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
	S0157	A. BUILDING: _____ B. WING _____	C 06/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARLINGTON PLACE OF OELWEIN	1101 3RD STREET SW OELWEIN, IA 50662

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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. Number of tenants without cognitive disorder: 7 Number of tenants with cognitive disorder: 10 Total census 17 The following regulatory insufficiencies were cited during the investigation of Complaints #127441-C and #127464-C and the recertification visit conducted to determine compliance with certification of a Dedicated Dementia Specific Assisted Living Program:	A 000	See attached POC 6/9/25	
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 observation, interview and record review, the Program failed to follow established policies and procedures including reporting allegations of potential abuse affecting 1 of 2 former tenants reviewed (Tenant C1), completion of incident reports affecting 1 of 4 current and of 1 of 2 former tenants reviewed (Tenants #4 and C1), dependent adult abuse training affecting 2 of 4 staff reviewed (A, B) and food temperatures possibly affecting all 17 tenants. Findings follow: 1. Review of Tenant C1's Staff Documentation/Communication to Nurse forms	A 150		

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revealed the following:
- Staff A completed a form signed on 12/22/24 that indicated at supper Tenant C1 told her Staff C told her to pull up her pants, grabbed her arm and said she needed to go back to her apartment. Staff C dug her nails into Tenant C1's arm. Tenant C1 reported Staff C was always mean to her and she did not want her in the apartment. She said Staff C also threatened her with telling the Executive Director about Tenant C1 not listening to her. The Healthcare Coordinator reviewed it on 12/23/24.
- Staff D completed a form dated 12/22/24 that indicated Tenant C1 reported Staff C was mean to her and told her to pull up her pants. Tenant C1 said that Staff C grabbed her arm and told her to go back to her apartment. She reported Staff C also said to wait until the Executive Director got there. Tenant C1 was scared to get kicked out and did not want Staff C in her apartment. Tenant C1 wanted to make a complaint about Staff C and said she put her nails into her skin. It was completed on 12/22/24 and signed by Staff D on 12/22/24. The Healthcare Coordinator reviewed it on 12/23/24.
- Staff C completed a form dated 12/23/24 (for 12/22/24) that indicated Tenant C1 came out for lunch and staff noticed her pants were not up and shirt was not down. She asked the tenant if they could go to her bathroom and pull them up because she could not come out like that. She told Staff C that she was not going to tell her what to do. She attempted to pull them up in the doorway, Staff C helped her and told her she was okay to come out. The Healthcare Coordinator reviewed it on 12/23/24.

Review of Internal Investigation related to Tenant C1 indicated the date and time of the incident was 12/22/24 at 11:30 a.m. The Healthcare

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Coordinator was the person making the report and it was reported to the Executive Director on 12/23/24. The summary of investigative findings indicated Tenant C1 had mental illness and had attention seeking and non-compliant behavior and fabricated stories. It was noted Tenant C1 retracted her complaint when interviewed by the Healthcare Coordinator. The investigative conclusion was not documented.

Further review revealed an investigation was concluded by the management company on 1/7/25 related to Tenant C1's allegation on 12/22/24. Excerpts included:
- Staff A confirmed she did not call the nurse on-call regarding the allegation that was made as she thought the nurse would not take action.
- Staff C told the Executive Director on 12/23/24 about Tenant C1's refusals to allow her to provide cares for her. The Executive Director told Staff C to stay away from the tenant for the time being
- When the Healthcare Coordinator returned to her office she reviewed the staff communication forms submitted by Staff A and Staff D regarding an allegation of abuse.
- The Healthcare Coordinator said she received a staff communication sheet from Staff C on 12/23/24 regarding the incident on 12/22/24.

Review of the December 2024 Monthly Task Log indicated after the allegation was made on 12/22/24, Staff C signed off tasks completed for Tenant C1 on 12/23/24 and 12/25/24.

The Program's Adult Abuse Reporting policy and procedure indicated if it was suspected a dependent adult had been abused it must be reported to the director or nurse immediately. In the event abuse was suspected, reported or observed the victim and alleged abuser would be

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immediately separated until the abuse investigation was completed and the abuse determination was made.

