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
	S0082	A. BUILDING: _____ B. WING _____	C 05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINCOLNWOOD ASSISTED LIVING	302 W LINCOLN EDGEWOOD, IA 52042

(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 are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive impairment: 22 Number of tenants with cognitive impairment: 1 Total census: 23 No regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program. The following regulatory insufficiency was cited during the investigation of Complaint #125706-C.	A 000	See attached POC 7/10/25	
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.	A 145		

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

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 145	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to evaluate 1 out of 2 former tenants reviewed with significant change (Tenant C1). Findings include: 1. On 5/15/25 a review of Tenant C1's progress notes dated 12/17/24 revealed an increase in behaviors that were unusual to his normal baseline. Tenant C1 had urinated on his apartment floors and was incontinent of bowel. He spread his bowel movements over his apartment floors, walls, and countertops. The DayHab program Tenant C1 attended reported difficulties on 12/17/24 as he displayed increased confusion. He had not understood simple commands such as putting his coat on to leave for DayHab. Progress notes further revealed Tenant C1 was taken to the hospital by his family due to his increased behaviors and confusion. Progress notes dated 12/18/25 revealed the memory clinic called the Program to implement a new medication, Lexapro 10 mg daily for two weeks and then change to 20 mg daily. Progress notes revealed a nurse from the hospital contacted Program administration to ask for information regarding Tenant C1's baseline and indicated he was experiencing incontinence and confusion at the hospital. 2. Per the Program's Registered Nurse (RN) on 5/15/25 at 2:24 pm, Tenant C1 was hospitalized from 12/17/25 through 12/19/25. 3. Further review of Tenant C1's progress notes revealed no documentation of evaluations being completed before or immediately after Tenant C1's hospitalization to see if the tenant remained appropriate for assisted living level of care and to	A 145		

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A 145	Continued From page 2 assess whether the service plan required changes. Progress notes indicated the Program RN had not completed evaluations for significant change until 12/31/25, 10 days after hospitalization which revealed a change of Tenant C1 moving from a global deterioration score (GDS) of 4 to a 5 and the implementation of safety checks due to a need of more staff supervision. 4. On 5/15/25 at 1:15 pm, the RN confirmed no evaluations were completed prior to Tenant C1's hospitalization or immediately after to see if the tenant was appropriate for assisted living level of care and to assess whether the service plan required changes. The RN stated she was not in the building between 12/18/25 through 12/31/25. The RN stated she evaluated Tenant C1 on 12/31/25 and implemented new strategies in the service plan including night time safety checks. 5. On 5/15/25 at 3:00 pm, the Director and RN confirmed the above findings.	A 145		

Lincolnwood
assisted living
kind • compassionate • care

ok
7/1/25

06/12/2025

Department of Inspections and Appeals
Attn: Catie Campbell
6200 Park Avenue Suite 100
Des Moines, Iowa 50321

Dear Ms. Campbell:

On behalf of Lincolnwood Assisted Living, I respectfully submit our Plan of Correction for your approval. This response is specific to the Recertification and Complaint #125706-C visit, for the onsite visit on 5/15/2025. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the alleged facts or conclusions set forth in the statement of insufficiencies. The Plan of Correction is executed solely because it is required by the provisions of Iowa Law.

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.

1. Elements detailing how the Program will correct each regulatory insufficiency.
    - The 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.
2. Measures taken to ensure the problem does not recur.
    - The program nurse, and assisted living director were educated on regulatory requirements for evaluation of a tenant.
    - Tenant's functional, cognitive and health status will be assessed as needed with a significant change, but not less than annually.
3. How the Program plans to monitor performance to ensure compliance
    - The Assisted Living Director and/or Designee will complete ongoing audits to ensure tenants are evaluated routinely, with a change in condition, but not less than annually.
4. The date by which the regulatory insufficiency will be corrected.
    - The regulatory insufficiency will be corrected on or before July 10, 2025.

If you have any questions regarding this plan of correction, please contact me at 1-563-928-7173.

Respectfully submitted,

Taylor Bockenstedt

Taylor Bockenstedt, Assisted Living Director