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
	S0113	A. BUILDING: _____ B. WING _____	C 01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARNETT PLACE	202 35TH ST DR SE CEDAR RAPIDS, IA 52403

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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: 11 Tenants with cognitive impairment: 13 Total census: 24 The following regulatory insufficiencies were cited related to the investigation of Complaints #130823-C and #131188-C and Incidents #130172-M, #130453-I, #131032-I, and #131049-I:	A 000	See attached POC 3/23/26	
A 150	481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to follow established policies and procedures related to abuse and incident reports. This pertained to 3 of 8 current tenants reviewed (Tenant #3, Tenant #7, and Tenant #8) and 1 of 1 discharged tenant reviewed (Tenant C1). Findings follow: 1. Record review of the Program's Internal Investigation revealed on 8/03/25 at 5:39 p.m. an officer from the local police department arrived at the building to investigate a false use of a credit card for Tenant #6. Tenant #6's family noticed four transactions on her debit card and one on her credit card, in addition to $100.00 missing	A 150		

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from her wallet. The cards were in her wallet and deactivated. The internal investigation revealed all tenants were interviewed and reported they felt safe. All staff were interviewed and no evidence was provided related to who was responsible for the missing money per the document. The law enforcement investigation was on-going at that time. Law enforcement was going to check security footage at the locations the cards were used and to see if staff at the building was able to identify the person using the card. If an employee was identified, corrective action would be taken. The incident was reported to the Department on 8/04/25 by the Former Executive Director. An addendum to the investigation indicated on 8/18/25 a detective from the local police department showed the Former Executive Director video footage and she identified the person on the video as Staff H. On 8/18/25 Staff H was suspended and terminated on 8/30/25.

Continued record review revealed Employee Investigation questions completed at the time of internal investigation indicated the following:

-Staff F identified Tenant #6 and Tenant #8 were missing cash and Tenant #6's family old her Tenant #6 had cards used.

-Staff A indicated she had a reason to suspect someone else was taking items or money and identified Staff H.

-Staff C indicated she had a reason to suspect someone else was taking items or money and identified Staff H. She indicated nothing was missing before Staff H started and her boyfriend walked around the building and made others uncomfortable. She indicated Tenant C1 had a phone stolen. Her family replaced it and someone

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A 150	Continued From page 2 took it. She indicated staff looked through everything, could not find it and a week later it was found on her charger on her counter. -Staff L indicated Staff M took money from Tenant #7 and she heard it from Tenant #7 last week. Continued review of the Program's Resident Investigation Questions indicated the following: -On 8/04/25, Tenant #7 said she did not feel safe. She said people went through her table at night and took things and went through her drawers. She identified a knife, scissors and $350.00 (two months ago). She also said people ate from the refrigerator and her pop (ginger ale) was gone. Further record review revealed the original self-report to the Department was not amended to reflect the identification of Staff H in the investigation. Additionally, the other items for Tenant #7, Tenant #8 and Tenant C1 were not documented as reported by staff until the questions were completed related to Tenant #6's card transactions and money missing. After the Program became aware of the additional reports, there was no follow up or investigation completed to the additional reports brought up. Continued record review revealed the Program's Policy Adult Abuse Reporting, dated 5/15/24 directed if abuse was suspected of a dependent adult to report immediately to the Director or nurse. The director or designee would notify the Department within 24 hours. If abuse was suspected, reported or observed the victim and alleged abuser would be separated. The separation would be maintained until the investigation was complete and the abuse determination was made.	A 150		

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A 150	Continued From page 3 Further record review revealed an email received on 1/21/26 at 11:33 a.m. from the Regional Director of Operations indicated there were no further internal investigations for theft or police reports. When interviewed on 1/29/26 at 12:03 p.m. the Regional Director of Operation said she was not aware of any additional follow up related to the names and allegations that came up in interviews (related to the initial allegation of theft in the building). She said the expectation would be to continue the investigation related to any new allegations. She said the Former Executive Director would have been aware of the expectation. When interviewed on 1/29/26 at 9:45 a.m. the Regional Director of Clinical Services said the regional team had not seen the statement regarding Tenant #7. They were not privy to anyone else identified in the statements. She said a dependent adult abuse action was deployed for all staff in all departments. 2. Record review on 1/13/26 and 1/14/26 of Tenant #3's file revealed Staff Documentation/ Communication to Nurse documents indicated the following: On 11/26/25 it was noted Tenant #3 got physical with his spouse, yelled at her and kept her walker from her. He pushed and pulled her then made threats towards her and staff. He grabbed staff's wrists tightly and swung the staff around. It was due to him wanting to go home and his spouse wanted to go to bed. There was no follow up documented on the form by a nurse.	A 150		

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A 150	Continued From page 4 An incident report failed to be completed related to the 11/26/25 incident. There was no follow up to reflect vitals, injuries, contacts made to the primary care physician or family as applicable. Further record review revealed the Program's policy incident reports, dated 5/15/24 indicated staff notified the nurse/designee if a tenant fell or any unusual event occurred. The nurse/designee completed an incident form. The nurse/designee indicated a person in charge on the schedule to complete the incident report in their absence. When interviewed on 1/29/26 at 12:03 p.m. the Regional Director of Operations confirmed there was not an incident report for Tenant #3 on 11/26/25.	A 150		
A 155	481-67.3(1) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(1) To be treated with consideration, respect, and full recognition of personal dignity and autonomy. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to treat a tenant with consideration, respect, and full recognition of personal dignity and autonomy. This pertained to 1 of 8 current tenants reviewed (Tenant #4). Finding follows: 1. Record review revealed the Program Internal	A 155		

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A 155	Continued From page 5 Investigation, dated 12/12/25, indicated on 12/11/25 a therapy staff reported concerns to nursing staff regarding staff in memory care treating tenants with disrespect, using profanity and being rude. It was reported to have occurred in the common area of the memory care unit during the first shift on 12/09/25 and was initially reported as Tenant #6 possibly being mistreated. The nurse informed the Former Executive Director immediately. The Former Executive Director reviewed the schedule for 12/09/25 and identified Staff A and Staff B worked on the first shift. In review of the video, it was determined the disrespect was towardTenant #4 and not Tenant #6. It was observed Tenant #4 paced in the dining room and attempted to take food off of other tenants' plates. Staff A and Staff B were both observed on video raising their voices and speaking disrespectfully to Tenant #4. Tenant #4 approached another tenant at the table who grabbed Tenant #4's left arm and pushed her away from her. Staff A grabbed Tenant #4 by the arms and "forced her out of the dining room into the hallway." Staff B followed Staff A and Tenant #4 into the hallway. The investigative conclusion indicated Staff A was "verbally degrading and physically aggressive" to Tenant #4 and Staff B was "verbally degrading and verbally aggressive" to Tenant #4. Staff A was terminated on 12/12/25. Staff B was suspended on 12/12/25 and terminated on 12/15/25. Continued record review on 1/15/26 of Tenant #4's file revealed she was staged at a four on the Global Deterioration Scale (GDS), which indicated moderate cognitive decline on 11/11/25 and staged at six on 12/30/25, which indicated severe cognitive decline. Tenant #4's service plan dated 11/11/25 reflected she had occasional behavior issues, a history of bowel incontinence	A 155		

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A 155	Continued From page 6 and she needed assistance with bathing. When interviewed on 1/26/26 at 4:12 p.m. Staff A indicated during lunch time in the kitchen there were two staff, and staff from the second floor dropped off tenants (for the meal). Staff A was getting drinks and heard it getting rowdy with Tenant #4 and two other tenants. Staff B said to Tenant #4 to get off the other tenant and one of the other tenants hit Tenant #4 back. Staff B told that tenant she could not be hitting either. It was rowdy and all the tenants were upset. Staff A put Tenant #4's hands to her side, not in a rough manner, to calm her down and told her she could not hit people. Tenant #4 screamed. Staff A said it was not forceful and there were no injuries to her. Staff A told Staff B to tell the nurse what happened. The other tenant's neck was checked and there was a scratch. Staff A explained it was crazy, trying to serve the meal and making sure people were not attacked. Staff A was let go and was told it was not the proper way to handle it. She indicated she did what she thought to protect the other tenants. Staff A explained other tenants were scared to come up to third floor to eat meals and tenants on third floor were scared because Tenant #4 shoved her way into the apartment. Staff A tried to defuse the situation and did not know what to do. The behaviors were communicated to the nurse and staff were told there was enough staff they should be able to figure it out. Staff A indicated staff did not have training for behaviors like Tenant #4 had. She explained there was a meeting regarding redirection, those things did not work with Tenant #4 and they would not come to help with her. Tenant #4 had verbal and physical behaviors towards staff and tenants. When interviewed on 1/22/26 at 10:01 a.m. Staff	A 155		

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B recalled Tenant #4 went to the table and took other tenants' food and staff told her she could not do that. Another tenant got mad and she went to her spouse to do it and Staff A took Tenant #4 out of the dining room and took her to the apartment. Staff B indicated staff separated her from the other tenants and she sat in her apartment. She was on her couch and then came back to the dining room. Tenant #4 had no complaints of pain and no injuries. She reported Tenant #4 always hit staff and tenants. She indicated management staff said to distract or redirect Tenant #4 which lasted for two minutes. There was no help from management staff. She mentioned other tenants did not want to be in the dining room.

Review of video footage on 1/20/26 and 1/21/26 at 11:02 a.m. revealed an interaction between Staff A, Staff B and Tenant #4 on 12/09/25 began at 12:00 p.m. Tenant #4 was observed standing next to the kitchen door, near Staff B. Staff B asked Tenant #4 why she tried to kick her and why would she do that. Staff A came out of the kitchen and appeared to swat her hand towards Tenant #4. Tenant #4 lightly patted the shoulder of Staff B. Staff A told Tenant #4 to keep her hands to herself. Tenant #4 left and went to the table where other tenants were seated. She was told by staff to get her hands off of their table and to knock it off. Staff B told Tenant #4 it was not funny and Staff A told her to knock it off. Tenant #4 was grabbed in the arm by another tenant at the table and Tenant #4 grabbed back at the other tenant. Staff A came out of the kitchen, Tenant #4 moved back and Staff A and Staff B were in front of Tenant #4. It appeared she put her hands out, she was not able to move back further and the two staff were in front her. During that time, it appeared Staff A possibly made brief

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contact with Tenant #4's forearm. Tenant #4 left and walked around the table and Staff B followed her with a raised voice telling her to go and leave the dining room. She pointed her finger towards the door as she walked around behind Tenant #4. As Tenant #4 walked around the table, she stopped and appeared to say something to one of the other tenants. Staff A came out the kitchen and grabbed at least one of Tenant #4's arms as Staff A was behind her. She then let go of the arm and was observed touching her back. Staff A was behind her and appeared to remove her out of the dining room. Staff B was behind Staff A as Tenant #4 was removed from the dining room. Staff were observed in the hallway with raised voice telling her to go to her room. It did not appear in the video footage provided Staff A or Staff B treated Tenant #4 with consideration, respect, dignity or autonomy related to the incident. Staff had raised voices and an aggressive and insulting tone when speaking to her. Staff A physically grabbed Tenant #4's arm.

When interviewed on 1/26/26 at 3:01 p.m. the Regional Director of Operations indicated the Former Executive Director forwarded videos to corporate staff, An investigation was initiated and staff were suspended. In the video it appeared Staff A was serving in the kitchen and Staff B was outside. Tenant #4 antagonized (to be expected) and Staff A grabbed Tenant #4 by the arms. The Regional Director of Operations reported there was no injury to Tenant #4. It was inappropriate, unkind, and aggressive. Both staff were suspended and terminated.

2. When interviewed on 1/26/26 at 4:12 p.m. Staff A indicated Tenant #4 was often incontinent of bowel movement (BM). Staff B was told she needed to make her shower. She recalled during

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a shower with Staff D and the Former Healthcare Coordinator Tenant #4 punched staff in the head. One time she slapped another staff with BM on her hands during an attempt to bathe. Triage was called and told to try again in 10 to 20 minutes.

When interviewed on 1/21/26 at 8:31 a.m. Staff C reported Tenant #4 was forced to shower and staff were told by the Former Healthcare Coordinator. Tenant #4 did not like to shower.