In summary, the Program failed to follow its abuse reporting policy and procedure related to the allegation made on 12/22/24 that involved Staff C and Tenant C1. The Allegation of potential abuse was not reported to the Healthcare Coordinator or Executive Director immediately as required to ensure separation occurred between the tenant and alleged abuser until the allegation was investigated promptly and the abuse determination was made.

2 a. Review of Tenant C1's file from 6/3/25 to 6/5/25 revealed two Staff Documentation/Communication to Nurse forms dated 12/22/24 indicating Tenant C1 reported to staff that Staff C was mean to her and told her to pull up her pants. Tenant C1 reported Staff C then grabbed her arm and told her to go back to her apartment. Tenant C1 said Staff C put her nails into her skin. Tenant C1 did not want Staff C in her apartment and wanted to make a complaint against her. It was also reported Staff C said she would tell the Executive Director.

A Staff Documentation/Communication to Nurse form dated 3/18/25 indicated Tenant C1 paged staff for bananas and pop. It was noted her chair was wet and staff redirected her to the bathroom. Tenant C1 would not allow staff to help and had trouble walking. The staff person asked another staff to assist. The three of them were walking when Tenant C1 said she could not continue and began to sit on a trash can. Staff attempted to get her up multiple times without success and she began to sit on the floor. Staff lowered her to the floor and triage was called. Staff was instructed to

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call for lift assist. Emergency medical services (EMS) arrived.

Incident reports could not be located related to Tenant C1's allegations of abuse in December, or the incident when Tenant C1 was lowered to the ground in March.

b. Review of Tenant #4's on 6/3/25 and 6/4/25 file revealed Progress notes indicating the following:
- On 3/7/25 it was noted Tenant #4 had a bruise on the left arm.
- On 4/29/25 staff reported Tenant #4 had small bruises on her shins. Family had been there and had taken her outside in their personal car for outings. There was no signs of abuse and Tenant #4 denied anyone being rough or feeling unsafe.

No incident reports could be located related to Tenant #4's bruising of unknown etiology.

The Program's Incident Report policy and procedure indicated if a tenant had fallen or any unusual event occurred the nurse would or designee would be notified. An incident report form would be completed for documentation.

When interviewed on 6/5/25 at 1:09 p.m. the Healthcare Coordinator confirmed all incident reports were provided for the tenants reviewed. She said incident reports should be completed for falls, new injury, unknown bruising or reporting a medication error.

3. Review on 6/5/25 of Staff A's training revealed she last had Dependent Adult Abuse Mandatory Reporter Training completed on 3/21/20. The certificate indicated the next mandatory reporter training was a one-hour refresher course to be completed within the next three years.

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A 150	Continued From page 5 Staff A's next Dependent Adult Abuse Mandatory Reporter Training was completed on 2/16/25, which was greater than three years from the first completed mandatory dependent abuse training. On 6/5/25 review of Staff B's training revealed she was hired on 7/19/24. A Dependent Adult Abuse Mandatory Reporter Training was completed on 2/16/25; however, was not completed within six of her hire date. The Program's Adult Abuse Reporting policy and procedure indicated upon hire all staff were to complete the abuse reporting per the state requirement (within 6 months of hire). The training would be provided by the Iowa Department of Human Services (DHS) and the one-hour refresher would be completed from DHS as required by regulation (every 3 years thereafter). When interviewed on 6/5/25 at 12:38 p.m. the Executive Director said there was no additional training available for dependent adult abuse for Staff A. He said an instant in-service was completed with staff (dated 12/30/24). 4. The service of the lunch meal was observed on 5/29/25 at approximately 12:00 p.m. The items served included chicken with a glaze, broccoli with cheese, a macaroni/pasta salad and a dessert. The food temperatures were requested for the meal observed. Culinary Coordinator #1 reported the food temperatures were taken but were not recorded. He then obtained temperatures of the foods served and reported the chicken was 160 degrees, the broccoli was 170 degrees, cheese sauce was 170 degrees, honey glaze was 160 and the pasta salad was 39	A 150		

