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
	S0097	A. BUILDING _____ B. WING _____	C 03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MICA HILL ESTATES	2121 AVE L HAWARDEN, IA 51023

(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. Tenants without cognitive impairment: 8 Tenants with cognitive impairment: 0 Total census: 8 The following regulatory insufficiencies were cited during the investigation of Incident #131262-I and Complaint #131167-C.	A 000	See attached POC 4/8/26 A-145: Evaluation of Tenant For all tenants identified during the survey: a licensed nurse or qualified professional completed or updated a comprehensive evaluation, addressing physical, cognitive, functional and psychosocial status; Evaluations were dated, signed, and placed in the tenant record; service plans were reviewed and updated, as applicable, to reflect the findings of the evaluation and implemented immediately. The DON or designee conducted a 100% audit of all current tenant record to verify: An evaluation was completed prior to admission or occupancy, as required: evaluations are current and reflect the tenant's present condition and needs; evaluations are completed with significant change in condition and at required intervals; documentation is complete, signed and dated. The Assisted Living Program implemented the following systemic actions: evaluations are completed prior to admission and before final acceptance and ongoing evaluations occur with significant change. To enusre compliance the DON/ designee will perform monthly audits of a minimum of 2 tenant records x 4 months for the presence of completed evaluations, timeliness and accuracy of completeness. Any identified issues will trigger immediate corrective action and staff re-education as needed. Compliance Date: 04/08/2026	
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 consistently complete evaluations with a significant change of condition. This pertained to 1 of 1 tenants reviewed with a	A 145		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Amanda Birch — TITLE: Executive Director — (X6) DATE: 4-10-26

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A 145	Continued From page 1 significant change of condition (Tenant #1). Finding follows: Record review on 3/23/26 revealed Tenant #1's Brief Interview for Mental Status (BIMS) dated 1/13/26 indicated a significant change of condition due to hospitalization for pneumonia. Further record review revealed no health and functional evaluations for Tenant #1. When interviewed on 3/23/26 at 5:00 p.m. the Administrator confirmed the Licensed Practical Nurse (LPN) completed the BIMS but failed to complete the health and functional evaluations to determine Tenant #1's continued eligibility after her hospitalization and change of condition.	A 145	A-390- Service Plans For all tenants identified during the survey: a licensed nurse reviewed he most recent tenant evaluations conducted and individualized service plans were updated or developed to accurately reflect and identified needs and preferences for assistance; services provided under the occupancy agreement; frequency and type of services; and involvement of outside service providers. Updated service plans were reviewed with the tenant and/or legal representative and placed in the tenant records and implemented immediately. The DON/ designee conducted a comprehensive audit of all current tenant service plans to ensure compliance for the following: each tenant has a service plan; service plans are based on current evaluations; and plans are updated- at least annually, within 30 days of occupancy when personal or health-related care is needed and with any significant change in condition. The Assisted Living program implemented the following systemic actions: revised admission and care planning procedures to ensure; preliminary service plans are developed prior to occupancy and service plans are updated within required timeframes. The DON/designee will complete monthly audits of a minimum of 2 tenant records x 4 months to ensure: service plans are present, current and individualized; updates occur with significant change and at least annually and signatures and dates are complete. Compliance date: 04/08/2026	
A 390	481-69.26(3)e Service Plans 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. e. The service plan shall be reviewed, updated if necessary, and signed and dated by all parties at least annually. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently update services plans annually. This pertained to 1 of 2 tenants reviewed (Tenants #1). Finding follows: Record review on 3/23/26 revealed Tenant #1's service plan revised 4/1/23. Further review	A 390		

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A 390	Continued From page 2 indicated the service plan lacked signatures and had not been updated at least annually. Tenant #1 took occupancy on 10/30/21 with the Program. During the exit on 3/24/26 at 12:45 p.m. the Administrator confirmed the Program provided Tenant #1's most recent service plan and the Program failed to update and obtain signatures at least annually.	A 390		