When interviewed on 1/26/26 at 10:42 a.m. Staff D said Tenant #4 was scheduled for bathing twice per week and she did not want anyone to help with bathing. Tenant #4 had BM on her. She explained it took two staff to assist with bathing, one staff to keep her hands busy and one to get her undressed. It was not in an aggressive manner but she would not say Tenant #4 allowed staff to assist with bathing. There was no harm to her or staff. Staff D indicated the Former Healthcare Coordinator would call her to come and help with bathing. The Former Healthcare Coordinator said she needed to get a shower. She said it was for her own good and when asked about if Tenant #4's rights were upheld she said it was a catch 22 as she had the right to refuse but it was for her own good.

When interviewed on 1/26/26 at 2:26 p.m. the Former Healthcare Coordinator indicated Tenant #4 was not forced into bathing, she had been shown she had BM on her legs. She did not like getting her hair wet. There was no harm to Tenant #4 during the shower.

Record review on 1/15/26 of Tenant #4's Progress Notes revealed the following:

-On 1/20/26, Tenant #4 was incontinent of stool.

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Multiple unsuccessful attempts were made to provide peri-care, toileting and change her clothing. The nurse spent 45 minutes with Tenant #4 and was able to change clothing and perform some peri-care. She became extremely combative with cares, punched staff, kicked in the stomach and screamed. Staff were encouraged to attempt peri-care and re-attempt a shower on 1/21/26.

-On 1/28/26, Tenant #4 was incontinent of a large amount of stool and refused care with staff. The nurse assisted to the toilet and after about 30 minutes the nurse was able to remove clothing soiled with BM. A warm cloth was used to wipe her legs. Tenant #4 called out and screamed as the skin was gently touched to wipe away the BM. A second staff assisted with getting her into the however. No open areas were observed on the skin and the BM was washed away from her skin. Tenant #4 was combative with cares, screamed and punched at staff's face with a closed fist. Clean clothing and a protective undergarment were applied.

When interviewed on 1/2926 at 12:03 p.m. the Regional Director of Operations reported staff should re-approach three times with different staff. Notify the nurse, the nurse would try and if not notify the family. She was not aware of any tenants being forced to bathe.

When interviewed on 1/29/26 at 9:45 a.m. the Regional Director of Clinical Services indicated staff should attempt three times for bathing and if not to let the nurse know. She said Tenant #4 was very modest.

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A 210	481-67.4(2) Program Notification to Department 481-67.4(231B,231C,231D) Program notification to the department. The director or the director's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available: 67.4(2) When damage to the program is caused by a natural or other disaster. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to report three disasters caused by water/flooding in the building. This potentially affected all tenants (census of 24). Findings follow: Record review on 1/29/26 of an email sent from the Prior Regional Director of Operations indicated there were three flooding events at the Program that required repair and restoration. Continued record review revealed an email provided from the Former Executive Director to the Prior Regional Director of Operations dated 10/13/25 indicated the following: -There were two flood events, the first took place prior to the start of the Former Executive Director and was just in process of getting repaired when she started (in June 2025). The second event was when a sink was left on in memory care. -For the first event on the assisted living side lower level included damage and repair in the therapy area, salon, breakroom, hallways, maintenance office, culinary office, electrical room, utility room, entry hallway, men's and	A 210		

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women's restroom, stairwell landing, pharmacy hallway, bathroom and kitchen and main kitchen. The repairs included the following: flood cut/replace damaged drywall, remove and replace affected carpet and vinyl floor, paint, steam clean floors, detach and reset all kitchen equipment, remove all damaged and loose floor, paint floor with epoxy and remove and replace toe kick.

-For the second flooding event sink issue in apartments (two tenant apartments affected) the repairs included to remove vanity with microbial growth, remove flooring with growth, remove trim and dry remaining salvageable materials, remove damaged flooring and underlayment. Both tenant apartments were awaiting reconstruction.

Further record review revealed for the third flooding event an email provided by the Prior Regional Director of Operations indicated the information was from previous communications dated 10/24/25:

-On 10/24/25 a water heater replacement and repair mitigation were approved on 10/24/25.

-An 80-gallon commercial water heater due to leaking was removed. The third floor HVAC/water heater room, the subflooring was compromised and needed replaced, the second floor HVAC room the flooring and subflooring needed to be replaced due to water damage from the third-floor leak (extended to the basement) and the first floor HVAC room, the ceiling sustained water damage and required replacement. The affected rooms were located adjacent to the assisted living side elevator.

Continued record review revealed the Program

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provided invoices and/or service agreements for the following:

-A work authorization for emergency mitigation dated 10/28/25 to remove and replace HVAC and flooring, mitigation and remediation of microbial growth, and drying of floor joists below. The work would start immediately and continue over the next one to three days, starting on the third floor. The work was not to exceed $10,000.00. The document was from a property restoration company.

-An estimate was provided from a plumbing company dated 10/20/25 to install an 80-gallon water heater. The total was $11,019.93.

-A project manager report dated 3/11/25 from another recovery and restoration company was provided. It indicated the company was given approval for demolition. Contractors indicated included a plumbing company, lead and asbestos safety company and sewer/drain company. An invoice was provided from the restoration company for mold mitigation dated 8/22/25 for a total of $5204.64.

5. When interviewed on 1/28/26 at 6:01 p.m. Former Maintenance Coordinator recalled on his last day there after he left, staff called him regarding how to shut off the water heater on the third floor as it was leaking to the basement. He said a restoration company and plumber were called and the water heater needed to be replaced. He said that would have been on 10/17/25.

When interviewed on 1/14/26 at 2:21 p.m. the Maintenance Coordinator recalled on the third floor there was no mold, there was a mold check

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completed. He believed three apartments had an issue with the water heater awhile back and all got fixed. When he started (December 2025) one of the apartments had a little mold in the closet, on the floor, he cut the drywall out to mitigate the mold. He checked it last Monday, dried out, mold was gone. The mold was residual from the water heater, a restoration company was supposed to come fix it. They had a water heater for each floor. The water heater on the third floor broke all through three apartments (similar location and apartment number on each floor) prior to when he started. He indicated it occurred probably eight months ago; a restoration company had to tear out the dry wall.

When interviewed on 1/29/26 at 3:45 p.m. the Prior Regional Director of Operations reported the sink incident and water heater were very close together and both occurred in October 2025. The incident with the major damage occurred in the spring of 2025 before she started with the building. She said the first incident involved three different ones that affected the lower level, she said it happened in March 2025, it affected multiple areas including the kitchen, hallway and salon. The Prior Director of Operations was not sure the reason for the damage however the repair time was significant and it took a long time to dry out. She indicated a restoration company was involved with the repair. She came in right after it. She said for the other two incidents, a tenant blocked a sink and it flooded and the other was a water heater that leaked. She indicated the incidents would normally be reported and submitted by local leadership staff there.

When interviewed on 1/29/26 at approximately 4:20 p.m. the Regional Director of Operations confirmed there were no self-reports related to

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A 210	Continued From page 15 the three incidents. When interviewed on 1/29/26 at 9:45 a.m. the Regional Director of Clinical Services indicated she was not aware of any issues on the third floor related to water. She said a sink overflowed on the second floor and it affected the apartment beneath it. A pipe burst at the end of 2024 or beginning of 2025 and it affected the basement.	A 210		
A 285	481-67.5(2)f(4) Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program: (4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to administer treatments and medications as ordered. This pertained to 1 of 1 tenant reviewed with a rib fracture (Tenant #4). Findings follow: 1. Record review on 1/14/26 revealed the Program's Internal Investigation indicated on 12/15/25 Tenant #5 was physically aggressive toward staff when they were cleaning the common area, staff attempted to redirect and he became more agitated. Tenant #4 was standing	A 285		

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next to Tenant #5 and Tenant #5 pushed Tenant #4 which caused her to fall to the floor. Tenant #4 reported pain after falling. Staff separated the tenants and called emergency medical services (EMS). Tenant #4 was taken to the emergency department (ED) and diagnosed with a left #6 rib fracture. Tenant #4 returned to the Program and given as needed pain medication.

Continued record review revealed an After Visit Summary (AVS), dated 12/15/25, indicated she was seen for a fall and diagnoses included "Victim of assault" and fracture of the left sixth rib. Instructions included to take Tylenol 650 milligrams (mg) every six hours as needed for pain. Lortab could be taken every six hours as needed for severe pain. Tylenol should not exceed three grams daily. If Lortab was taken to try taking only one 325 mg Tylenol. It also indicated to use the incentive spirometer 10 times an hour while awake.

Further record review on 1/15/26 of Tenant #4's file revealed she was staged at a four on the Global Deterioration Scale (GDS), which indicated moderate cognitive decline on 11/11/25 and staged at six on 12/31/25, which indicated severe cognitive decline. Tenant #4's service plan reflected staff administered her medications.

Continued record review revealed the December 2025 medication administration record (MAR) did not reflect the order or completion of the ordered treatment for incentive spirometer 10 times an hour while awake.

When interviewed on 1/29/26 at 12:03 p.m. the Regional Director of Operations confirmed the spirometer would be documented on the tasks or on the MAR, she was not aware of anywhere else

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A 285	Continued From page 17 it would be documented. 2. Further record review of Tenant's #4's file revealed an order for ENTYVIO pen 108 mg, inject 0.68 milliliters (ml) under the skin every 14 days for Crohn's Disease. It was marked as noted (no date or time of the notation) and indicated would speak with family, wait for insurance and documents. Continued record review of the October, November, and December 2025 and January 2026 MARs did not reflect the order or the administration of the ENTYVIO pen 108 mg, inject 0.68 milliliters (ml) inject under the skin every 14 days for Crohn's Disease medication as ordered. There was no documentation in orders or in the nurse's notes related to the discontinuation of the medication. The Regional Director of Clinical Services responded in an email dated 1/29/26 she did not see other documentation for Tenant #4 related to the injection and she would follow up with Tenant #4's power of attorney.	A 285		
A 365	481-67.9(4)g Staffing 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: g. The program shall have in place a system by which certified or noncertified staff communicate in writing occurrences that differ from the tenant's normal health, functional and cognitive status. The program's registered nurse or designee shall	A 365		

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train certified and noncertified staff on reporting to the program's registered nurse or designee and documenting occurrences that differ from the tenant's normal health, functional and cognitive status. The written communication required by this paragraph shall be retained by the program for a period of not less than three years, and shall be accessible to the department upon request.

This REQUIREMENT is not met as evidenced by:
Based on interview and record review the Program failed to document in writing occurrences that differed from tenants' normal health, functional and cognitive status. This pertained to 4 of 8 current tenants reviewed (Tenants #2, #3, #4 and #5). Findings follow:

1. Record review on 1/13/26 of Tenant #2's file revealed a Progress Note, dated 12/02/25, indicated staff reported Tenant #2 had an increase in agitation and verbal aggression. A fax was sent to the primary care provider (PCP) requesting a urinalysis (UA) with culture and sensitivity.

Continued record review revealed no documented staff to nurse communication sheets around the time period of the nurse's note or fax to the PCP that indicated an increase in agitation and verbal aggression.

2. Record review on 1/13/26 and 1/14/26 of Tenant #3's Staff Documentation/Communication to Nurse documents revealed the following:

-11/26/25, Tenant #3 got physical with his spouse,

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yelled at her and kept her walker from her. He pushed and pulled her and made threats towards her and staff. He grabbed staff's wrists tightly and swung staff around. It was due to him wanting to go home and his spouse wanted to go to bed. There was no follow up documented on the form by a nurse.

-12/11/25, Tenant #3 slept in the common area for the past couple of nights. He seemed more confused than normal. Staff noted she was not sure what was going on but said something was definitely off with him lately. There was no follow up on the form by a nurse.

3. When interviewed on 1/26/26 at 4:12 p.m. Staff A reported other tenants were scared to come up to third floor to eat meals and tenants on third floor were scared because Tenant #4 shoved her way into the apartment. The behaviors were communicated to the nurse and staff were told there was enough staff they should be able to figure it out. She said staff did not have training for behaviors like Tenant #4 had. Staff A explained there was a meeting regarding redirection, those things did not work with Tenant #4 and they would not come and help with her. Tenant #4 had verbal and physical behaviors towards staff and tenants. She said a lot of people stopped reporting because nothing was happening. Staff asked for help and it was not provided.

When interviewed on 1/22/26 at 10:01 a.m. Staff B indicated Tenant #4's behavior had been every day since she was admitted. She said no one wanted to be on the third floor.

Record review on 1/15/26 of Tenant #4's file revealed there were two Staff to Nurse

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Communication Sheets provided from Tenant #4's admission (9/30/25) to the time of the review, dated 11/08/25 and 12/15/25, both related to behavior. The Staff to Nurse Communication form dated 12/15/25 indicated Tenant #4 slapped a staff member. There was no follow up on the form by a nurse.