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A 150	Continued From page 6 to 41 degrees. No sanitation of the thermometer was observed between each food item. When interviewed on 6/2/25 two tenants reported the food temperatures were getting better but had been cold before. When interviewed on 6/4/25 at 2:40 p.m. Culinary Coordinator #2 said food temperatures were taken daily and recorded. The temperatures were kept for a year. When interviewed on 6/5/25 at 12:38 p.m. the Executive Director said staff took the temperature of one food item (per meal). He said it was done for each meal and recorded in the kitchen. On 6/5/25 review of a Time/Temperature Food Preparation Log indicated from 5/1/25 to 5/25/25 one time per day a meat was recorded with the time and temperature. No other food temperatures were provided for the three meals provided or other food items served. Continued record review revealed a Dining Services Food Preparation Guideline policy and procedure indicated to take food temperatures after cooking, during holding times and when refrigerated. The temperatures should be recorded at least three times per meal on the Daily Food Production Worksheet. In summary, the Program failed to follow the policy and procedure regarding taking and documenting food temperatures, which potentially affected all tenants (census of 17).	A 150		
A 290	481-69.25(1)i Tenant Documents	A 290		

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A 290	Continued From page 7 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 1 of 4 current tenants reviewed (Tenant #1). Findings follow: 1. On 6/3/25 and 6/4/25 review of Tenant #1's file revealed progress notes indicating the following: - On 3/7/25 a new order was received for Aquaphor to the biopsy site on Tenant #1's face five times per day. - On 3/18/25 the provider ordered Aquaphor to the right cheek biopsy site three times daily until healed. - On 4/10/25 the provider was contacted regarding intertrigo under her abdominal fold. - On 4/10/25 a new order was received for Nystatin powder twice daily for 10 days. It indicated to wash and dry area twice daily and apply powder then a Viva paper towel between folds. - On 5/8/25 a new order was received on 5/5/25 for Keflex 500 milligram (mg) three times daily for seven days. Continued review revealed there were no follow up notes related to the biopsy site and treatment, Nystatin treatment and intertrigo and the follow up	A 290		

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A 290	Continued From page 8 to the prescribed Keflex. 2. When interviewed on 6/5/25 at 1:09 p.m. the Healthcare Coordinator 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 to reflect the needs of the tenants. This pertained to 3 of 4 current tenants (Tenants #1, #2 and #3) and 2 of 2 discharged tenants reviewed (Tenant C1 and Tenant C2). Findings follow: Record review on 6/3/25 and 6/4/25 revealed the following: 1. Tenant #1's file documented Progress Notes indicating the following: - On 5/22/25 a verbal order was given to crush medications as needed. - On 5/28/25 Tenant #1 frequently refused medications even if crushed.	A 350		

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A 350	Continued From page 9 Tenant #1's service plan did not reflect the order for crushed medications as needed. 2. Tenant #2's file revealed Progress Notes indicating the following: - On 3/12/25 an order was received for therapy to evaluate back pain. - On 3/20/25 physical therapy (PT) was addressing low back pain and safety with mobility and occupational therapy (OT) was addressing cervical posture and positioning. - On 5/1/25 Tenant #2 was discharged from PT on 4/28/25 and discharged from OT on 4/29/25. - On 6/1/25 staff reported Tenant #2 had an unwitnessed fall and got himself back up. His left ankle was bothering him and that's what caused him to fall. He had swelling to his left leg and staff reported that he favored his left arm. Tenant #2's family requested he been seen in the emergency department (ED). - On 6/1/25 returned back to the Program with ED paperwork. He had a sprain to the left ankle and had to wear a boot for one week. Tenant #2's service plans provided were dated 5/30/24 and 5/27/25. The service plan was not updated to reflect the initiation or discharge from PT and OT or the walking boot and ankle sprain. 3. Tenant #3's file revealed Progress Notes documenting the following: - On 5/23/25 Tenant #3 complained of pain to low right central back, her blood pressure was low and her pulse was elevated. She was sent to the ED. - On 5/23/25 was admitted to the hospital. - On 5/24/25 Tenant #3 was admitted for pancreatitis. - On 5/27/25 returned to the Program.	A 350		

