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
	S0368	A. BUILDING: _____ B. WING _____	C 09/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENCREST AT SIENA HILLS	455 SW ANKENY ROAD ANKENY, IA 50021

(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: 50 Tenants with cognitive impairment: 6 Total census: 56 The following regulatory insufficiencies were cited during the investigation of Complaints #129981-C, #130213-C, #130334-C and Incidents #130029-I and #130028-I.	A 000	The preparation and execution of this Plan of Correction does not constitute admission or agreement by Edencrest at Siena Hills of the truth of the facts alleged or conclusions set forth in this Statement of Insufficiencies. The Plan of Correction is submitted in response to the statement. See attached POC 12/8/25	12/8/2025
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 ensure tenants received adequate care, treatment and services by responding to personal emergency response system (PERS) pendants in a timely manner. This pertained to 1 of 2 current tenants (Tenant #1) reviewed. Finding follows: Record review on 9/22/25 revealed Tenant #1's PERS pendant report from 6/01/25 to 9/16/25	A 160	In continuing compliance with A 160 Tenant Rights the community corrected the deficiency by educating all staff on pendant and door alarms requirements at all staff meetings. The community will ensure residents' pendants are responded to within 15 minutes. To correct the deficiency and to ensure the problem does not recur all staff were educated by on pendant alarms by Executive Director during all staff meetings on 9/24/25, 10/29/2025, and 11/19/2025. The Executive Director/DOW and/or designee will audit for compliance by checking pendant reports at least weekly and as needed to ensure compliance. As part of Edencrest at Siena Hills ongoing commitment to quality assurance, the Executive Director and DOW and/or designee will report identified concerns through the community's QA process.	11/19/2025

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A 160	Continued From page 1 documented staff failed to respond within a reasonable amount of time. Examples included, but are not limited to, the following: 6/01/25 - 109 minutes and 26 seconds 6/03/25 - 28 minutes and 14 seconds 7/08/25 - 25 minutes and 23 seconds 7/16/25 - 53 minutes and 5 seconds 8/02/25 - 74 minutes and 3 seconds 8/15/25 - 24 minutes and 17 seconds When interviewed on 9/24/25 at 4:20 p.m., the Regional Director/interim delegating nurse stated staff were trained to respond to PERS pendants within 15 minutes.	A 160		
A 335	481-67.9(3) Staffing 67.9(3) Training documentation. The program shall have training records and staffing schedules on file and shall maintain documentation of training received by program staff, including training of certified and noncertified staff on nurse-delegated procedures. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to maintain documentation of current nurse delegated procedures. This pertained to 3 of 3 staff (Staff A, Staff B and Staff C). Findings follow: Record review on 9/22/25 revealed the Program could not produce current nurse delegation records. Review of documentation provided by the Program revealed:	A 335	In continuing compliance with A 335 Staffing the community corrected the deficiency by delegating all wellness staff after the new Director of Wellness started on 10/1/2025. The community will ensure Staff A, B, and C are delegated by new Director of Wellness. To correct the deficiency and to ensure the problem does not recur, all new hires will be delegated by the nurse after onboarding and shadowing is completed. The Executive Director or DOW and/or designee will audit for compliance on a monthly basis and as needed to ensure compliance. As part of Edencrest at Siena Hills ongoing commitment to quality assurance, the DOW and/or designee will report identified concerns through the community's daily QA process.	12/8/2025

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A 335	Continued From page 2 a. Staff A, no current delegations were on file. b. Staff B, delegations dated 10/15/24 were incomplete. c. Staff C, no current delegations were on file. When interviewed on 9/22/25 at 9:08 a.m. the Regional Director/interim delegating nurse confirmed she provided all available documentation of delegations.	A 335		
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 within six months of their initial employment. This pertained to 3 of 3 staff (Staff A, B and C). Finding follows: Record review on 9/22/25 revealed the Program failed to provide documentation of Dependent Adult Abuse (DAA) training for the following staff: a. Staff A hired on 3/12/24 b. Staff B hired on 1/02/24 c. Staff C hired on 5/06/24 During an interview on 9/24/25 at 3:15 p.m. administrative staff confirmed the Program provided all available DAA training documentation requested. Review revealed the three staff	A 380	In continuing compliance with A 380 Staffing the community corrected the deficiency by conducting an audit of all staff Dependent adult abuse training. The Community will ensure all staff have completed their Dependent adult abuse training within 30 days. To correct the deficiency and to ensure the problem does not recur all new hires will be assigned the Dependent adult course through Relias, and it will be completed within 30 days of hire. The Executive Director and/or designee will audit for compliance monthly and then as needed to ensure compliance. As part of Edencrest at Siena Hills ongoing commitment to quality assurance, the Executive Director and/or designee will report identified concerns through the community's QA Process.	12/17/2025