4. Record review on 1/15/26 of Tenant #5's file revealed a Progress Note, dated 10/28/25, indicated the PCP was there for rounds and concerns were explained regarding Tenant #5 not sleeping well and the increase in behavior with slapping staff. A new order was received to schedule lorazepam 0.5 milligram (mg) and as needed once per day for agitation.

Continued record review revealed there were no documented staff to nurse communication sheets around the time period related to the issues noted above with not sleeping well or increase in behavior towards staff.

The Program's policy, Other Resident's Occurrences - Staff Communication Form, dated 5/15/24, indicated staff would use the RN Communication Form to communicate to the nurse occurrences that differed from the tenant's normal health, functional and cognitive status "when the nurse is not present or available in person." The policy and procedure indicated communication "received by the nurse verbally and/or in person, the nurse/designee will document in the resident record as applicable."

When interviewed on 1/29/26 at 12:03 p.m. the Regional Director of Operations indicated the expectation regarding the nurse follow up was within 24 hours or next working/business day, either in the notes or on the form. She said all

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A 365	Continued From page 21 nurses notes were provided as well as all staff to nurse communication sheets.	A 365		
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 ensure staff completed dependent adult abuse training within six months of employment. This pertained to 3 of 5 staff reviewed who were employed greater than six months (Staff B, E and F). Findings follow: Record review on 1/20/26 and 1/21/26 of staff files revealed the following staff 's training was not completed within the six months of hire: 1. Staff B was hired on 4/18/23 and completed Dependent Adult Abuse (DAA) training on 5/15/24. 2. Staff E was hired on 6/02/23 and completed DAA training on 5/20/24. 3. Staff F was hired on 11/16/21 and DAA training was not located in Staff F's file. When interviewed on 1/26/26 at 3:01 p.m. and 1/29/26 at 12:03 p.m. the Regional Director of Operations confirmed no additional DAA training was available for the staff reviewed	A 380		
A 410	481-67.19(3)b Record Checks	A 410		

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A 410	Continued From page 22 67.19(3)b Conducting a background check. The program may access the single contact repository (SING) to perform the required background check. If the SING is used, the program shall submit the person's maiden name, if applicable, with the background check request. If SING is not used, the program must obtain a criminal history check from the department of public safety and a check of the child and dependent adult abuse registries from the department of human services. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to submit a person's maiden name on a background check. This pertained to 1 of 1 staff reviewed related to an allegation of abuse (Staff H). Findings follow: Record review on 1/22/26 of Staff H's file revealed a hire date of 5/19/25. A Single Contact License & Background Check was completed on 5/15/25 revealed no results for the abuse registries and further research for the criminal history background check. On 5/19/25 it was completed and no record was found. The background check submitted listed Staff H's current last name and did not list Staff H's maiden name. Continued record review revealed the Iowa Department of Human Services Request & Acknowledgement to Conduct Registry and Record Check form completed by Staff H provided a maiden name. Further record review revealed the Program utilized the single contact repository (SING)	A 410		

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A 410	Continued From page 23 background check and a maiden name was provided by Staff H; however, the maiden name was not used on the background check. When interviewed on 1/29/26 at 12:03 p.m. the Regional Director of Operations confirmed everything in Staff H's file was provided and there was not another background check for her.	A 410		
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 complete evaluations as needed with significant change. This pertained to tenants reviewed 6 of 8 current tenants reviewed (Tenants #1, #2, #3, #4, #5 and #6). Findings follow: 1. Record review on 1/13/26 of Tenant #1's	A 145		

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A 145	Continued From page 24 Incident Report, dated 9/16/25, noted staff were in an elevator with seven tenants after lunch. Another tenant said someone kept putting hands on him. Staff convinced the tenant to get on the elevator then Tenant #1 grabbed him by the back of his neck to get him on the elevator. The other tenant was taken down the stairs with staff and staff separated them. The elevator door closed and staff told Tenant #1 he could not touch other tenants. He became agitated and pointed in the staff's face. Another tenant on the elevator told Tenant #1 to stop and he did not stop. When the elevator doors opened the other tenant pushed him then he landed on his hands and knees. All tenants were removed from the elevator. The incident report indicated the service plan was adjusted for a change in level of care needs. Continued record review revealed Tenant #1's evaluations were not updated after the incident and did not reflect the behavior noted above or instructions with how to transport tenants to the meals in the elevator that would ensure tenant safety. 2. Record review on 1/13/26 of Tenant #2's Incident Report dated 9/16/25 reflected Tenant #2 refused to get on the elevator and voiced someone would hit him. When Tenant #2 got on the elevator, Tenant #1 grabbed him by the neck and staff separated them. The incident report indicated the service plan was adjusted for a change in level of care needs. Continued record review revealed Staff Documentation/Communication to Nurse forms indicated the following: -On 12/11/25, Tenant #2 was not sleeping at all, staff tried to help but noted he looked exhausted.	A 145		

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A 145	Continued From page 25 Tenant #2 almost fell while walking to his apartment as he closed his eyes. His protective undergarments were locked up in the medication cabinet due to him putting them in the sink in the bathroom, turning on the water and walking away. -On 12/19/25, Tenant #2 threw a chair at staff and attempted to hit staff. Staff was told to lower their voices due to being very loud. Further record review revealed Progress Notes indicated the following: -On 12/2/25, staff reported Tenant #2 had an increase in agitation and verbal aggression. An order was sent to the primary care provider (PCP) requesting an order for a urinalysis (UA) with culture and sensitivity. -On 12/5/25, a new order was received for UA with culture and sensitivity. -On 12/22/25, noted on 12/19/25 staff reported Tenant #2 was verbally and physically aggressive with staff. When another staff arrived, she observed Tenant #2 using profanity towards staff, picked up a chair and attempted to throw it at staff and chased staff down the hallway. Staff was able to redirect without further issues. -On 1/06/26, staff reported Tenant #2 had occasional restlessness at bedtime. A new order was received for melatonin five milligrams (mg) as needed. Continued record review revealed Tenant #2's evaluations were not updated after the incident on 9/16/25, with an increase in behaviors and restlessness at night.	A 145		

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A 145	Continued From page 26 3. Record review on 1/13/26 and 1/14/26 of Tenant #3's file revealed incident reports were completed, dated 11/25/25, 12/31/25 and 1/12/26, related to falls. An incident report, dated 9/16/25, indicated Tenant #3 became agitated with another tenant due to the other tenant's agitation towards staff. Tenant #3 told the other tenant not to talk to women in that manner. When the elevator opened, Tenant #3 pushed the other tenant out of the elevator to his knees. Staff intervened and removed the tenants. Continued record review revealed a Staff Documentation to Nurse form, dated 11/26/25 indicated Tenant #3 got physical with his spouse, yelled at her and kept her walker from her. He pushed and pulled her and made threats towards her and staff. He grabbed staff's wrists tightly and swung staff around. It was due to him wanting to go home and his spouse wanted to go to bed. There was no follow up documented on the form by a nurse. Further record review revealed Progress Notes indicated the following: -On 8/04/25, there were behaviors over the weekend with Tenant #3 and he had ongoing agitation. New medication changes were ordered. -On 8/12/25, the PCP was present and his behaviors of yelling at staff and his spouse, taking her walker away and packing his belongings. -On 8/17/25, Tenant #3 continued to pack up his belongings and yell at his spouse. -On 8/18/25, noted on 8/17/25 staff reported a behavior issue. Staff tried to give him as needed medications and he knocked them out of her	A 145		

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hand. He was taking his spouse's walker. Staff got her a backup walker as he took it to his apartment. Staff reported his spouse did not feel safe and was crying due to his behavior. The family was called and declined to come in to attempt to calm him down.

-On 12/31/25, staff reported he was not feeling well, was very weak sitting on the floor, had increased confusion and a reddened/bruised area on his head. He was sent to the hospital and admitted for pneumonia and tested positive for COVID-19.

-On 1/07/26, Tenant #3 returned home, was pretty weak, needed assistance with transfers and mobility. The family requested he sleep in a recliner the next few nights.

-On 1/07/26, the PCP would send an order for chest x-rays to be completed and scheduled for tomorrow.

-On 1/12/26, Tenant #3 had an unwitnessed fall. The family reported they had to get new shoes over the weekend due to bilateral lower extremity (BLE) edema. Tenant #3 had 2-3 + non-pitting edema and there was edema noted to the bilateral upper extremity (BUE). The PCP was called with an update on the edema and the chest x-ray was faxed.

-On 1/12/26, the chest x-ray results were received and faxed to the PCP. New orders were received for Lasix 20 mg by mouth daily, a basic metabolic panel and magnesium level lab.

-On 1/13/26, staff called and reported Tenant #3's breathing was abnormal and it could be heard through the phone to the nurse. Therapy was not

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able to assist him up from sitting to standing. A call was placed to the PCP and it was advised to transfer to the hospital.

-On 1/13/26, noted on 1/12/26 at 8:30 a.m. Tenant #3 fell outside of his apartment door.

-On 1/14/26, Tenant #3 was transferred to a hospice house on 1/14/26.

Continued record review revealed Tenant #3's evaluations were not completed as needed with the behaviors, including physical behaviors, towards his spouse, staff and another tenant and falls. Evaluations were completed on 1/07/26 post hospitalization; however, were not completed when Tenant #3 had BLE and BUE and 2-3 + edema noted.

4. Record review on 1/15/26 of Tenant #4's Progress Notes indicated the following:

-On 10/27/25, Tenant #4 had behaviors over the weekend, slapped staff and refused to take her medications.

-On 11/06/25, a new order was received for Seroquel three times per day to help with touching, anxiety, yelling out and resistance to cares.

-On 12/2/25, staff reported Tenant #4's physical aggression towards staff was increasing. Staff was educated to complete incident reports when the aggression was noted and the nurse needed to be notified right away.

-On 12/24/25, staff had not been able to obtain a UA for the tenant as she kept removing the hat from the toilet. A nurse attempted to assist and

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she was not cooperative. A follow up with the PCP would be completed and see if a psych referral could be obtained.

-On 12/04/25, a new order was received for outpatient psych services.

-On 12/13/25, staff called and reported Tenant #4 was being uncooperative with staff. She was in the dining area for lunch and was incontinent of bowel movement (BM). Staff attempted to redirect her to the shower area to assist with cleaning up and she was resistive with staff. She put her hands into the brief, took out the BM, smeared it on the table and items near her. She refused to wash her hands. Staff continued to redirect her and she became more agitated.

-On 12/15/25, staff reported Tenant #4 slapped staff on the arm.

-On 12/15/25, Tenant #4 was pushed into a door and pushed again in the dining area which caused her to fall on the side of the couch. Tenant #4 was noted to be guarding the abdomen and called out in pain when she attempted to change positions. She was transferred to the ED.

-On 12/16/25, a change of condition evaluation was completed.

-On 1/13/26, noted on 12/31/25 Tenant #4 and another tenant argued at the end of the hall. The other tenant attempted to hit Tenant #4 and she hit the other tenant with an open hand in the stomach and the other tenant hit Tenant #4 with an open hand in the ribs. Tenant #4 was tearful due to rib fracture (prior).

