Tenant 1). Findings follow:</p> <p>Record review on 6/18/25 indicated Tenant 1 admitted to the program on 2/3/25. A nursing progress note dated 6/10/25 revealed program staff had discovered Tenant 1 had received a prn 15 mg dose of morphine tablet instead of 5 mg morphine solution.</p> <p>Review of the program's policy entitled "Medication Policy" instructed staff that violation</p>	A 150	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 _____

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A 150	<p>Continued From page 1</p> <p>of any of the 6 rights of medication administration which included right dosage constituted a medication administration error. A Medication Error Report form was to be completed and submitted to the nurse. No Medication Error Report could be located at the time of the record review.</p> <p>During an interview on 6/18/25 at 3:30 pm the Regional Director of Clinical Services stated no Medication Error Report could be located but that correct procedure in accordance with the medication policy would have been to complete one.</p> <p>On 6/18/25 at 4pm the Regional Director of Clinical Services and the Executive Director confirmed the above findings.</p>	A 150		
A 415	<p>481-67.19(3)c Record Checks</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to request an evaluation from the Department of Health and Human Services (HHS) prior to employment for 1 of 3 staff reviewed with a criminal history (Staff A). Findings</p>	A 415		

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A 415	<p>Continued From page 2</p> <p>include:</p> <p>Employee record review on 6/17/25 revealed Staff A was hired on 5/12/25. A Single Contact License & Background Check dated 4/11/25 revealed a criminal history record found, with results to be faxed. No further documentation of the results or a record of an evaluation from HHS to determine whether the crime(s) warranted prohibition of Staff A's employment by the program could be located.</p> <p>During an interview on 6/18/25 at 11:55 am, the Regional Director of Clinical Services stated no further documentation could be located and that further evaluation by HHS was likely not completed.</p> <p>On 6/18/25 at 4:00 pm the Regional Director of Clinical Services and the Executive Director confirmed the above findings.</p>	A 415		
A 430	<p>481-67.19(4) Record Checks</p> <p>67.19(4) Validity of background check results. The results of a background check conducted pursuant to this rule shall be valid for a period of 30 calendar days from the date the results of the background check are received by the program.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure the validity of background checks for 1 of 7 employee files reviewed (Staff C). Findings follow:</p> <p>Employee record review on 6/17/25 revealed</p>	A 430		

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A 430	<p>Continued From page 3</p> <p>Staff C was hired on 2/3/25. A Background Screening Report by Clear Company All Clear Screening dated 1/2/25 included a criminal record search conducted via a Single Contact License & Background Check was processed on 12/20/24. The program failed to ensure background checks were still valid within 30 days of Staff C's actual hire date.</p> <p>During an interview on 6/18/25 at 11:50 am, the Regional Director of Clinical Services stated the program(s) had been having issues with the timeliness of results of the background screening reports from the Clear Company All Clear Screening.</p> <p>On 6/18/25 at 4:00 pm the Regional Director of Clinical Services and the Executive Director confirmed the above findings.</p>	A 430		
A 145	<p>481-69.22(3) Evaluation of Tenant</p> <p>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.</p>	A 145		

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A 145	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to complete an evaluation due to significant change for 1 of 4 tenants reviewed (Tenant 1). Findings follow:</p> <p>Record review on 6/18/25 indicated Tenant 1 was admitted to the program on 2/3/25. A hospice admission form as well as a program nursing note both dated 5/13/25 revealed Tenant 1 had a significant change and began hospice services. A significant change evaluation/assessment by a licensed health care professional to reflect the significant change and the start of hospice services could not be located.</p> <p>During an interview on 6/18/25 at 3:30 pm, the Regional Director of Clinical Services stated the former program nurse had failed to complete the significant change evaluation.</p> <p>On 6/18/25 at 4:00 pm the Regional Director of Clinical Services and the Executive Director confirmed the above findings.</p>	A 145		
A 350	<p>481-69.26(1) Service Plans</p> <p>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.</p>	A 350		

