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
	S0021	A. BUILDING: ____ B. WING ____	C 09/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONEBRIDGE SUITES OF LEMARS, LLC	900 LINCOLN ST NE LE MARS, IA 51031

(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: 27 Tenants with cognitive impairment: 1 Total census: 28 The following regulatory insufficiency was cited during the investigation of Complaint #130239-C.	A 000	PLAN OF CORRECTION This plan of correction does not constitute an admission or agreement by the provider to the accuracy of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and/or executed solely because it is required by the provisions of federal and state law. Completion dates are provided for procedural processing purposes and correlation with the most recently completed or accomplished corrective action and do not correspond chronologically to the date the facility maintains it is in compliance with the requirements of participation, or that corrective action was necessary.	10/01/2025
A 395	481-69.26(4)a Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the Program failed to include all identified needs within the service plan for 2 out of 5 tenants reviewed (Tenant C1, Tenant C2). Findings follow: 1. Record review on 9/30/25 revealed a review of Tenant C1's record included a service plan dated 10/15/24. Tenant C1's service plan established she was continent of urine and wore depends. Tenant C1's service plan indicated no other concerns or information regarding continence. Tenant C1's record contained the following nurse's notes: a. On 8/08/25,Tenant C1's urinalysis results came	A 395	1. Stonebridge of Le Mars, LLC corrected the deficiency by October 1, 2025, by Director of Nursing. 2 of the 5 reviewed have had needs identified and service plans updated (Tenant C1 and Tenant C2) 2. To correct the deficiency and to ensure the problem does not reoccur, DON was educated on October 22, 2025, on Service Plans. This was done by Regional Clinical Specialist. The Director of Nursing and/or designee will audit three tenant service plans starting 10/22/2025 through 01/14/2026, then PRN to ensure	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Administrator (X6) DATE: 12/18/25

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A 395	Continued From page 1 back and an order for Macrobid 100 milligrams (mg) was to be taken twice daily for five days. b. On 8/22/25, Tenant C1 continued to have urinary tract infection symptoms. She was taken to the hospital and admitted. When interviewed on 9/30/25 at 9:35 am, Staff A indicated she assisted Tenant C1 with cares when she resided at the Program. Staff A explained Tenant C1 constantly took antibiotics for chronic urinary tract infections. When interviewed on 9/30/25 at 9:53 am, Staff B explained she assisted Tenant C1 with cares when she resided at the Program. According to Staff B, Tenant C1 had frequent urinary tract infections and staff needed to assist Tenant C1 as her care requirements significantly increased. When interviewed on 9/30/25 at 10:21 am, Staff C indicated Tenant C1 needed assistance with care when she resided at the Program. Staff C stated Tenant C1 had constant urinary tract infections. Staff C explained the staff were extra vigilant in trying to keep her clean and dry. When interviewed on 9/30/25 at 11:46 am, the Director of Nursing confirmed Tenant C1's had ongoing concerns with urinary tract infections when she lived at the Program. The Director of Nursing confirmed Tenant C1's service plan contained no information regarding her ongoing concerns with urinary tract infections. 2. Record review on 9/30/25, of Tenant C2's record revealed a service plan dated 4/17/25. Tenant C2's recent global deterioration score (GDS) dated 4/16/25, indicated a three for mild cognitive decline. Tenant C2's service plan	A 395	ensure continued compliance. 3. As part of Stonebridge of Le Mars, LLC ongoing commitment to quality assurance, the Director of Nursing and/or designee will report identified concerns quarterly through the community's QA Process.	

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A 395	Continued From page 2 directed staff to complete assurance checks on Tenant C2 at midnight, 3:00 a.m., 8:00 a.m., 6:00 p.m., and as needed. The service plan contained no other information regarding Tenant C2's supervision or safety. Tenant C2's record contained the following nurse's note: a. On 8/05/25, Resident C2 reported to her son she fell backwards that morning. Staff watched Resident C2 throughout the shift on the monitor and Resident C2 was at her sink all morning. When interviewed on 9/30/25 at 9:53 a.m. Staff B indicated she assisted Tenant C2 with cares when she resided at the Program. According to Staff B, Tenant C2 was on hospice during the last six months prior to her passing away. Tenant C2 declined quickly and had some falls. Tenant C2's family placed a baby monitor in her room. The monitor showed the area in her room by her chair/door so she still had privacy but staff could hear/see her when they were busy in other areas. When interviewed on 9/30/25 at 10:21 a.m., Staff C explained she worked with Tenant C2 when she was in hospice prior to her death. Tenant C2's mobility decreased. Staff C stated she suggested a baby monitor in Tenant C2's room to provide extra observation for safety when staff were busy in other areas such as the dining room. Staff C indicated Tenant C2's family loved the idea and brought a monitor in. When interviewed on 9/30/25 at 11:46 am, the Director of Nursing confirmed Tenant C2 had a baby monitor in her room. The Director of Nursing indicated the family brought the monitor in so staff could continue to monitor her for safety when they were busy with other duties. The Director of	A 395		

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A 395	Continued From page 3 Nursing reported Tenant C2's family came in and sat with her each night. The Director of Nursing also confirmed Tenant C2's service plan failed to address the baby monitor placement in her apartment and what it's used for.	A 395		