Continued record review revealed a Staff

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A 145	Continued From page 30 Documentation/Communication to Nurse document dated 11/08/25 indicated Tenant #4 slapped staff on the arm and tried to scratch at staff. Triage was notified and staff gave Tenant #4 space. Further record review revealed Tenant #4's evaluations were not updated when the increase in behaviors was noted and did not identify the specific behaviors as noted above, including physical behavior. 5. Record review on 1/15/26 of Tenant #5's Progress Notes indicated the following: -On 10/28/25, the PCP was there and discussed that Tenant #5 was not sleeping well and had an increase in behavior with slapping staff. Lorazepam 0.5 mg was scheduled and as needed once per day if needed for agitation. -On 11/08/25, Tenant #5 was upset about a dog that was not at the Program. Staff attempted to calm Tenant #5 down and he attempted to hit staff. -On 12/04/25, noted on 11/29/25 staff observed Tenant #5 walking around attempting to open other tenants' apartment doors. Staff locked all apartment doors. Tenant #5 struck the staff in the lower back. -On 12/09/25, new orders were received to start Trazodone 75 mg nightly and discontinued mirtazapine and trazodone orders twice daily. -On 12/15/25, the psych practitioner was there to evaluate Tenant #5 related to the increased behaviors and incidents of aggression and agitation. New orders were received for	A 145		

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A 145	Continued From page 31 Trazodone 100 mg at bedtime, schedule Ativan 0.5 mg at bedtime and melatonin 3 mg at bedtime. -On 12/15/25, Tenant #5 "became acutely agitated and aggressive." Tenant #5 pushed another into the door and pushed the tenant again, which caused her to fall into the couch and backwards into an end table. The other tenant sustained a significant injury and went to the hospital. Tenant #5 remained agitated when the nurse assessed and when emergency medical services (EMS) assessed and transferred her. Tenant #5 remained in the common area and law enforcement was sent to assist with safety. During the incident he clenched his fists, grinded his teeth and had audible jaw popping. Attempts were made to redirect him and administer as needed lorazepam were complete. The medication was administered at 4:30 p.m. Staff provided one to one prior to medication administration and after he became tearful and settled. -On 12/22/25, a new order was received for lorazepam 0.5 mg tablet, take one tablet twice daily and as needed for agitation. -On 12/26/25, Tenant #5 became agitated and yelled at tenants in the dining room to get out of his room. Staff attempted redirection and she shoved staff. -On 1/06/26, a discussion was held with Tenant #5's family regarding his aggression and needing a higher level of care related to his aggression. Tenant #5's family voiced understanding and would like assistance with placing referrals when the 30-day notice was started.	A 145		

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A 145	Continued From page 32 -On 1/13/26, noted on 12/31/25 Tenant #5 got into an argument with Tenant #4. He tried to hit her first and missed. The other tenant hit him in the stomach and he hit her back in the right side rib. Continued record review revealed Tenant #5's evaluations were not completed as needed when behaviors increased. 6. Record review on 1/20/26 of Tenant #6's Progress Notes revealed the following: -On 7/18/25, Tenant #6 was discharged from occupational therapy (OT) -On 10/31/25, new orders were received for physical therapy (PT) and OT. -On 11/14/25, Tenant #6 was seen three times per week for OT and PT -On 1/09/26, Tenant #6 continued with PT twice per week. She was progressing well and had become more consistent with transfers. PT/OT continued to recommend a higher level of care. -On 1/16/26, Tenant #6 continued to work with PT and OT and it was recommended she walk to the dining room for at least one meal. PT recommended a manual wheelchair was more appropriate for her. OT reported she continued to make progress. Continued record review revealed Tenant #6's evaluations were not updated to reflect current therapy services and recommendations as indicated above. 7. When interviewed on 1/29/26 at 12:03 p.m. the	A 145		

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A 145	Continued From page 33 Regional Director of Operations confirmed Tenant #1 and Tenant #2's evaluations and service plans were not updated after the incident. She confirmed Tenant #3 had evaluations completed in May, a 90 day in November and comprehensive evaluations and service plan 1/07/26. She confirmed Tenant #4 had evaluations on 9/24/25, 10/30/25, 12/16/25 and 1/08/26. She confirmed Tenant #6 had comprehensives and service plans on 5/27/25 and 12/30/25. She said all service plans and evaluations were provided for the tenants reviewed.	A 145		
A 160	481-69.23(1)c(1) Criteria for Admission / Retention of Tenants 69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who: c. Is dangerous to self or other tenants or staff, including but not limited to a tenant who: (1) Despite intervention chronically elopes, is sexually or physically aggressive or abusive, or displays unmanageable verbal abuse or aggression This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to discharge tenants when they were physically aggressive and displayed unmanageable verbal abuse or aggression. This pertained to 2 of 8 current tenants reviewed (Tenant #4 and Tenant #5). Findings follow: 1. When interviewed on 1/26/26 at 4:12 p.m. Staff A explained other tenants were scared to come	A 160		

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up to third floor to eat meals and tenants on third floor were scared because Tenant #4 shoved her way into the apartment. She tried to defuse the situation and did not know what to do. The behaviors had been communicated to the nurse and staff were told there was enough staff they should be able to figure it out. She reported staff did not have training for behaviors like Tenant #4 had. She indicated there was a meeting regarding redirection, those things did not work with Tenant #4 and they would not come and help with her. Tenant #4 had verbal and physical behaviors towards staff and tenants.

When interviewed on 1/22/26 at 10:01 a.m. Staff B indicated Tenant #4 always hit staff and tenants. She explained the management staff said to distract her or redirect her and it would last for two minutes and there was no help from management staff. The other tenants did not want to be in the dining room.

When interviewed on 1/21/26 at 8:31 a.m. Staff C indicated some of the tenants wanted to move because of Tenant #4. She stepped into Tenant #5's face, she hit him and called him names. Staff C reported as needed medications did not help Tenant #4 at all and she had been asked to leave her prior placement due to setting off other tenants. She put her fingers in other tenants ' food and cups. She did not like to shower. Tenant #4 was forced to shower and staff were told by the Former Healthcare Coordinator. .

When interviewed on 1/14/26 at approximately 1:00 p.m. Staff D explained Tenant #4 and Tenant #5 could kind of both "get in moods". Tenant #4 had a lot of verbal behaviors and would tell staff and Tenant #5 to shut up. Tenant #4 might slap a hand. Tenant #5 had pushed Staff D at the

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elevator when medications needed to be readjusted. She heard Tenant #5 pushed Tenant #4. She said it was two people with dementia, out in the area together. She said for Tenant #5 it was more physical. He says he wants to leave and or get out, and it occurred once a month. She noted it was difficult to redirect Tenant #5 and it was best to bring someone else in.

When interviewed on 1/21/26 at approximately 3:05/3:10 p.m. Staff F mentioned staff were hit by Tenant #4 and Tenant #5. Tenant #4 picked at Tenant #5. A staff communication written about it last week. Tenant #4 had a crush medication order as staff had a difficult time getting her to take medications. Tenant #4 was non-compliant with everything; it was hard to shower her or take her bathroom.

When interviewed on 1/14/26 at 10:55 a.m. Staff K indicated Tenant #4 had aggressive behavior. She was very stubborn, it was not easy to get her in the shower or to change. If Tenant #4 went into another tenant's apartment; it was hard to get her out of the other apartments. Staff made sure the apartment doors were locked. She said sometimes, Tenant #4 became aggressive and wandered around. She said it was not easy to get her to go to the apartment. She was very difficult to change when she was incontinent.

Record review on 1/15/26 of Tenant #4's file revealed she was admitted on 9/30/25 and diagnoses included: dementia and other specified anxiety disorders. She was staged at a four on the Global Deterioration Scale (GDS) on 11/11/25, which indicated moderate cognitive decline. She was staged at a six on the GDS, on 12/30/25, which indicated severe cognitive decline.

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A 160	Continued From page 36 A review of Tenant #4's Progress Notes indicated the following: -On 10/27/25, Tenant #4 had behaviors over the weekend, slapped staff and refused to take her medications. -On 11/06/25, a new order was received for Seroquel three times per day to help with touching, anxiety, yelling out and resistance to cares. -On 12/02/25, staff reported Tenant #4's physical aggression towards staff was increasing. Staff was educated to complete incident reports when the aggression was noted and the nurse needed to be notified right away. -On 12/24/25, staff had not been able to obtain a urinalysis (UA) for the tenant as she kept removing the hat from the toilet. A nurse attempted to assist and she was not cooperative. A follow up with the primary care provider (PCP) would be completed and see if a psych referral could be obtained. -On 12/04/25, a new order was received for outpatient psych services. -On 12/13/25, staff called and reported Tenant #4 was being uncooperative with staff. She was in the dining area for lunch and was incontinent of bowel movement (BM). Staff attempted to redirect her to the shower area to assist with cleaning up and she was resistive with staff. She put her hands into the brief, took out the BM, smeared it on the table and items near her. She refused to wash her hands. Staff continued to redirect her and she became more agitated.	A 160		

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A 160	Continued From page 37 -On 12/15/25, staff reported Tenant #4 slapped staff on the arm. -On 12/15/25, Tenant #4 was pushed (by Tenant #5) into a door and pushed again in the dining area which caused her to fall on the side of the couch. Tenant #4 was noted to be guarding her abdomen and called out in pain when she attempted to change positions. She was transferred to the ED. (See incident noted above). -On 12/16/25, a change of condition evaluation was completed. -On 1/13/26, noted on 12/31/25 Tenant #4 and another tenant argued at the end of the hall. The other tenant attempted to hit Tenant #4 and she hit the other tenant with an open hand in the stomach and the other tenant hit Tenant #4 with an open hand in the ribs. Tenant #4 was tearful due to a rib fracture. -On 1/17/26, staff reported Tenant #4 touched another tenant in the dining room and that tenant got upset and began to yell at each other and hit each other on the arms. Staff separated the tenants. No injuries were noted. -On 1/20/26, Tenant #4 was incontinent of stools. Multiple unsuccessful attempts were made to provide per-care, toileting and change her clothing. The nurse spent 45 minutes with Tenant #4 and was able to change clothing and perform some peri-car. She became extremely combative with cares, punched staff, kicked in the stomach and screamed. Staff were encouraged to attempt peri-care and re-attempt a shower on 1/21/26. -On 1/24/26, noted on 1/01/26 at 4:30 p.m.	A 160		

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A 160	Continued From page 38 Tenant #4 went into another tenant's apartment and said the room belonged to her. The other tenant asked her to leave, staff went to the apartment and asked her to come with staff. As staff was redirecting her, she became physically aggressive and hit staff on the neck with her hand. -On 1/28/26, Tenant #4 was incontinent of a large amount of stool and refused care with staff. The nurse assisted to the toilet and after about 30 minutes the nurse was able to remove clothing soiled with BM. A warm cloth was used to wipe her legs. Tenant #4 called out and screamed as the skin was gently touched to wipe away the BM. A second staff assisted with getting her into the however. No open areas were observed on the skin and the BM was washed away from her skin. Tenant #4 was combative with cares, screamed and punched at staff's face with a closed fist. Clean clothing and a protective undergarment were applied. Continued record review revealed a Staff Documentation/Communication to Nurse document dated 11/08/25 indicated Tenant #4 slapped staff on the arm and tried to scratch at staff. Triage was notified and staff gave Tenant #4 space. Review of incident reports indicated the following: -On 12/05/25, Tenant #4 sat down next to another tenant and took food off of his plate. He tried to slap her and food went everywhere. -On 12/15/25, staff reported Tenant #4 slapped staff on the arm. Staff was able to verbally redirect Tenant #4 and as needed Seroquel was administered for agitation.	A 160		

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A 160	Continued From page 39 -On 12/15/25, Tenant #4 was engaged with another tenant in the common area. The other tenant pushed Tenant #4 into a door and pushed her again into the side of the couch and back into an end table. Tenant #4 guarded her abdomen and called out in pain when she changed positions. The other tenant was redirected away from her and Tenant #4 was transferred to the hospital. -On 12/31/25, Tenant #4 and another tenant were arguing at the end of the hall. The other tenant attempted to hit Tenant #4 but missed. Tenant #4 hit the other tenant with an open hand in the stomach and the other tenant hit Tenant #4 with an open hand in the ribs. Tenant #4 was tearful due to rib fracture (prior). Further record review revealed Tenant #4's service plans were dated 11/11/25 and 12/30/25. The service plan dated 11/11/25 identified Tenant #4 had occasional behavior issues and the service plan dated 12/30/25 identified Tenant #4 had frequent behavior issues. Continued record review revealed a letter was dated 1/15/26 to Tenant #4's power of attorney (POA) indicated it served as a 30-day discharge notice due to the need for a higher level of care due to being a danger to self, other tenants or staff. It indicated alternative placement would need to be made on or before 2/14/26. 4. Record review on 1/14/26 revealed the Program's Internal Investigation indicated on 12/15/25 Tenant #5 was physically aggressive toward staff when they were cleaning the common area, staff attempted to redirect and he became more agitated. Tenant #4 was standing	A 160		

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A 160	Continued From page 40	A 160		

next to Tenant #5 and Tenant #5 pushed Tenant #4 which caused her to fall to the floor. Tenant #4 reported pain after falling. Staff separated the tenants and called emergency medical services (EMS). Tenant #4 was taken to the emergency department (ED) and she was diagnosed with a left #6 rib fracture. Tenant #4 returned to the Program and was given as needed pain medication.

Continued record review revealed an After Visit Summary (AVS) dated 12/15/25 indicated she was seen for a fall and diagnoses included "Victim of assault" and fracture of the left sixth rib. Instructions included to take Tylenol 650 milligrams (mg) every six hours as needed for pain. Lortab could be taken every six hours as needed for severe pain. Tylenol should not exceed three grams daily. If Lortab was taken to try taking only one 325 mg Tylenol. It also indicated to use the incentive spirometer 10 times an hour while awake.

