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
	S0086	A. BUILDING: _____ B. WING _____	C 05/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD PLACE	2907 S 6TH ST MARSHALLTOWN, IA 50158

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments Assisted Living Programs for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. Tenants without cognitive impairment: 61 Tenants with cognitive impairment: 20 Total census: 81 No regulatory insufficiencies were cited during the investigation of Incident #130857-I and Complaint #130892-C. The following regulatory insufficiencies were cited during the investigation of Complaint # 132172-C and Incident #132173-I.	A 000	See attached POC 5/18/26	
A 116	481-67.2(2) Program Policies and Procedures 67.2(2) 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 Program staff failed to follow the incident reporting policy. This pertained to 1 of 1 tenant (Tenant #1) identified in incident 132173-I. Finding follows: Record review on 5/21/26 revealed an incident report dated 5/15/26. At 7:00 a.m. Staff noted they found a male tenant in Tenant #1's apartment bedroom area. Staff A reported Tenant #2 attempted to get into Tenant #1's bed. Record review on 5/21/26 revealed the Program's internal investigation noted the family reviewed the camera footage from the camera located in Tenant #1's apartment. The family reported Tenant #2 entered Tenant #1's apartment at 6:24	A 116		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 116	Continued From page 1 a.m and left at 6:55 a.m. Tenant #2 was fully clothed when he entered the apartment. Review of the footage noted missing video from 6:33 a.m. - 6:39 a.m. When staff entered Tenant #1's apartment she found Tenant #2 in his underwear. When interviewed on 5/21/26 at 1:00 pm. Staff A confirmed she found Tenant #1 in Tenant #2's apartment in his underwear standing near Tenant #1 in the bed with his hands under the covers attempting to lift Tenant #1's nightgown. She added when she found Tenant #2 in Tenant #1's apartment she used the radio communication device to notify her coworker but the coworker did not have the device with her. Staff A admitted she waited until the Assistant Healthcare Coordinator arrived to report the incident. When interviewed on 5/21/26 at 1:15 p.m. the Assistant Healthcare Coordinator said staff notified her upon her arrival to the building. She checked Tenant #1's legs and asked Tenant #1 if she felt safe. She admitted she failed to complete a physical assessment but did call the family. Record review on 5/26/26 revealed the incident report policy revised 5/15/24 stated, staff will notify the nurse or designee if an unusual event occurred. In addition the policy directed the nurse/designee to follow up. During the exit on 5/26/26 at 1:45 p.m. the administrative team confirmed staff should have contacted the nurse and/or designee when the event occurred instead of waiting until the Assistant Healthcare Coordinator arrived at the Program. They also confirmed a physical assessment of Tenant #1 should have been completed.	A 116		

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A 122	481-67.3(2) Tenant Rights 481-67.3(231B,231C,231D) Tenant rights. All tenants have the following rights: 67.3(2)?To receive care, treatment and services that are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews the Program failed to consistently ensure tenants received adequate care, treatment and services/supervision per family requests. This pertained to 1 of 1 tenant (Tenant #1) identified in Incident 132173-I. Finding follows: When interviewed on 5/20/26 an interviewee reported the family requested Tenant #1's door be locked at all times. She further added this request had been included in Tenant #1's service plan. Record review on 5/21/26 revealed an incident report documented on 5/15/26 at 7:00 a.m. staff noted they found a male tenant in Tenant #1's apartment bedroom area. Staff A reported Tenant #2 attempted to get into Tenant #1's bed. Record review on 5/21/26 revealed the Program's internal investigation noted the family reviewed the camera footage from the camera located in Tenant #1's apartment. The family reported Tenant #2 entered Tenant #1's apartment at 6:24 a.m. and left at 6:55 a.m. Tenant #2 was fully clothed when he entered the apartment. Review of the footage noted missing video from 6:33 a.m. - 6:39 a.m. When staff entered Tenant #1's apartment she found Tenant #2 in his underwear.	A 122		

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A 122	Continued From page 3 When interviewed on 5/21/26 at 1:00 p.m. Staff A confirmed she found Tenant #1 in Tenant #2's apartment in his underwear standing near Tenant #1 in the bed with his hands under the covers attempting to lift Tenant #1's nightgown. She added when she found Tenant #2 in Tenant #1's apartment she used the radio communication device to notify her coworker but the coworker did not have the device with her. Staff A admitted she waited until the Assistant Healthcare Coordinator arrived to report the incident. Record review on 5/21/26 revealed Tenant #1's service plan, signed 3/4/26, failed to include the family's preference for Tenant #1's door to be locked as agreed upon. During interviews conducted on 5/21/26 at 12:30 p.m. and 1:15 p.m. staff confirmed Tenant #1's family requested her door be locked at all times. Record review on 5/26/26 revealed an email, dated 1/29/24, from the Program's Healthcare Coordinator (HCC) noted she notified staff of the family's request to lock their mother's door when staff were not actively working with her. Further review revealed an email, dated 3/1/24, from the HCC stated she added hourly door checks to be completed with hourly visual checks. Observations on 5/26/26 at 12:40 p.m. revealed a sign posted on Tenant #1's door that read: "staff please lock the door when you leave". According to an interviewee the family placed this sign on the door before the incident occurred on 5/15/26. Further review of Tenant #1's service plan, dated 3/4/26, did not include the hourly door lock checks as communicated in the 3/1/24 email from the HCC.	A 122		