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A 350	<p>Continued From page 5</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to update the service plan following a significant change for 1 of 4 tenants reviewed (Tenant 1). Findings follow:</p> <p>Record review on 6/18/25 indicated Tenant 1 admitted to the program on 2/3/25. A hospice admission form as well as a program nursing note both dated 5/13/25 revealed Tenant 1 had a significant change and began hospice services. An updated service plan to reflect the significant change and the start of hospice services could not be located.</p> <p>During an interview on 6/18/25 at 3:30 pm, the Regional Director of Clinical Services stated the former program nurse had failed to complete an updated service plan to address the significant change and stat of hospice services.</p> <p>On 6/18/25 at 4:00 pm the Regional Director of Clinical Services and the Executive Director confirmed the above findings.</p>	A 350		
A 355	<p>481-69.26(2) Service Plans</p> <p>69.26(2) Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative.</p>	A 355		

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A 355	<p>Continued From page 6</p> <p>All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to ensure a preliminary service plan was signed by all parties for 1 of 4 tenants reviewed (Tenant 2). Findings follow:</p> <p>Record review on 6/18/25 revealed Tenant 2 admitted to the program on 5/13/25. Review of the preliminary service plan dated 5/12/25 revealed Tenant 2's legal representative signed the service plan, but was not signed by any program staff who had developed the plan.</p> <p>During an interview on 6/18/25 at 3:30 pm, the Regional Director of Clinical Services stated she was uncertain why program staff who had developed the plan failed to sign the plan.</p> <p>On 6/18/25 at 4:00 pm the Regional Director of Clinical Services and the Executive Director confirmed the above findings.</p>	A 355		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: Edencrest at Pleasant Hill	DATE SURVEY COMPLETED: 06.17.25 and 06.18.25
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Tag # 1	<p>Regulation and Reg Number</p> <p>481-67.2(3) Program Policies and Procedures</p> <p>67.2(3) The program shall follow the policies and procedures established by the program.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to follow its own written medication policy for 1 of 4 tenants reviewed (Tenant 1). Findings follow: Record review on 6/18/25 indicated Tenant 1 admitted to the program on 2/3/25. A nursing progress note dated 6/10/25 revealed program staff had discovered Tenant 1 had received a prn 15 mg dose of morphine tablet instead of 5 mg morphine solution.</p> <p>Review of the program's policy entitled "Medication Policy" instructed staff that violation of any of the 6 rights of medication administration which included right dosage constituted a medication administration error. A Medication Error Report form was to be completed and submitted to the nurse.</p>	Tag # A-150	What initial correction was made?	<p>How will we ensure and maintain compliance going forward?</p> <p>Education and acknowledgement of the "Medication Policy" provided by the delegating nurse with all new employees at the time of delegating caregivers to pass medications.</p> <p>Mandatory staff meeting on 7/31/25 including re-education of the "Medication Policy" including what constitutes a med error, mandatory steps for reporting error to supervisor, and documentation procedures.</p>	<p>Implementation Date: 7/11/2025</p> <p>Completion Date:</p> <p>Responsible Party: ADOW Executive Director</p>