Record review on 1/15/26 of Tenant #5's file revealed Tenant #5 was staged a six on the GDS, which indicated severe cognitive decline. Diagnoses included: alcohol dependence with alcohol-induced mood disorder, adjustment disorder with anxiety and acute pain.

Progress Notes indicated the following:

-On 10/28/25, the PCP was there and discussed Tenant #5 was not sleeping well and had an increase in behavior with slapping staff. Lorazepam 0.5 mg was scheduled and as needed once per day if needed for agitation.

-On 11/08/25, Tenant #5 was upset about a dog that was not at the Program. Staff attempted to

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A 160	Continued From page 41 calm Tenant #5 down and he attempted to hit staff. -On 12/04/25, noted on 11/29/25 staff observed Tenant #5 walking around attempting to open other tenants' apartment doors. Staff went and locked all apartment doors and he came up and struck staff in the lower back. -On 12/09/25, new orders were received to start Trazodone 75 mg nightly and discontinued mirtazapine and trazodone orders twice daily. -On 12/15/25, the psych practitioner was there to evaluate Tenant #5 related to the increased behaviors and incidents of aggression and agitation. New orders were received for trazodone 100 mg take by mouth at bedtime, schedule Ativan 0.5 mg at bedtime and melatonin three mg at bedtime. -On 12/15/25, Tenant #5 "became acutely agitated and aggressive." Tenant #5 pushed another tenant (Tenant #4) into the door and pushed the tenant again, which caused her to fall into the couch and backwards into an end table. The other tenant sustained a significant injury (fractures sixth right rib) and went to the hospital. Tenant #5 remained agitated when the nurse assessed and when EMS assessed and transferred her. Tenant #5 remained in the common area and law enforcement was sent to assist with safety. During the incident he clenched his fists, grinded his teeth and had audible jaw popping. Attempts were made to redirect him and administer as needed lorazepam were complete. The medication was administered at 4:30 p.m. Staff provided one to one prior to medication administration and after he became tearful and settled. (See incident noted above).	A 160		

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A 160	Continued From page 42 -On 12/22/25, a new order was received for lorazepam 0.5 mg tablet take one by mouth twice daily and as needed for agitation. -On 12/26/25, Tenant #5 became agitated and yelled at tenants in the dining room to get out of his room. Staff attempted redirection and she shoved staff. -On 1/06/26, a discussion was held with Tenant #5's family regarding his aggression and needing a higher level of care for his aggression. Tenant #5's family voiced understanding and would like assistance with placing referrals when the 30-day notice was started. -On 1/13/26, noted on 12/31/25 Tenant #5 got into an argument with Tenant #4. He tried to hit her first and missed. The other tenant hit him in the stomach and he hit her back in the right-side rib. -On 1/23/26, a communication was sent to the PCP and psych practitioner regarding needing an as needed medication to help with agitation. It was also communicated to see if the Rexulti, which was started in October could be causing the increase in agitation and aggression with staff. -On 1/26/26, a fax was received with new orders to discontinue Rexulti and start Haldol 2.5 mg, take one tablet twice daily and 2.5 take one tablet daily as needed for agitation/aggression. Continued record review revealed Tenant #5's incident reports indicated the following: -On 11/08/25, staff reported Tenant #5 was upset	A 160		

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about a dog (not at the facility). When staff attempted to calm him, he threatened to hit staff.

-On 11/29/25, staff observed Tenant #5 walking in the hallway, attempting to open other tenant apartment doors. Staff ensured all apartment doors were locked so he could not enter any other apartment doors besides his door. He went up and struck staff on the lower back.

-On 12/05/25,another tenant touched Tenant #5's plate and he attempted to hit the other tenant.

-On 12/15/25, Tenant #5 became "acutely agitated and aggressive." He started physical contact with another tenant. He pushed her into a door and pushed her again, which caused her to fall onto the arm of the couch and back into an end table. Tenant #4 sustained a significant injury and went to the hospital. Tenant #5 remained in the area where the other tenant was located and law enforcement were sent to "promote safety." During the incident, it was noted Tenant #5 clenched his fists, was grinding his teeth and there was audible jaw popping. There were attempts to redirect him and administer as needed medication. It was administered successfully at 4:30 p.m. Staff provided a one to one prior to the administration of the as needed medications. After it was noted Tenant #5 became tearful and settled.

-On 12/24/25, Tenant #5 yelled at the other tenants in the dining room to get out of his room. Staff attempted to redirect him and he shoved the staff. There were no injuries to staff or Tenant #5.

-On 12/31/25, Tenant #5 got into an argument with Tenant #4. He tried to hit her first and missed. Then she hit him in the stomach and he

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A 160	Continued From page 44 hit her back in the right-side rib. Further record review revealed Tenant #5's service plan with an activation date of 6/16/25 and last modified on 12/15/25 and the next service plan was dated 1/15/26. The service plan dated 6/16/25 reflected Tenant #5 had frequent behavior issues reflected on 6/09/25 he required one to one from staff when awake and a 30-day notice would be sent. The service plan was updated on 12/05/25 and 12/15/25 to reflect verbally/physically abusive to others. The service plan dated 1/16/26 reflected on 10/30/25 he was no longer requiring one to one and a 30-day notice was rescinded. On 1/08/26 it was noted a 30 day notice to be given due to increase in physical aggression with other tenants. Continued record review revealed a letter dated 1/15/26 to Tenant #5's POA indicated it served as a 30-day discharge notice due to the need for a higher level of care due to being a danger to self, other tenants or staff. It indicated alternative placement would need to be made on or before 2/14/26. When interviewed on 1/29/26 at 9:45 a.m. the Regional Director of Clinical Services said Tenant #5's PCP was contacted to discontinue his Rexulti and if see it would help his behavior. 5. When interviewed on 1/29/26 at 12:03 p.m. the Regional Director of Operations confirmed Tenant #4 and Tenant #5 exceeded the level of care. When asked about the delay in the 30-day notices being sent out she said the Former Executive Director did not do it and the Regional Director of Operations sent them out as soon as she realized it. She said they continue to reach out for placement for Tenant #4 and Tenant #5.	A 160		

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 290	481-69.25(1)i Tenant Documents 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: i. When any personal or health-related care is delegated to the program, the medical information sheet; documentation of health professionals' orders, such as those for treatment, therapy, and medication; and nurses' notes written by exception This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to document nurse's notes by exception. This pertained to 5 of 8 current tenants reviewed (Tenants #1, #2, #3, #4 and #5). Findings follow: 1. Record review on 1/13/26 of Tenant #1's file revealed Progress Notes, dated 9/22/25, indicated staff was on the elevator with two staff and seven tenants after lunch on third floor. Another tenant refused to get on the elevator because someone kept putting his hands on him. Staff convinced him to get on the elevator and Tenant #1 grabbed the back of his neck to get him on the elevator. The other tenant stepped out and staff separated them. Staff told Tenant #1 he could not touch other tenants and Tenant #1 became agitated and pointed in staff's face. Another tenant in the elevator told Tenant #1 to stop and he did not stop. When the elevator opened Tenant #1 was pushed by the other tenant. Tenant #1 landed on his hands and knees. He was assessed in his apartment and did not have any injuries.	A 290		

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A 290	Continued From page 46 Continued record review revealed an incident report indicated the incident occurred on 9/16/25. A nurse's note was not completed until 9/22/25 related to the incident and there was no documented follow up after the incident in nurse's notes. 2. Record review on 1/13/26 of Tenant #2's file revealed and incident report dated 9/16/25 indicated Tenant #2 refused to get on the elevator and said someone would hit him when he got on. Tenant #1 grabbed Tenant #2 by the neck and then staff separated them. Continued record review revealed Progress Notes indicated the following: -The first entry in the nurse's notes provided from 9/1/25 to current was dated 10/17/25. A nurse's note was not completed the incident that occurred on 9/16/25. -On 12/50/25, noted a new order was received for a urinalysis (UA) with culture and sensitivity. -On 12/8/25, noted the UA results were received and faxed to the primary care provider (PCP). Further record review revealed there was no additional follow up related to the results of the UA and if any new orders were received. 3. Record review on 1/13/26 and 1/14/26 of Tenant #3's file revealed an incident report dated 9/16/25 indicated Tenant #3 became agitated with another tenant due to the other tenant's agitation towards staff. Tenant #3 told the other tenant not to talk to women in that manner. When the elevator opened, Tenant #3 pushed the other tenant out of the elevator to his knees. Staff	A 290		

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intervened and removed the tenants.

Continued record review revealed Progress Notes indicated there was not an entry in nurse's notes related to the incident on 9/16/25 or to follow up to the incident.

Further record review revealed Staff Documentation/Communication to Nurse documents indicated the following:

-11/26/25, Tenant #3 got physical with his spouse, yelled at her and kept her walker from her. He pushed and pulled her and made threats towards her and staff. He grabbed staff's wrists tightly and swung staff around. It was due to him wanting to go home and his spouse wanted to go to bed. There was no follow up documented in the nurse's notes by a nurse.

-12/11/25, Tenant #3 slept in the common area for the past couple of nights. He seemed more confused than normal. Staff noted she was not sure what was going on but said something was definitely off with him lately. There was no follow up in the nurse's notes by a nurse.

4. Record review on 1/14/26 revealed the Program's Internal Investigation on 12/15/25 indicated Tenant #5 was physically aggressive toward staff when they were cleaning the common area, staff attempted to redirect and he became more agitated. Tenant #4 was standing next to Tenant #5 and Tenant #5 pushed Tenant #4 which caused her to fall to the floor. Tenant #4 reported pain after falling. Staff separated the tenants and called emergency medical services (EMS). Tenant #4 was taken to the emergency department (ED) and she was diagnosed with a left sixth rib fracture. Tenant #4 returned to the

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A 290	Continued From page 48	A 290		

Program and was given as needed pain medication.

Continued record review of Progress Notes indicated a note was completed related to the incident on 12/15/25; however, a nurse's note was not completed related to when Tenant #4 returned from the ED.

Further record review revealed a Progress Note dated 1/13/26 for 12/31/25 at 6:15 p.m. Tenant #4 and another got into an argument. The other tenant attempted to hit Tenant #4, missed and Tenant #4 hit the other tenant with an opened hand in the stomach. The other tenant hit her with an open hand in right rib. A nurse's note was not completed at the time of incident or promptly after and did not include any follow up for injuries noted.

5. Record review on 1/15/26 of Tenant #5's file revealed a Progress note dated 1/13/26 indicated on 12/31/25 at 6:15 p.m. Tenant #5 and another tenant got into an argument. He tried to hit her first, missed and she hit him in the stomach. Tenant #5 then hit her back in on the right-side rib. Staff was able to separate them. A nurse's note was not completed at the time of incident or promptly after and did not include any follow up for injuries noted.

When interviewed on 1/29/26 at 12:03 p.m. the Regional Director of Operations indicated entries in nurse's notes should be completed within 24 hours or the next working/business day. Triage could also enter notes during the hours of triage. She confirmed there were no nurse's notes for Tenant #2 or Tenant #3 related to the incident on 9/16/25. There was also not a nurse's note for Tenant #4 related to her return from the ED. She

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A 290	Continued From page 49 confirmed all nurse's notes were provided for the tenants reviewed.	A 290		
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 update service plans as needed and failed to develop service plans that reflected the service needs of the tenants. This pertained to 6 of 8 current tenants reviewed (Tenants #1, #2, #3, #4, #5 and #6). Findings follow: 1. Record review on 1/13/26 of Tenant #1's Incident Report dated 9/16/25 indicated staff were going in an elevator to take tenants back to the second floor after lunch. There were seven tenants in the elevator. Another tenant said someone kept putting hands on him, staff convinced the tenant to get on the elevator and then Tenant #1 grabbed him by the back of his neck to get him on the elevator. The other tenant was taken down the stairs with staff and staff separated them. The elevator door closed and staff told Tenant #1 he could not touch other	A 350		

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tenants. He became agitated and pointed in the staff's face. Another tenant on the elevator told Tenant #1 to stop and he did not stop. When the elevator doors opened the other tenant pushed him and he landed on his hands and knees. All tenants were removed from the elevator. The incident report indicated the service plan was adjusted for a change in level of care needs.

Continued record review revealed Tenant #1's service plan, dated 8/11/25 reflected he had occasional behavior issues. It indicated he could become verbally aggressive with staff, especially when he was tired. The service plan was not updated after the incident and did not reflect the behavior noted above or instructions with how to transport tenants to meals in the elevator that would ensure tenant safety.

