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
	S0355	A. BUILDING: _____ B. WING _____	C 06/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENCREST AT GREEN MEADOWS	6750 CORPORATE DRIVE JOHNSTON, IA 50131

(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. Tenants without cognitive impairment: 29 Tenants with cognitive impairment: 29 Total census: 58 The following regulatory insufficiencies were cited during the investigation of Incident #131894-C.	A 000	See attached POC 9/1/26	
A 276	481-69.25(1)q Tenant Document 481-69.25(231C) Tenant documents. 69.25(1) Documentation for each tenant shall be maintained by the program and include: q. When the tenant is unable to advocate on the tenant's own behalf or the tenant has multiple service providers, including hospice care providers, accurate documentation of the completion of routine personal or health-related care is required on task sheets. If tasks are doctor-ordered, the tasks will be part of the medication administration records (MARs); This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure accurate documentation of completion of routine personal or health-related care on the activities of daily living task sheets for 1 of 4 tenants reviewed (Tenant #C2). Findings follow:	A 276		

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A 276	Continued From page 1	A 276		

Record review on 6/29/26 revealed Tenant #C2 resided at the program from 8/17/25 before discharging back to home with family on 9/21/25. A pre-admission service plan created 8/6/25 and dated/signed by program leadership and Tenant #C2's power of attorney (POA) identified Tenant #C2 required program staff to provide assistance with cleaning oral care/denture care, and instructed program staff to take Tenant #C2's dentures out and soak the dentures in the pm, and then rinse Tenant #C2's mouth.

Review on 6/29/26 of the August 2025 task sheets for Tenant #C2 revealed:

8/18/25: Staff A charted "RR" indicating Resident Refused the denture care task, but charted this task at a time of 16:18, before the evening supper meal would have been served, and where Tenant #C2 would have needed her dentures to eat.

8/25/25: Staff A charted the denture care task as completed, but charted this task as completed at a time of 16:04, before the evening supper meal would have been served, and where Tenant #C2 would have needed her dentures to eat.

Review on 6/29/25 of the September 2025 task sheets for Tenant #C2 revealed:

9/14/25: Staff B charted the denture care task as completed, but charted this task as completed at a time of 15:36, before the evening supper meal would have been served, and where Tenant #C2 would have needed her dentures to eat.

9/19/25: Staff B charted the denture care task as completed, but charted this task as completed at 15:40, before the evening supper meal would have been served, and where Tenant #C2 would

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A 276	Continued From page 2 have needed her dentures to eat. 9/20/25: Staff C charted the denture care task as completed, but charted this task as completed at 16:11, before the evening supper meal would have been served, and where Tenant #C2 would have needed her dentures to eat. During an interview on 6/30/26 at 1:40pm with the Executive Director (ED), when asked if it was acceptable for program staff to chart a pm denture care task prior to the evening meal, the ED stated no. The ED further acknowledged during the exit conference at 4:00 pm, staff likely punched in for the evening shift which started at 3:00 pm, and then likely documented the task as completed without having completed the actual task at the appropriate time during evening cares. On 6/29/26 at 4:00 pm, the ED and Wellness Director confirmed the above findings.	A 276		
A 344	481-69.30(3)b Dementia-Specific Continuing Education 481-69.30(231C) Dementia-specific education for program personnel. 69.30(3) Dementia-specific continuing education. 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.	A 344		

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A 344	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to provide documentation to ensure staff completed eight hours of dementia-specific education annually. This pertained to 4 of 4 staff reviewed (Staff A, Staff B, Staff D, and Staff E) and potentially affecting all program staff. Findings follow: When questioned about required dementia training, the Executive Director (ED) replied via email on 6/30/26 at 8:50am the dementia training had switched due to the new ownership/management change and no program staff had completed training with the new company, nor had the program continued to have access with the previous ownership/management companies and could not access former training records, but she was attempting to find a representative who could assist. Record review on 6/30/26 of email communications between the Executive Director (ED) and a representative from Learning and Development from the program's investment group entity revealed no training completions could be seen in the training platform for Staff A, Staff C, or Staff D, and no current or previous employee name matched Staff B's name in the online education platform and encouraged the program to search physical employee files on site at the program. During exit on 6/30/26 at 4pm, the ED confirmed there were not eight hours of dementia training for staff on file at the program for the staff reviewed, and acknowledged the potential to affect all program staff.	A 344		

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