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A 350	Continued From page 10 A recheck related to pancreatitis was completed and it was noted Tenant #3 was unable to give a history on intake or bowel habits for the last few days. The orders indicated to watch to see if constipation was a further problem. The orders were noted on 5/30/25 by the Healthcare Coordinator. Tenant #3's service plan updated 5/27/25 reflected she was independent with toileting. The service plan did not reflect the order to monitor for constipation as ordered. 4. Tenant C1's file revealed orders dated 12/19/24 for one serving of bread daily. Family could not bring bread to her and she should only have sugar free peanut butter. The tenant's profile page (face sheet) listed orders for Tenant C1 which included only one glass of juice at meal times only and no more than one banana per day. The following Staff Documentation/Communication to Nurse forms were noted: - On 2/27/25 at 4:40 p.m. Tenant C1 paged staff and said she was not coming to supper. Tenant C1 had nine bananas and a container of chips. - On 3/15/25 staff had to wash Tenant C1's laundry several times a week due to urine or bowel movement (BM) on her pants. - On 4/9/25 Tenant C1 paged staff to go to the bathroom and two staff went to the apartment. Staff put a gait belt on and Tenant C1 claimed she had a sore on her belly button from people grabbing her. Staff looked but did not see marks. It was reported to the nurse. The nurse response indicated there was no redness or irritation. It was	A 350		

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noted Tenant C1 had behavior where she tried to sit on the floor during ambulation.
- On 4/17/25 Tenant C1 was asked if she was going out to breakfast and said no. She was offered breakfast but said no. She asked for peanut butter sandwiches. Staff said she would provide the things needed to make them. Tenant C1 then said no.
- On 4/22/25 while cleaning Tenant C1's abdomen and area on the right side perineal area, she said the staff was hurting her. There were areas that were getting pink/red. There was a lot of caked baby powder between her folds and in areas she said it hurt. The baby powder was tan/yellow in color and had an odor.
- On 4/23/25 Tenant C1 asked staff to push and pull her out of the chair like other staff did. She was told she was capable of getting up on her own. Tenant C1 was showered and staff were going to apply powder and Tenant C1 said it hurt. Staff found an open sore in her folds. Staff notified the nurse before completing the steps so she could check it. When staff was drying her folds, Tenant C1 kept grasping her hand tight and did not want staff to clean it.
- On 4/29/25 when cleaning, drying and applying powder to Tenant C1's abdominal fold staff noted a strong yeast "rotten" smell coming from her folds around her perineal area. When staff tried to look at the area, Tenant C1 said it hurt. The area was covered with moist powder and had a very strong odor "(yeasty/infected)." The nurse response indicated the provider assessed and prescribed Nystatin powder twice daily.

Tenant C1's Progress Notes indicated the following:
- On 3/21/25 refused bathing and walking.
- On 4/1/25 refused her shower again and refused to walk.

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A 350	Continued From page 12 - On 4/4/25 did not participate in bathing. - On 4/9/25 Tenant C1 said she had a sore on her umbilicus. There was no redness or irritation noted. She did not like the gait belt and her family said she did not need one. She required the assistance of two staff and a gait belt for ambulation as she tried to sit down during ambulation. The gait belt was not placed near her umbilicus due to the "large abdominal apron." - On 4/16/25 was evaluated by PT and OT. - On 4/17/25 new behaviors of pushing her pendant and canceling the pendant herself. She also refused meals but wanted staff to come to her apartment and make peanut butter sandwiches with supplies family provided. It was noted they would serve meals provided by the Program but would not prepare the food family brought. - On 4/23/25 Tenant C1 had a small open area in her groin that appeared to be an ingrown hair. - On 4/23/25 complained and resisted skin care of her "abdominal apron." - On 4/29/25 the provider ordered Nystatin 100,000 unit/gram (gm), twice daily for 10 days for intertrigo. Tenant C1's service plan was not updated and did not reflect the skin issues, pain and treatment as noted above in her abdominal folds and perineal area. The service plan reflected Tenant C1 refused cares and bathing; however, did not provide interventions related to the refusals. The service plan reflected Tenant C1 manipulated staff for more food; however, did not indicate the dietary restrictions ordered and Tenant C1's non-compliance with the orders. It also did provide a directive to staff regarding their assistance with snacks and meals for Tenant C1. It did not reflect Tenant C1 would lower herself to the ground when she ambulated, which was	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 13	A 350		