2. Record review on 1/13/26 of Tenant #2's Incident Report dated 9/16/25 reflected Tenant #2 refused to get on the elevator and he voiced someone would hit him. When Tenant #2 got on the elevator, Tenant #1 grabbed him by the neck and staff separated them. The incident report indicated the service plan was adjusted for a change in level of care needs.

Continued record review revealed Staff Documentation/Communication to Nurse forms indicated the following:

-On 12/11/25, Tenant #2 was not sleeping at all, staff tried to help but noted he looked exhausted. Tenant #2 almost fell while walking to his apartment as he closed his eyes. His protective undergarments were locked up in the medication cabinet due to him putting them in the sink in the bathroom, turning on the water and he walked away.

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A 350	Continued From page 51 -On 12/19/25, Tenant #2 threw a chair at staff and attempted to hit staff. Staff was told to lower their voices due to being very loud. Further record review revealed Progress Notes indicated the following: -On 12/02/25, staff reported Tenant #2 had an increase in agitation and verbal aggression. An order was sent to the primary care provider (PCP) requesting an order for a urinalysis (UA) with culture and sensitivity. -On 12/05/25, a new order was received for UA with culture and sensitivity. -On 12/22/25, noted on 12/19/25 staff report Tenant #2 was verbally and physically aggressive with staff. When another staff arrived, she observed Tenant #2 using profanity towards staff, picked up a chair and attempted to throw it at staff and chased staff down the hallway. Staff was able to redirect without further issues. -On 1/06/26, staff reported Tenant #2 had occasional restlessness at bedtime. A new order was received for melatonin five milligrams (mg) as needed. Continued record review revealed Tenant #2's current service plan dated 8/27/25 and last modified on 10/01/25. The service plan indicated Tenant #2 had no behavior issues that time. The service plan was not updated after the incident on 9/16/25 to reflect interventions for Tenant #2's safety on the elevator and to meals. It was also not updated as needed with increase in behaviors, restlessness at night and interventions.	A 350		

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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 350	Continued From page 52 3. Record review on 1/13/26 and 1/14/26 of Tenant #3's file revealed incident reports were completed dated 11/25/25, 12/31/25 and 1/12/26 related to falls. An incident report dated 9/16/25 indicated Tenant #3 became agitated with another tenant due to the other tenant's agitation towards staff. Tenant #3 told the other tenant not to talk to women in that manner. When the elevator opened, Tenant #3 pushed the other tenant out of the elevator to his knees. Staff intervened and removed the tenants. Continued record review revealed a Staff Documentation to Nurse form dated 11/26/25 indicated Tenant #3 got physical with his spouse, yelled at her and kept her walker from her. He pushed and pulled her and made threats towards her and staff. He grabbed staff's wrists tightly and swung staff around. It was due to him wanting to go home and his spouse wanted to go to bed. There was no follow up documented on the form by a nurse. Further record review revealed Progress Notes indicated the following: -On 8/04/25, there were behaviors over the weekend with Tenant #3 and he had agitation on-going. New medication changes were ordered. -On 8/12/25, the PCP was present and discussed his behaviors with yelling at staff and his spouse, taking her walker away and packing his belongings. -On 8/17/25, Tenant #3 continued to pack up his belongings and yell at his spouse. -On 8/18/25, noted on 8/17/25 staff reported a	A 350		

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behavior issue. Staff tried to give him as needed medications and he knocked them out of her hand. He was taking his spouse's walker. Staff got her a backup walker as he took it to his apartment. Staff reported his spouse did not feel safe and was crying due to his behavior. The family was called and declined to come in to attempt to calm him down.

-On 12/31/25, staff reported he was not feeling well, was very weak sitting on the floor, had increased confusion and a reddened/bruised area on his head. He was sent to the hospital and admitted for pneumonia and had tested positive for COVID-19.

-On 1/07/26, Tenant #3 returned home, was pretty weak, needed assistance with transfers and mobility. The family requested he sleep in a recliner the next few nights.

-On 1/07/26, the PCP would send an order for chest x-rays to be completed and scheduled for tomorrow.

-On 1/12/26, Tenant #3 had an unwitnessed fall. The family reported they had to get new shoes over the weekend due to bilateral lower extremity (BLE) edema. Tenant #3 had 2-3 + non-pitting edema and there was edema noted to the bilateral upper extremity (BUE). The PCP was called with an updated on the edema and the chest x-ray was faxed.

-On 1/12/26, the chest x-ray results were received and faxed to the PCP. New orders were received for Lasix 20 mg by mouth daily and a basic metabolic panel and magnesium level lab.

-On 1/13/26, staff called and reported Tenant #3's

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breathing was abnormal and it could be heard through the phone to the nurse. Therapy was not able to assist him up from sitting to standing. A call was placed to the PCP and it was advised to transfer to the hospital.

-On 1/13/26, noted on 1/12/26 at 8:30 a.m. Tenant #3 fell outside of his apartment door.

-On 1/14/26, Tenant #3 was transferred to a hospice house on 1/14/26.

Continued record review revealed Tenant #3's service plans, dated 5/18/25 (last modified on 12/31/25) and on 1/07/26 (last modified on 1/13/26). The service plan reflected Tenant #3 had occasional behavior issues. On 3/31/25 he was verbally aggressive with staff and his wife. It indicated he wanted to go home and was protective of his spouse and apartment. It indicated he could become verbally and physically aggressive with others. The service plan was not updated as needed with the behaviors, including physical behaviors, towards his spouse, staff and another tenant and falls. The service plan was updated on 1/7/26 post hospitalization; however, was not updated when Tenant #3 had BLE and BUE and 2-3 + edema noted.

4. Record review on 1/15/26 of Tenant #4's Progress Notes indicated the following:

-On 10/27/25, Tenant #4 had behaviors over the weekend, slapped staff and refused to take her medications.

-On 11/06/25, a new order was received for Seroquel three times per day to help with touching, anxiety, yelling out and resistance to cares.

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A 350	Continued From page 55 -On 12/02/25, staff reported Tenant #4's physical aggression towards staff was increasing. Staff was educated to complete incident reports when the aggression was noted and the nurse needed to be notified right away. -On 12/24/25, staff had not been able to obtain a UA for the tenant as she kept removing the hat from the toilet. A nurse attempted to assist and she was not cooperative. A follow up with the PCP would be completed and see if a psych referral could be obtained. -On 12/04/25, a new order was received for outpatient psych services. -On 12/13/25, staff called and reported Tenant #4 was being uncooperative with staff. She was in the dining area for lunch and was incontinent of bowel movement. Staff attempted to redirect her to the shower area to assist with cleaning up and she was resistive with staff. She put her hands into the brief, took out the BM, smeared it on the table and items near her. She refused to wash her hands. Staff continued to redirect her and she became more agitated. -On 12/15/25, staff reported Tenant #4 slapped staff on the arm. -On 12/15/25, Tenant #4 was pushed into a door and pushed again in the dining area which caused her to fall on the side of the couch. Tenant #4 was noted to be guarding the abdomen and called out in pain when she attempted to change positions. She was transferred to the ED. -On 12/16/25, a change of condition evaluation was completed.	A 350		

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A 350	Continued From page 56 -On 1/13/26, noted on 12/31/25 Tenant #4 and another tenant argued at the end of the hall. The other tenant attempted to hit Tenant #4 and she hit the other tenant with an open hand in the stomach and the other tenant hit Tenant #4 with an open hand in the ribs. Tenant #4 was tearful due to rib fracture (prior). Continued record review revealed a Staff Documentation/Communication to Nurse document dated 11/08/25 indicated Tenant #4 slapped staff on the arm and tried to scratch at staff. Triage was notified and staff gave Tenant #4 space. Further record review revealed Tenant #4's service plans, dated 11/11/25 and 12/30/25. The service plan dated 11/11/25 identified Tenant #4 had occasional behavior issues and the service plan dated 12/30/25 identified Tenant #4 had frequent behavior issues; however, the service plan was updated when the increase in behaviors was noted and did not identify the specific behaviors as noted above, including physical behavior. 5. Record review on 1/15/26 of Tenant #5's Progress Notes indicated the following: -On 10/28/25, the PCP was there and it was discussed Tenant #5 was not sleeping well and had an increase in behavior with slapping staff. Lorazepam 0.5 mg was scheduled and as needed once per day if needed for agitation. -On 11/08/25, Tenant #5 was upset about a dog that was not at the Program. Staff attempted to calm Tenant #5 down and he attempted to hit staff.	A 350		

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A 350	Continued From page 57 -On 12/04/25, noted on 11/29/25 staff observed Tenant #5 walking around attempting to open other tenants' apartment doors. Staff went and locked all apartment doors and he came up and struck staff in the lower back. -On 12/09/25, new orders were received for start Trazodone 75 mg nightly and discontinued mirtazapine and Trazodone orders twice daily. -On 12/15/25, the psych practitioner was there to evaluate Tenant #5 related to the increased behaviors and incidents of aggression and agitation. New orders were received for trazodone 100 mg take by mouth at bedtime, schedule Ativan 0.5 mg at bedtime and melatonin 3 mg at bedtime. -On 12/15/25, Tenant #5 "became acutely agitated and aggressive." Tenant #5 pushed another into the door and pushed the tenant again, which caused her to fall into the couch and backwards into an end table. The other tenant sustained a significant injury and went to the hospital. Tenant #5 remained agitated when the nurse assessed and when emergency medical services (EMS) assessed and transferred her. Tenant #5 remained in the common area and law enforcement was sent to assist with safety. During the incident he clenched his fists, grinded his teeth and had audible jaw popping. Attempts were made to redirect him and administer as needed lorazepam were complete. The medication was administered at 4:30 p.m. Staff provided one to one prior to medication administration and after he became tearful and settled. -On 12/22/25, a new order was received for	A 350		

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A 350	Continued From page 58 lorazepam 0.5 mg tablet one by mouth twice daily and as needed for agitation. -On 12/26/25, Tenant #5 became agitated and yelled at tenants in the dining room to get out of his room. Staff attempted redirection and she shoved staff. -On 1/06/26, a discussion was held with Tenant #5's family regarding his aggression and needing a higher level of care related to his aggression. Tenant #5's family voiced understanding and would like assistance with placing referrals when the 30-day notice was started. -On 1/13/26, on 12/31/25 Tenant #5 got into an argument with Tenant #4. He tried to hit her first and missed. The other tenant hit him in the stomach and he hit her back in the right-side rib. Continued record review revealed Tenant #5's service plan dated 6/16/25 and last modified on 12/15/25 and the next service plan was dated 1/15/26. The service plan dated 6/16/25 reflected Tenant #5 had frequent behavior issues reflected on 6/09/25 he required one to one from staff when awake and a 30-day notice would be sent. The service plan was updated on 12/05/25 and 12/15/25 to reflect verbally/physically abusive to others. The service plan dated 1/16/26 reflected on 10/30/25 he was no longer requiring one to one and a 30-day notice was rescinded. On 1/08/26 it was noted a 30 day notice to be given due to increase in physical aggression with other tenants. The service plan was not updated when the behaviors increased and did not reflect the updates timely. 6. Record review on 1/20/26 of Tenant #6's Progress Notes revealed the following:	A 350		

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A 350	Continued From page 59 -On 7/18/25, Tenant #6 was discharged from occupational therapy (OT) -On 10/31/25, new orders were received for physical therapy (PT) and OT. -On 11/14/25, Tenant #6 was seen three times per week for OT and PT -On 1/09/26, Tenant #6 continued with PT twice per week. She was progressing well and had become more consistent with transfers. PT/OT continued to recommend a higher level of care. -On 1/16/26, Tenant #6 continued to work with PT and OT and it was recommended she walk to the dining room for at least one meal. PT recommended a manual wheelchair was more appropriate for her. OT reported she continued to make progress. Continued record review revealed Tenant #6's service plan, dated 5/27/25, last modified on 11/26/25, reflected to use a gait belt for all transfers and ambulation. The service plan reflected outside therapies through a different therapy company (not current PT/OT). The service plan was not updated to reflect current therapy services and recommendations as indicated above. When interviewed on 1/29/26 at 12:03 p.m. the Regional Director of Operations confirmed Tenant #1 and Tenant #2's evaluations and service plans were not updated after the incident. She confirmed Tenant #3 had evaluations completed in May, a 90 day in November and comprehensive evaluations and service plan 1/07/26. She confirmed Tenant #4 had	A 350		

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A 350	Continued From page 60 evaluations on 9/24/25, 10/30/25, 12/16/25 and 1/08/26. She confirmed Tenant #6 had comprehensives and service plans on 5/27/25 and 12/30/25. She said all service plans and evaluations were provided for the tenants reviewed.	A 350		
A 430	481-69.27(1)c Nurse Review 69.27(1) If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse: c. To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status; This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to complete a nurse review as needed. This pertained to 1 of 1 tenant reviewed that was involved an incident with staff (Tenant #4). Findings follow: 1. Record review of the Program's Internal Investigation dated 12/12/25 indicated on 12/11/25 a therapy staff reported concerns to nursing staff in memory care treating tenants with disrespect, using profanity and being rude. It was reported to have occurred in the common area of the memory care unit during the first shift on 12/09/25. It was initially reported as Tenant #6	A 430		

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A 430	Continued From page 61	A 430		

was a tenant possibly being mistreated. The nurse informed the Former Executive Director immediately. The Former Executive Director reviewed the schedule for 12/09/25 and identified Staff A and Staff B were working on the first shift. In review of the video, it was determined it was Tenant #4 and not Tenant #6. It was observed that Tenant #4 was pacing in the dining room and attempted to take food off of other tenants' plates. Staff A and Staff B were both observed on video raising their voices and speaking disrespectful to Tenant #4. Tenant #4 approached another tenant at the table who grabbed Tenant #4's left arm and pushed her away from her. Staff A grabbed Tenant #4 by the arms and "forced her out of the dining room into the hallway." Staff B followed Staff A and Tenant #4 into the hallway. The investigative conclusion indicated Staff A was "verbally degrading and physically aggressive" to Tenant #4 and Staff B was "verbally degrading and verbally aggressive" to Tenant #4.