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A 380	Continued From page 3 reviewed did not have documentation to verify completion of DAA training.	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 2 of 3 staff reviewed (Staff A and Staff B). Findings follow: Record review of employee files on 9/22/25 revealed the following: a. Staff A was hired 3/12/24. The Program provided a Single Licensed Contact and Background Check (SING) report dated 4/14/24 (completed after hire), which indicated need for further research; however, the Program failed to provide documentation of the required evaluation. b. Staff B was hired 1/02/24. The Program provided a SING dated 4/14/24 (completed after hire). The Program could not provide documentation of a completed SING report prior to employment. During an interview on 9/24/25 at 3:15 p.m. the	A 400	In continuing compliance with A 400, Processes have been changed to now complete background and SING checks via a 3rd party vendor through a partnership with our human resources department. Confirmation of background checks will be confirmed and completed prior to the employee's 1st day of work. To correct the deficiency and to ensure the problem does not recur we will maintain and store all pertinent documentation within our Human Resources department to ensure all paperwork and processes are complete and accurate. Audits will be completed monthly and as needed by our human resources team to ensure compliance. As part of Edencrest at Siena Hills ongoing commitment to quality assurance, the Executive Director and/or designee will report identified concerns through the community's QA Process.	12/8/2025

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A 400	Continued From page 4 administrative team confirmed the Program could not locate Staff A's and B's SING completed prior to employment. The Regional Director explained the prior management company failed to provide record check documentation and the Program did not complete SINGs during change of management.	A 400		
A 525	481-69.29(3) Staffing 69.29(3) The owner or management corporation of the program is responsible for ensuring that all personnel employed by or contracting with the program receive training appropriate to assigned tasks and target population. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure all personnel including agency/contract staff were appropriately trained to meet tenants ' needs. This pertained to 3 of 3 program staff (Staff A, Staff B, Staff C) and 5 of 5 agency/contract staff reviewed (Agency Staff (AS) D, AS E, AS F, AS G, AS H). Finding follows: Record review of personnel files on 9/22/25 revealed the following: a. Staff A, no current delegations were on file. b. Staff B's delegations, dated 10/15/24 were incomplete. c. Staff C, no current delegations were on file. d. Agency Staff (AS) D, E, F, G,H, the Program failed to maintain documentation verifying training on assigned tasks and the target population. Specifically, the Program failed to ensure agency	A 525	In continuing compliance with A 525 Staffing the community corrected the deficiency by delegating all agency wellness staff after the new Director of Wellness started on 10/18/2025. The community ensured Staff D, AS E, AS F, AS G, AS H were delegated by new Director of Wellness. To correct the deficiency and to ensure the problem does not recur, all new agency staff are delegated by the nurse on their first shift worked. The Executive Director or DOW and/or designee will audit for compliance on a monthly basis and as needed to ensure compliance. As part of Edencrest at Siena Hills ongoing commitment to quality assurance, the DOW and/or designee will report identified concerns through the community's daily stand-up process.	10/18/2025

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A 525	Continued From page 5 staff were trained and/or delegated in the area of medication administration. When interviewed on 9/22/25 at 9:08 a.m. Regional Director/interim delegating nurse confirmed all available documentation had been provided and acknowledged the Program failed to ensure staff were trained to meet the tenant needs.	A 525		
A 556	481-69.30(3)b Dementia-Specific Education for 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. 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 B). Finding follows: Record review on 9/22/25 revealed the Program hired Staff B on 1/02/24. Review of training documentation indicated Staff B failed to complete eight hours of training on an annual basis (2024).	A 556	In continuing compliance with A 556 Staffing the community corrected the deficiency by conducting an audit of all staff for eight-hour Dementia specific training. The Community will ensure all staff have completed their Dependent adult abuse training within 30 days. To correct the deficiency and to ensure the problem does not recur all new hires will be assigned eight-hour Dementia specific training. through Relias and it will be completed in 30 days. The Executive Director and/or will audit for compliance on a monthly basis and as needed to ensure compliance. As part of Edencrest at Siena Hills ongoing commitment to quality assurance, the Executive Director and/or designee will report identified concerns through the community's QA Process.	01/03/2026

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A 556	Continued From page 6 During an interview on 9/24/25 at 3:15 p.m. the administrative team acknowledged Staff B failed to complete eight hours of dementia specific training annually.	A 556		