noted as a behavior. The service plan reflected the use of the gait belt; however, did not indicate the placement of the gait belt related to her "large abdominal apron." The service plan reflected PT; however did not reflect OT services. The service plan reflected Tenant C1 was continent of BM and did not reflect the incontinence and at times additional laundry needed related to the incontinence.

5. Tenant C2's file revealed Progress Notes indicating the following:
- On 2/13/25 Tenant C2 had complaints of chest pain and shortness of breath. Emergency contact and hospice were notified. It was noted the Program did not administer her medications.
- On 2/13/25 family was there and administered nitroglycerin and would give more medication if there was no relief. Tenant C2's family had the medications with her and was knowledgeable regarding symptom management.
- On 3/3/25 staff reported Tenant C2 was unable to take medications independently. The Program did not manage her medications. Hospice was informed.
- On 3/4/25 Tenant C2 was too weak and shaky to take her medications independently. Her family was contacted and could come in to give her medications.
- On 3/9/25 Tenant C2 was anxious and restless. Hospice and family were notified.
- On 3/10/25 it was noted on 3/9/25 Tenant C2 was anxious. Hospice called back and said Tenant C2's family refused to come to give medication.
- On 3/10/25 it was noted family was going to review the service plan and discuss cost and decide if they wanted to continue to administer medications. They requested Tenant C2 use her oxygen after lunch and at bedtime. It was

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	S0157	A. BUILDING: _____ B. WING _____	C 06/05/2025

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ARLINGTON PLACE OF OELWEIN	1101 3RD STREET SW OELWEIN, IA 50662

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A 350	Continued From page 14 communicated to staff that it was as needed and it was Tenant C2's decision. Tenant C2's service plan dated 3/24/25 indicated she received medication reminders only. Family set up the medications and staff provided reminders in the a.m. and p.m. The service plan did not address nitroglycerin, including who administered and where it was stored to ensure timely administration of the medication. It also did not reflect the difficulty taking medications independently as noted above or the use of oxygen as needed. 6. When interviewed on 6/5/25 at 1:09 p.m. the Healthcare Coordinator confirmed all service plans were provided for the tenants reviewed.	A 350		
A 425	481-69.27(1)b 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: b. To ensure that health care professionals' orders are current for tenants who receive health care professional-directed care from the program This REQUIREMENT is not met as evidenced by: Based on interview and record the Program failed to ensure health care professionals' orders were current. This pertained to 1 of 1 discharged tenants reviewed who received program administered medications (Tenant C1). Finding follow:	A 425		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0157	A. BUILDING: _____ B. WING _____	C 06/05/2025

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A 425	Continued From page 15 1. On 6/3/25 and 6/5/25 review of Tenant C1's file indicated the following orders for trazadone: - Admit orders dated 10/28/24 indicated an order for trazodone 50 milligram (mg) tablet, one to two tablets by mouth every evening. - An order was received dated 12/5/24 for trazodone 50 mg tablet, two tablets (100 mg) by mouth every night at bedtime. - An order was received dated 12/19/24 for trazodone 150 mg every day. - An order was received dated 3/11/25 to increase trazodone to 150 mg at bedtime and monitor effectiveness by sleep pattern. 2. Primary care provider (PCP) and psych visit notes dated 2/12/25, 2/18/25 and 3/11/25 reflected trazodone 50 mg, 2 tablets twice a day on the current medication list which was provided by the Program. Subsequent orders received on 12/19/24 and 3/11/25 were not listed on the current med orders and a clarification of orders was not sought by the Program. 3. Tenant C1's medication administration records (MARs) reflected the following: - The November 2024 MAR reflected an order for trazodone, one tablet 50 mg at bedtime. - The December 2024 MAR reflected an order for trazodone, one tablet 50 mg at bedtime that was discontinued on 12/9/24. It also reflected an order for trazodone 2 tablets, 100 mg, which was started on 12/9/24 and discontinued on 12/23/24. Additionally the MAR reflected an order for trazodone 150 mg, take 1 tablet by mouth at bedtime was started on 12/23/24. - The January 2025 MAR reflected trazodone 150 mg, one tablet at bedtime was administered. - The February 2025 MAR reflected trazodone 150 mg, one tablet at bedtime was administered.	A 425		