2. Record review on 1/15/26 and 1/22/26 of Tenant #4's file revealed Tenant #4 was staged a four on the Global Deterioration Scale (GDS), which indicated moderate cognitive decline on 11/11/25. She was staged at a six on the GDS, which indicated severe cognitive decline on 12/30/25. A Comprehensive Assessment was completed on 12/16/25 six days after the incident noted above.

Continued record review of Tenant #4's nurse's notes revealed there were no nurse's notes or assessment completed in nurse's notes related to the above incident. A nurse's note dated 12/16/25 indicated a change of condition was completed for rib fracture and physical aggression received (tenant to tenant aggression) and "verbal abuse received from staff."

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A 430	Continued From page 62 Further record review revealed a nurse review was not completed to assess for any injuries related to the incident noted above on 12/09/25. 3. When interviewed 1/26/26 at 3:01 p.m. the Regional Director of Operations indicated a change of condition assessment was completed on 12/15/25 and no other assessment was completed.	A 430		
A 545	481-69.30(1) Dementia Specific Education for Personnel 69.30(1) All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide eight hours of dementia-specific training and education within 30 days of hire. This pertained to 3 of 4 staff reviewed hired in 2025 (Staff G, H, J and K). Findings follow: Record review on 1/20/26 and 1/21/26 revealed the following staff training files failed to include eight hours of dementia training within 30 days of hire: 1. Staff G who was hired on 10/31/25. 2. Staff H who was hired on 5/19/25. 3. Staff I who was hired on 8/25/25.	A 545		

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A 545	Continued From page 63 4. Staff J who was hired on 10/08/25. Staff J had no dementia training completed since her hire. When interviewed on 1/26/26 at 3:01 p.m. and 1/29/26 at 12:03 p.m. the Regional Director of Operations believed everything related to dementia training was provided for the staff reviewed. She indicated the case study was two hours in length. She said whatever they had for new hired staff was what was available.	A 545		
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 provide eight hours of dementia-specific continuing education annually for direct-contact staff. This pertained to 5 of 5 staff reviewed employed greater than one year (Staff A, B, C, E and F). Findings follow: 1. Record review on 1/20/26 and 1/21/26 of Staff A's training documents revealed Staff A had direct tenant contact as a Resident Aide (RA) and a hire date of 2/14/24. Staff A did not have eight hours of dementia training completed in 2025.	A 556		

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A 556	Continued From page 64 2. Record review on 1/20/26 and 1/21/26 of Staff B's training documents revealed Staff B had direct tenant contact as a RA and a hire date of 4/18/23. Staff B did not have eight hours of dementia training completed in 2025. 3. Record review on 1/20/26 and 1/21/26 of Staff C's training documents revealed Staff C had direct tenant contact as a RA and a hire date of 2/05/24. Staff C did not have documented dementia training completed in 2025. Her most recent dementia training was dated in 2024. 4. Record review on 1/20/26 and 1/21/26 of Staff E's training documents revealed Staff E had direct tenant contact as a RA and a hire date of 6/2/23. Staff E had a Dementia Case Study completed in June 2025. Staff E did not have other documented dementia training completed in 2025. Her most recent dementia training was dated in 2023. 5. Record review on 1/20/26 and 1/21/26 of Staff F's training documents revealed Staff F had direct tenant contact as a RA and a hire date of 11/16/21. Staff F did not have eight hours of dementia training completed in 2025. When interviewed on 1/26/26 at 3:01 p.m. and 1/29/26 at 12:03 p.m. the Regional Director of Operations believed everything related to dementia training was provided for the staff reviewed. She indicated the case study was two hours in length.	A 556		
A 710	481-69.35(1)b Structural Requirements 69.35(1) General requirements.	A 710		

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A 710	Continued From page 65 b. The buildings and grounds shall be well-maintained, clean, safe and sanitary. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to ensure a well-maintained, clean, safe and sanitary environment. This potentially affected all tenants (Census of 24). Findings follow: 1. On 1/21/26 at 4:16 p.m. the side exterior door was observed and tested with the Maintenance Coordinator. The handicap button on the interior and exterior of the door opened when it was pushed. The door did not fully shut after it was opened. It could be pulled close; however, did not fully close with the door mechanism. At the time of the observation the Maintenance Coordinator said it was a motor mechanism not functioning, the part was ordered and the Regional Director of Operations had the invoice. When observed on 1/22/26 at approximately 11:40 a.m. the side exterior door was not fully closed and there was a gap between the door and door frame. Record review on 1/26/26 of a Maintenance Request Form dated 12/05/25 indicated automatic opener (handicap accessible door opener) on the exterior side door to the building was not working. On 12/10/25 a note was made to the Maintenance Coordinator indicating he contacted the door company; they inspected the door and were writing up a bid. When interviewed on 1/14/26 at 2:21 p.m. the	A 710		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0113	A. BUILDING: _____ B. WING _____	C 01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARNETT PLACE	202 35TH ST DR SE CEDAR RAPIDS, IA 52403

(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 710	Continued From page 66 Maintenance Coordinator said when he started at the Program the side door was broken. He said parts were on-order for the door about two weeks ago. He said the wind must have caught the door and it would not close all of the way. The interior door was closed and locked. He said he called them twice per week and the day after it (the part) arrived it would be repaired. Regarding the timeframe the door had been broken, he said it was dependent on who you talked to, it was said it was broken for six months or since the previous maintenance staff left. When interviewed on 1/28/26 at 6:01 p.m. the Former Maintenance Coordinator said he replaced the handicap button inside the door (exterior entrance on the side). He said the door opened and closed but the door did not fully close and was about 1/4 of an inch from closing and would not seal. He thought it looked like the concrete had raised up, regarding why the door did not close. Continued record review revealed a building automations company provided a quote dated 12/17/25 with an expiration date of 1/16/26. The description indicated: an offset pivot, IQ Controller and IQ Encoder. The cost with parts and labor was $2,082.00. The quote was provided when the surveyor asked about the bid and expected repair date for the door. It was noted the quote provided expired on 1/16/26 and at the time of the investigation the door was not in full working order. When inquired if the quote was accepted, the Regional Director of Operations indicated in email the door was fully operational and did not require the work indicated on the quote.	A 710		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0113	A. BUILDING: _____ B. WING _____	C 01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARNETT PLACE	202 35TH ST DR SE CEDAR RAPIDS, IA 52403

(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 710	Continued From page 67 After receipt of the quote, which was not accepted or scheduled for repair, and an email reply the door was fully operational, an additional observation was completed on 1/22/26 at approximately 12:15 p.m. with the Regional Director of Operations. The handicap button opened the door; however, the door did not fully close after being opened. At that time the Regional Director of Operations said the Former Executive Director had not provided the quote to her and she had not seen the quote prior to. She said she would have the door company back out to check the door. When interviewed on 1/29/26 at 12:03 p.m. the Regional Director of Operation indicated the door company was called to come back out and it appeared the motor was working but it might be an issue with the threshold. 2. When observed on 1/21/26 at approximately 2:50 p.m. the serving kitchen on the third floor was observed. The counter under the coffee pot was discolored, the paint/finish in the drawer that held the silverware was stripped and peeled away. There was what appeared to be water stain or water mark on the ceiling tile and the floor boards were removed around the kitchen. Per the Culinary Coordinator interview at the time of the observation the floor boards were removed when the floor was installed and were not replaced. He was not sure on the timeframe of the floor installation. 3. Record review on 1/15/26 of the Program's mold audit form indicated there was mold found in two apartments on 9/26/25. The spots were sprayed. On 11/25/25 it noted mold was found in an apartment and the action taken indicated "called for mitigation." On 12/5/25 in an apartment	A 710		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0113	A. BUILDING: _____ B. WING _____	C 01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARNETT PLACE	202 35TH ST DR SE CEDAR RAPIDS, IA 52403

(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 710	Continued From page 68 it was noted a section of drywall where mold was found was removed. On 12/23/25 it noted mold was found in an apartment and small spot was cut out and mitigated (listed in the apartment previously indicated as called for mitigation). The surveyor asked for the mold mitigation noted above as called for mitigation. On 1/27/26 an invoice and documentation were provided by a restoration company; however, it was for mold mitigation in the basement and main level of the building. The restoration company was contacted on 8/04/25. It was inspected on 8/05/25. The date of the invoice was issued on 8/22/25 for a total of $5,204.64 due on 9/22/25. Information for the company for the mold mitigation call indicated above on 11/25/25 was requested and was not provided. The Program did not provide documentation from an outside restoration company related to the call for mold mitigation on the 11/25/25. The audit indicated the mold was cut and removed (in-house) in December. When asked about the on-going mold noted in the building as indicated in mold audit in September, November and December 2025, an email was provided indicating the maintenance staff said it was not new mold, but rather initial mold was not mitigated and indicated it was corrected at this time. **It should be noted last year an on-site was completed in January 2025 and there were prior reports of mold of the building and the program had indicated the mold was mitigated at the time of the January 2025 visit** When interviewed on 1/14/26 at 2:21 p.m. the Maintenance Director said a mold check was completed and there had been some issues with a water heater, checked by a restoration	A 710		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0113	A. BUILDING: _____ B. WING _____	C 01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARNETT PLACE	202 35TH ST DR SE CEDAR RAPIDS, IA 52403

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A 710	Continued From page 69	A 710		

company in apartments near the vents. He said three apartments had an issue with the water heater awhile back and it was all fixed. When he started (December) one of those apartments had a little bit of mold in the closet (apartment number listed above on mold audit form that was a call for mitigation). He cut it out of the drywall and mitigated the mold. He said it was mold residue from a water heater and the restoration company was supposed to come and fix it. He said the water heater on the third floor broke through the floors prior to him working there. The restoration company came and tore out all of the drywall. He said there had been no other issues related to mold since he had been there.

When interviewed on 1/28/26 at 6:01 p.m. the Former Maintenance Director said at some point into his second employment with the Program he was asked if he was completing a checklist (mold) and he had no knowledge of it previously. He completed a paper for a few weeks and then it was tracked on the computer. He was told at a prior state inspection there was an issue with mold. He would look at four to five apartments per week. He said there were a few spots to be sprayed and it looked like the spots were previously sprayed. He did not know the source of the mold but said in his first employment the drains in the HVAC units would get clogged, the condensation pan would overflow and drip. He did not know if it was enough to create that amount. In his first employment would clean out the pans. He said on his last day there after he left, staff called him regarding how to shut off the water heater on the third floor as it was leaking to the basement. He said a restoration company and plumber were called and the water heater needed to be replaced.