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A 122	Continued From page 4 When interviewed on 5/21/26 at 1:15 p.m. the Assistant HCC said staff notified her upon her arrival to the building. She checked Tenant #1's legs and asked Tenant #1 if she felt safe. She admitted she failed to complete a physical assessment but did call the family. Record review revealed Tenant #1 had a Global Deterioration Scale score (GDS) of five - moderately severe cognitive decline (moderate dementia). Tenant #2's GDS measured five also. During the exit on 5/26/26 at 1:45 p.m. the administrative team confirmed Tenant #1's service plan previously included the direction to staff to ensure Tenant #1's door was locked. They said they felt an error occurred while updating the service plan on or around 3/4/26. They confirmed the service plan completed as a result of this incident included the direction to staff for the door to be locked. They also confirmed the Program understood the family wanted Tenant #1's door to be locked and a sign on the door confirmed this request. Therefore, they failed to ensure the tenant's family request by leaving the door unlocked resulting in Tenant #2's being found in Tenant #1's room attempting to lift her nightgown.	A 122		
A 392	481-69.35(1)c Structural Requiremenst 481-69.35(231C) Structural requirements. 69.35(1) General requirements. c. Programs will have private dwelling units with a single-action, lockable entrance door.	A 392		

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A 392	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based on observations, interview and record review the Program failed ensure tenant units had a single-action lockable entrance door. This pertained to 1 of 1 tenant (Tenant #1) identified in Incident 132173-I. Finding follows: Observations on 5/21/26 at 10:43 a.m. staff locked Tenant #1's door from the outside using the deadbolt. At 11:00 a.m. another staff checked Tenant #1's door to ensure it was locked. At 11:40 a.m. when brought to the Director's attention she admitted the door did not have a single-action lockable entrance door. She directed maintenance staff to change Tenant #1's door locking mechanism as the family had requested Tenant #1's door be locked at all times.	A 392		

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Tag #1 481-67.2	**Regulation and Reg Number** **Program Policies & Procedures** Program staff failed to follow incident reporting policy.	**Tag #** **A116**	**What initial correction was made?** Director or Designee completed instant in-service on incident reporting procedures and communication chain of command. Director or Designee completed instant in-service on use and importance of communication devices (walkie talkie) in resident care. Director or Designee completed instant ins-service on Assessment/Service Plan Policy expectations.	**How will we ensure and maintain compliance going forward?** Upon hire, annually and as needed, staff training will be completed on incident reporting procedures and communication chain of command. Upon hire, annually and as needed, communication training and use of communication devices will be conducted. Monthly review of Individual Service Plan of at a minimum of 1 resident.	**Implementation Date:** **5/18/2026** **Completion Date:** ongoing **Responsible Party:** **HCC, AHCC or designee**

Tag #2 481-67.3, (231B, 231C, 231D)	**Regulation and Reg Number** **Tenant Rights** Program failed to consistently ensure tenants received adequate care, treatment and services/supervision per family requests.	**Tag #** **A122**	**What initial correction was made?** Director or Designee completed instant in-service on door alarm response, door security and lock expectations and Individual Service Plan knowledge. ISP reviewed and updated adding appropriate interventions of aerial alarm to door and task to ensure door is locked per resident preference. Director or Designee completed instant ins-service on Assessment/Service Plan Policy expectations.	**How will we ensure and maintain compliance going forward?** Upon hire, monthly and as needed, staff training will be completed on door alarm response, door lock expectations and Individual Service Plan knowledge. Door alarm audit to be conducted weekly and as needed. Monthly review of Individual Service Plan of at a minimum of 1 resident.	**Implementation Date:** **5/18/2026** **Completion Date:** Ongoing **Responsible Party:** **HCC, AHCC, Director or designee**

Compliance Date:_____

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Tag #3 481-69.35; 481-69.35 (231C) 69.35	**Regulation and Reg Number** **Structural Requirements** Program failed to ensure tenant units had a single action lockable entrance door.	**Tag #** **A392**	**What initial correction was made?** Directly affected door (138) dead bolt lock was disengaged. Door handle replaced with appropriate locking handle that allows exit from interior while disallowing entry from exterior of room.	**How will we ensure and maintain compliance going forward?** Disengage dead bolt locks on doors that have them by June 23, 2026 and replace with appropriate locking handles by July 15, 2026. Annual and as needed completion of door lock audits.	**Implementation Date:** **5/18/2026** **Completion Date:** Ongoing **Responsible Party:** **Director, Maintenance or designee**

Lisa Hall 06/22/2026

Lisa Hall, Director