<p>Tag # 2</p>	<p>No Medication Error Report could be located at the time of the record review.</p> <p>During an interview on 6/18/25 at 3:30 pm the Regional Director of Clinical Services stated no Medication Error Report could be located but that correct procedure in accordance with the medication policy would have been to complete one.</p> <p>On 6/18/25 at 4pm the Regional Director of Clinical Services and the Executive Director confirmed the above findings.</p> <p>481-67.19(3)c Record Checks</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to request an evaluation from the Department of Health and Human Services (HHS) prior to employment for 1 of 3 staff reviewed with a criminal history (Staff A). Findings include:</p> <p>Employee record review on 6/17/25 revealed Staff A was hired on 5/12/25. A Single Contact License & Background Check dated 4/11/25 revealed a criminal history record found, with results to be faxed. No further documentation of the results or a record of an evaluation from HHS to determine whether the crime(s) warranted prohibition of Staff</p>	<p>Tag # A-415</p>	<p>What initial correction was made?</p> <p>Employee was removed from the schedule immediately upon discovery of missing background check and was not reinstated until approval from DHS was received.</p> <p>An HR review of all current employees' files was conducted to verify that background checks are present, complete, and up to date.</p>	<p>How will we ensure and maintain compliance going forward?</p> <p>We will maintain and store all pertinent documentation within our Human Resources department to ensure all paperwork and processes are complete and accurate.</p> <p>Ongoing monitoring for compliance.</p>	<p>Implementation Date: 7/11/2025</p> <p>Completion Date:</p> <p>Responsible Party: Executive Director/ HR Director</p>
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<p>Tag # 3</p>	<p>A's employment by the program could be located.</p> <p>During an interview on 6/18/25 at 11:55 am, the Regional Director of Clinical Services stated no further documentation could be located and that further evaluation by HHS was likely not completed.</p> <p>On 6/18/25 at 4:00 pm the Regional Director of Clinical Services and the Executive Director confirmed the above findings.</p> <p>481-67.19(4) Record Checks</p> <p>67.19(4) Validity of background check results. The results of a background check conducted pursuant to this rule shall be valid for a period of 30 calendar days from the date the results of the background check are received by the program.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure the validity of background checks for 1 of 7 employee files reviewed (Staff C). Findings follow:</p> <p>Employee record review on 6/17/25 revealed Staff C was hired on 2/3/25. A Background Screening Report by Clear Company All Clear Screening dated 1/2/25 included a criminal record search conducted via a Single Contact License & Background Check was processed on 12/20/24. The program failed to ensure background checks were still valid within 30 days of Staff C's actual hire date.</p> <p>During an interview on 6/18/25 at 11:50 am, the Regional Director of Clinical Services stated the program(s) had been having issues with the timeliness of results of the background screening reports from the Clear Company All Clear Screening.</p>	<p>Tag # A-430</p>	<p>What initial correction was made?</p> <p>An HR review of all current employees' files was conducted to verify that background checks are present, complete, and up to date.</p>	<p>How will we ensure and maintain compliance going forward?</p> <p>We will maintain and store all pertinent documentation within our Human Resources department to ensure all paperwork and processes are complete and accurate.</p> <p>Ongoing monitoring for compliance.</p>	<p>Implementation Date: 7/11/2025</p> <p>Completion Date:</p> <p>Responsible Party: Executive Director/ HR Director</p> <p>Implementation Date:</p>
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<p>Tag # 3</p>	<p>On 6/18/25 at 4:00 pm the Regional Director of Clinical Services and the Executive Director confirmed the above findings.</p> <p>481-69.22(3) Evaluation of Tenant</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to complete an evaluation due to significant change for 1 of 4 tenants reviewed (Tenant 1). Findings follow:</p> <p>Record review on 6/18/25 indicated Tenant 1 was admitted to the program on 2/3/25. A hospice admission form as well as a program nursing note both dated 5/13/25 revealed Tenant 1 had a significant change and began hospice services. A significant change evaluation/assessment by a licensed health care professional to reflect the significant change and the start of hospice services could not be located.</p> <p>During an interview on 6/18/25 at 3:30 pm, the Regional Director of Clinical Services stated the former program nurse had failed to complete the significant change evaluation. On 6/18/25 at 4:00 pm the Regional Director of Clinical Services and the</p>	<p>Tag # A-145</p>	<p>What initial correction was made?</p>	<p>How will we ensure and maintain compliance going forward?</p> <p>Ensure all tenant changes in condition are promptly assessed and addressed to maintain regulatory compliance and tenant safety by educating staff on recognizing, reporting and documenting changes in condition, as well as ongoing monitoring for compliance of completed assessments.</p>	<p>7/11/2025</p> <p>Completion Date:</p> <p>Responsible Party: ADOW/ EXECUTIVE DIRECTOR</p> <p>Implementation Date: 7/11/2025</p> <p>Completion Date:</p>
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<p>Tag # 4</p>	<p>developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative.</p> <p>All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to ensure a preliminary service plan was signed by all parties for 1 of 4 tenants reviewed (Tenant 2). Findings follow: Record review on 6/18/25 revealed Tenant 2 admitted to the program on 5/13/25. Review of the preliminary service plan dated 5/12/25 revealed Tenant 2's legal representative signed the service plan, but was not signed by any program staff who had developed the plan.</p> <p>During an interview on 6/18/25 at 3:30 pm, the Regional Director of Clinical Services stated she was uncertain why program staff who had developed the plan failed to sign the plan.</p> <p>On 6/18/25 at 4:00 pm the Regional Director of Clinical Services and the Executive Director confirmed the above findings.</p>	<p>Tag # A-355</p>	<p>What initial correction was made?</p>	<p>How will we ensure and maintain compliance going forward?</p> <p>The ADOW/DOW will review all service plans with tenants and/or legal representatives and sign them at the time of the review. The Executive Director will review all service plans for necessary signatures before uploading them to tenants' EMR.</p>	
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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.