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
	S0113	A. BUILDING: _____ B. WING _____	C 01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARNETT PLACE	202 35TH ST DR SE CEDAR RAPIDS, IA 52403

(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 710	Continued From page 70 When interviewed on 1/29/26 at 12:03 p.m. the Regional Director of Operations said all restoration company invoices were provided. She said the current Maintenance Director had been bleaching and removing areas (related to mold on the audit).	A 710		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: S0113	DATE SURVEY COMPLETED: **1/29/2026**

Tag #	SUMMARY STATEMENT OF DEFICIENTCIES (EACH DEFICIENCY SHOULD BE PRECEDE BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY	Identify what changes to the provider's systems and practices were made to ensure compliance with the specific statute(s). Include information about how the provider will maintain compliance in the future.	COMPLETION DATE
Tag #1	**481-67.2(3) Program Policies and Procedures** **67.2(3) The program shall follow the policies and procedures established by the program**. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to follow established policies and procedures related to abuse and incident reports. This pertained to 3 of 8 current tenants reviewed (Tenant #3, Tenant #7, and Tenant #8) and 1 of 1 discharged tenant reviewed (Tenant C1)	**A 150**	Tenant #3 moved out/passed away on 01/16/26. All staff will receive training on Abuse and Neglect Reporting by 4/26/26. All staff will receive training on Incident Report Expectations and timepoints by 4/26/26. The HCC will receive training on staff to nurse communication form use and follow up expectations by 4/26/26.	All new hires will receive training on Abuse and Neglect Reporting and Incident Report expectations and timepoints within 30 days of hire. The new Community Director will receive training on use of DIAL portal and self-report expectations within 30 days of hire. The Director or designee will complete routine audits of staff to nurse communication forms and incident reports to ensure compliance.	**Implementation Date: 03/23/26** **Completion Date: Ongoing** **Responsible Party: Director or designee**
Tag # 2	**481-67.3(1) Tenant Rights** 481-67.3 Tenant rights. All tenants have the following rights:	**A 155**	Former Healthcare Coordinator's last day of employment was 12/23/25.	All new hires will receive training on Tenant (Residents) Rights within 30 days of hire.	**Implementation Date: 03/23/26**

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.

	67.3(1) To be treated with consideration, respect, and full recognition of personal dignity and Autonomy. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to treat a tenant with consideration, respect, and full recognition of personal dignity and autonomy. This pertained to 1 of 8 current tenants reviewed (Tenant #4).		Tenant #4 received a 30-day discharge notice on 1/16/26 due to behaviors, still actively seeking placement. All staff will receive training on Tenant (Residents) Rights by 4/26/26.	Director or designee will complete routine audits of staff trainings to ensure compliance.	**Completion Date: Ongoing** **Responsible Party: Director or designee**
Tag #3	**481-67.4(2) Program Notification to Department** 481-67.4(231B,231C,231D) Program notification to the department. The director or the director's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available: 67.4(2) When damage to the program is caused by a natural or other disaster. This REQUIREMENT is not met as evidenced by:	**A 210**	The HCC will receive training on Program Notification to the Department by 4/26/26.	The new Community Director will receive training on Program Notification to the Department within 30 days of hire. The Director or designee will complete routine audits of incident reports to ensure compliance with regulation.	**Implementation Date: 03/23/26** **Completion Date: Ongoing** **Responsible Party: Director or designee**

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	Based on interview and record review the Program failed to report three disasters caused by water/flooding in the building. This potentially affected all tenants (census of 24).				
Tag #4	**481-67.5(2)f(4) Medications** 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program: (4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to administer treatments and medications as ordered. This pertained to 1 of 1 tenant reviewed with a rib fracture (Tenant #4).	**A 285**	A Medication Error Incident Report for Tenant #4's Incentive Spirometer will be completed by 4/26/26 Clarification of Tenant #4's Entyvio was received and service plan was updated on 3/23/26. The HCC will receive training on Order Processing expectations by 4/26/26.	The Director or designee will complete routine audits of After Visit Summaries (AVS) from ER/Urgent Care and Physician visits to ensure compliance.	**Implementation Date: 03/23/26** **Completion Date: Ongoing** **Responsible Party: Director or designee**
Tag #5	**481-67.9(4)g Staffing** 67.9(4) Nurse delegation procedures. The program's registered nurse shall	**A 365**	All staff will receive training on staff to nurse communication form by 4/26/26.	All new hires will receive training on the use of staff to nurse communication forms within 30 days of hire.	**Implementation Date: 3/23/26**

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	ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: g. The program shall have in place a system by which certified or noncertified staff communicate in writing occurrences that differ from the tenant's normal health, functional and cognitive status. The program's registered nurse or designee shall train certified and noncertified staff on reporting to the program's registered nurse or designee and documenting occurrences that differ from the tenant's normal health, functional and cognitive status. The written communication required by this paragraph shall be retained by the program for a period of not less than three years and shall be accessible to the department upon request. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to document in writing occurrences that differed from tenants' normal health, functional and cognitive status. This pertained to 4 of 8		The HCC will receive training on the use of the staff to nurse communication form and follow up expectations by 4/26/26.	The Director or designee will complete routine audits of staff to nurse communication forms to ensure compliance.	**Completion Date:** Ongoing **Responsible Party: Director or designee**

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	current tenants reviewed (Tenants #2, #3, #4 and #5)				
Tag #6	**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 ensure staff completed dependent adult abuse training within six months of employment. This pertained to 3 of 5 staff reviewed who were employed greater than six months (Staff B, E and F)	**A 380**	All current employees will have their Dependent Adult Abuse trainings' completed and on file by 4/26/26.	All new hires will complete their DAA certification within 6 months of hire. The new Community Director will be trained regarding DAA Requirements within 30 days of hire. The Director or designee will complete routine audits to ensure compliance with DAA certification.	**Implementation Date: 3/23/26** **Completion Date:** Ongoing **Responsible Party: Director or designee**
Tag #7	**481-67.19(3)b Record Checks** 67.19(3)b Conducting a background check. The program may access the single contact repository (SING) to perform the required background check. If the SING is used, the program shall submit the person's maiden name, if applicable, with the background check request. If SING is not used, the program must obtain a criminal history check from the department of public	**A 410**	All current staff will have completed background checks on file, to include maiden names, by 4/26/26.	All new hires will have completed background checks on file, to include any maiden names, prior to the new hire starting employment with the community. The new Community Director will receive training on Background Check process and expectations within 30 days of hire. The Director or designee will perform routine audits on employee background checks to ensure compliance.	**Implementation Date: 3/23/26** **Completion Date: Ongoing** **Responsible Party:**

	safety and a check of the child and dependent adult abuse registries from the department of human services. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to submit a person's maiden name on a background check. This pertained to 1 of 1 staff reviewed related to an allegation of abuse (Staff H).				**Director or designee**
Tag #8	**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.	**A 145**	Tenant # 1 will have a new comprehensive assessment and service plan completed by 4/26/26. Tenant # 2 will have a new comprehensive assessment and service plan completed by 4/26/26. Tenant #3 moved out/passed away on 01/16/26. Tenant #4 had a comprehensive assessment on 12/16/25 as identified in the SOD/2567. Tenant #5 had a comprehensive assessment completed on 3/4/26 and behaviors are updated on the service plan. Tenant #6 had a comprehensive assessment completed on 2/27/26 and	The Director or designee will complete routine audits of staff to nurse communication forms to ensure evaluations are being completed timely.	**Implementation Date: 3/23/26** **Completion Date:** Ongoing **Responsible Party: Director or Designee**

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	This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete evaluations as needed with significant change. This pertained to tenants reviewed 6 of 8 current tenants reviewed (Tenants #1, #2, #3, #4, #5 and #6).		service plan reflects residents' current needs. The HCC will receive training on change of condition expectations and timepoints by 4/26/26.		
Tag #9	**481-69.23(1)c(1) Criteria for Admission / Retention of Tenants** 69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who: c. Is dangerous to self or other tenants or staff, including but not limited to a tenant who: (1) Despite intervention chronically elopes, is sexually or physically aggressive or abusive, or displays unmanageable verbal abuse or aggression This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to discharge tenants when they were physically aggressive and displayed unmanageable verbal abuse or aggression. This pertained to 2	**A 160**	Tenant #5, a 30-day Discharge notice was given on 1/16/2026. Tenant #4, a 30-day Discharge notice was given on 1/16/2026. The HCC will receive training on Criteria for Admission and Retention of tenants by 4/26/26.	The new Community Director will receive training on Criteria for Admission and Retention of tenants within 30 days of hire. The Director or designee will complete routine audits of staff to nurse communication forms to ensure compliance with level of care.	**Implementation Date: 3/23/26** **Completion Date: Ongoing** **Responsible Party: Director or Designee**

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	of 8 current tenants reviewed (Tenant #4 and Tenant #5).				
Tag #10	**481-69.25(1)i Tenant Documents** 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: i. When any personal or health-related care is delegated to the program, the medical information sheet; documentation of health professionals' orders, such as those for treatment, therapy, and medication; and nurses' notes written by exception. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to document nurse's notes by exception. This pertained to 5 of 8 current tenants reviewed (Tenants #1, #2, #3, #4 and #5). Findings follow:	**A 290**	The HCC will receive training on charting by exception expectations by 4/26/26.	The Director or designee will complete routine audits of incident reports and progress notes to ensure compliance.	**Implementation Date: 3/23/26** **Completion Date: Ongoing** **Responsible Party: Director or Designee**
Tag #11	**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.	**A 350**	All current tenants with behaviors and therapy services care plans will be updated to accurately reflect behaviors & interventions along with therapy provided services by 4/26/26. The HCC will receive training on service plan expectations by 4/26/26.	The Director or designee will complete routine audits of service plans to ensure compliance.	**Implementation Date: 3/23/26** **Completion Date:** Ongoing **Responsible Party: Director or designee**

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	This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update service plans as needed and failed to develop service plans that reflected the service needs of the tenants. This pertained to 6 of 8 current tenants reviewed (Tenants #1, #2, #3, #4, #5 and #6)				
Tag #12	**481-69.27(1)c Nurse Review** 69.27(1) If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse: c. To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status;	**A 430**	Tenant #4 had a comprehensive assessment on 12/16/25 as identified in the SOD/2567. The HCC will receive training regarding evaluations and change of condition time points by 4/26/26.	The Director or designee will complete routine audits of staff to nurse communication forms and incident reports to ensure evaluations are being completed timely.	**Implementation Date: 3/23/26** **Completion Date: Ongoing** **Responsible Party: Director or designee**

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	This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to complete a nurse review as needed. This pertained to 1 of 1 tenant reviewed that was involved an incident with staff (Tenant #4).				
Tag #13	**481-69.30(1) Dementia Specific Education for Personnel** 69.30(1) All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide eight hours of dementia-specific training and education within 30 days of hire. This pertained to 3 of 4 staff reviewed hired in 2025 (Staff G, H, J and K).	**A 545**	All current staff will have their required dementia training completed by 4/26/26.	All new hires will complete the required 8 hours of Dementia Training within 30 days of hire. The new Community Director will be trained regarding New Hire Dementia Training requirements within 30 days of hire Director or designee will complete routine audits of staff trainings to ensure compliance.	**Implementation Date: 3/23/26** **Completion Date: Ongoing** **Responsible Party: Director or designee**
Tag #14	**481-69.30(3)b Dementia-Specific Education for Personnel** 69.30(3) Dementia-specific continuing education b. Direct-contact personnel	**A 556**	All current staff will have their required dementia training completed by 4/26/26.	All staff will complete their Annual 8 hours of Dementia Training within 30 days of the employees' anniversary date of employment.	**Implementation Date: 3/23/26**

	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 provide eight hours of dementia-specific continuing education annually for direct-contact staff. This pertained to 5 of 5 staff reviewed employed greater than one year (Staff A, B, C, E and F)			The new Community Director will be trained regarding New Hire Dementia Training requirements within 30 days of hire Director or designee will complete routine audits of staff trainings to ensure compliance.	**Completion Date: Ongoing** **Responsible Party: Director or designee**
Tag #15	**481-69.35(1)b Structural Requirements** 69.35(1) General requirements b. The buildings and grounds shall be well-maintained, clean, safe and sanitary. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to ensure a well-maintained, clean, safe and sanitary environment. This	**A 710**	The part for the 208 door was ordered the last week of January and will be installed upon arrival.	Maintenance Coordinator will continue routine audits for mold development in any effected areas. Maintenance Coordinator will monitor 208 exterior door for additional damage until repair is completed.	**Implementation Date: 3/23/26** **Completion Date:** Ongoing **Responsible Party: Director or designee**

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.

	potentially affected all tenants (Census of 24).				

Compliance Date: _4/26/26

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.