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A 425	Continued From page 16	A 425		

- The March 2025 MAR reflected trazodone 150 mg, one tablet at bedtime was administered.

4. An order was received on 2/18/25 to wash the abdominal area twice daily and dry; discontinue Nystatin but pad abdominal area with soft cotton cloths or interdry cloths throughout the day. Talcum or baby powder could be used to area twice daily. It was noted by the Healthcare Coordinator on 2/19/25. The February, March, April and May 2025 MARs reflected an order for Johnson's Baby Powder to be applied to the abdomen area twice daily as directed. The MARs did not reflect to pad the abdominal area with soft cloths, and to wash twice daily and dry well.

A Staff Documentation/Communication to Nurse form dated 4/29/25 indicated when cleaning, drying and applying powder to Tenant C1's abdominal fold staff noted a strong yeast "rotten" smell coming from her folds around her perineal area. When staff tired to look at the area, Tenant C1 said it hurt. The area was covered with moist powder and had a very strong odor "(yeasty/infected)." The nurse response indicated the provider assessed and prescribed Nystatin powder twice daily.

Continued review revealed an order was received on 4/29/25 for Nystatin Powder 100,000 units/gram (gm), apply twice daily for 10 days and then to use deodorant to the folds twice daily.

The April 2025 MAR and May 2025 MARs (until discharged) reflected an order for Nystatin Powder 100,000 unit/gm, to abdominal folds/groin twice daily for 10 days. The MAR did not reflect the order to apply deodorant twice daily. The MAR continued to reflect orders for the baby powder; despite a new order was received for

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A 425	Continued From page 17 Nystatin. 5. In summary, Tenant C1 had medications administered by the Program. She had a change to the trazadone medication to increase from 100 mg to 150 mg on 12/19/24. On the medication list provided on the provider visit notes on 2/12/25, 2/18/25 and 3/11/25 the trazadone dose reflected 100 mg. On 3/11/25 the PCP ordered an increase of trazadone to 150 mg; however, it had previously been increased on 12/19/24 and was not reflected on the medication list provided on the provider notes. The increased dose of trazadone (150 mg) was administer per the 12/19/24 order in December, January, February and March; however, a medication clarification was not sent to the provider to ensure order was current as multiple medication lists were provided at visits and reflected the lower trazadone dose. Additionally, an order was received to pad the abdominal area with cloths, apply powder twice daily and cleanse and dry well twice daily; however, only the order to apply powder twice daily was on the MAR. An order was received on 4/29/25 for Nystatin Powder, twice daily for 10 days and then to apply deodorant. The MAR reflected the order for Nystatin; however, did not reflect the order for deodorant twice daily. The MAR reflected both the Nystatin and baby powder were administered during that time. The Program failed to ensure health care orders were current for Tenant C1.	A 425		

ok
7/14/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: S0157	DATE SURVEY COMPLETED: 05/29/2025

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	**<u>481-67.2(3) Program Policies and Procedures</u>** **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 observation, interview and record review, the Program failed to follow established policies and procedures including reporting allegations of potential abuse affecting 1 of 2 former tenants reviewed (Tenant C1), completion of incident reports affecting 1 of 4 current and of 1 of 2 former tenants reviewed (Tenants #4 and C1), dependent adult abuse training affecting 2 of 4 staff reviewed (A, B) and food temperatures possibly affecting all 17 tenants.**	**Tag #A150**	Tenant C1's Incident Report for the abuse allegation on 12/22/24 was completed on 12/28/24. Tenant C1's Incident Report for the fall on 3/18/25 was completed on 7/3/2025. Tenant C1 was discharged on 5/2/2025 to a higher LOC. Tenant #4's Incident Reports for the bruising on 3/7/25 and 4/29/25 were completed on 07/07/2025. All care staff will receive re-education on Incident report completion time points and expectations by 8/6/25. The HCC will receive re-education on incident report completion time points and expectations by 8/6/2025. The Director completed an audit on 7/2/25 of all current employee files to	All new hire culinary staff will receive training regarding the food temping procedure/process within 30 days of hire. All new hire care staff will receive training regarding incident report process and expectations within 30 days of hire. All new hires will receive training regarding the Abuse Reporting Policy within 30 days of hire. All new hires will either provide proof of or will complete DAA required training within 30 days of hire. Director and or designee will complete routine audits of current employee files to monitor DAA renewal dates to ensure compliance. Director or designee will complete routine audits of food temp logs to ensure compliance.	**Implementation Date: 06/09/2025** **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.

			ensure all current employees have their DAA training on file and current. The Director will receive re-education on DAA Policy and expectations by 8/6/25. An instant all staff education on Abuse Reporting Policy was initiated on 12/30/25, all staff will complete this training by 8/6/2025. Culinary staff initiated temping every food item at every meal on 6/9/2025 and will continue this process as identified in the policy. All Culinary staff will receive re-education on proper food temping procedure/process and logging of temps by 8/6/25.	Director or designee will complete routine audits of incident reports to ensure compliance.	
Tag #2	**<u>481-69.26(1) Service Plans</u>** **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.**	**Tag # A350**	Tenant #1's service plan was updated on 6/12/25 to reflect the need for staff to crush medications. Tenant #2's service plan was updated on 6/5/25 to reflect the start of therapy services. Tenant #3's service plan was updated on 6/27/25 to reflect the risk of constipation and what staff should monitor for and report to the nurse.	Director or designee will complete routine audits of service plans to ensure compliance.	**Implementation Date: 6/5/25** **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 to reflect the needs of the tenants. This pertained to 3 of 4 current tenants (Tenants #1, #2 and #3) and 2 of 2 discharged tenants reviewed (Tenant C1 and Tenant C2).**		Tenant C1 was discharged on 5/2/2025 to a higher LOC. Tenant C2 was discharged on 3/26/2025. The HCC will receive re-education on service plan expectations and timepoints to update by 8/6/2025.		
Tag#3	**<u>481-69.25(1)i Tenant Documents</u>** **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**	**Tag #A290**	Tenant #1's service plan was updated to reflect the biopsy site and treatment on 6/12/25. Tenant #1's progress notes will be updated to reflect the required follow up by 8/6/25. The HCC will receive re-education on charting by exception expectations by 8/6/25.	Director or designee will complete routine audits to ensure compliance.	**Implementation Date: 6/19/25** **Completion Date:** Ongoing **Responsible Party: Director or Designee**

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	nurse's notes by exception. This pertained to 1 of 4 current tenants reviewed (Tenant #1).				
Tag#4	**<u>481-69.27(1)b Nurse Review</u>** **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:** **b. To ensure that health care professionals' orders are current for tenants who receive health care professional-directed care from the program.** **This REQUIREMENT is not met as evidenced by:** **Based on interview and record the Program failed to ensure health care professionals' orders were current. This pertained to 1 of 1 discharged**	**Tag #A425**	Tenant C1 was discharged on 5/2/2025 to a higher LOC. The HCC will receive re-education on topical medication orders by 8/6/2025. An audit was completed of all current med managed tenants medications to ensure that all topical medications have additional instructions, if needed, added into the order/EMAR on 6/27/2025.	The HCC will review each AVS received and ensure medications match what the current orders are in the EMAR to ensure compliance. Director and or designee will complete routine audits of Topical Medication orders to ensure compliance.	**Implementation Date: 6/19/2025** **Completion Date:** Ongoing **Responsible Party: Director and/or designee**

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	tenants reviewed who received program administered medications (Tenant C1).				

Compliance Date: 8/6/25

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