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
	S0005	A. BUILDING: _____ B. WING _____	C 05/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALCYON HOUSE - ARBORWOOD MEMORY C	1013 S IOWA AVE WASHINGTON, IA 52353

(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 visit. Number of tenants without cognitive impairment: 7 Number of tenants with cognitive impairment: 7 Total census: 14 No regulatory insufficiencies were cited during the investigation of Incident #126622-I and Complaint #126621-C The following regulatory insufficiency was cited during the investigation of Complaint #122680-C.	A 000	See attached POC 6/16/25	
A 290	481-69.25(1)i Tenant Documents 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 ensure documentation of nursing notes related to a medical emergency for 1 of 4 tenants reviewed (Tenant #1). Finding follows: On 5/13/25 at 2:40 p.m. a Certified Nursing Assistant (CNA) confirmed she worked second	A 290		

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A 290	Continued From page 1	A 290		

shift on 8/12/24 and recalled a tenant (Tenant #1) who was short of breath. The CNA said staff called the Licensed Practical Nurse (LPN) from the adjoining long term care facility to come assess Tenant #1. When asked about lack of documentation, the CNA said she thought LPN would document the incident.

On 5/14/25 at 2:35 p.m. the LPN recalled being called to Arborwood on/around 8/12/24 to assess Tenant #1, who was short of breath. The LPN said she checked Tenant #1's vital signs and directed staff to call 911 to be sent out by ambulance. The LPN recalled writing Tenant #1's vital signs on a sticky note. When asked about the lack of documentation in Tenant #1's record, the LPN indicated she assumed documentation would be done by the Arborwood staff.

Review of the ambulance service patient care record dated 8/12/24 indicated they received a call at approximately 7:35 p.m. regarding Tenant #1 having shortness of breath. The Emergency Medical Service (EMS) staff documented Tenant #1 was huffing and visibly short of breath when they arrived. The pulse oximeter indicated an oxygen saturation level (sats) of 78%. (Normal oxygen sats are 95% to 100%, per Google AI Overview.) EMS staff applied oxygen via nasal canula. No program nurse was present. Staff gave the EMS staff a sticky note with vital signs with no date or time noted. The sticky note indicated the oxygen sats were 82%. EMS transported Tenant #1 to the local emergency room via ambulance.

Review of Tenant #1's file on 5/12/25 revealed she was 89 years old at the time of the incident, with diagnoses including chronic obstructive pulmonary disease, congestive heart failure,

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A 290	Continued From page 2 chronic kidney disease, type 2 diabetes and dementia. Additional review on 5/12/25 and 5/13/25 revealed no records could be located regarding Tenant #1's medical condition or assessment on 8/12/24. The progress notes had no entry for 8/12/24. A note on 8/13/24 indicated only that Tenant #1 was in the hospital. No nursing assessment or incident report could be located for 8/12/24. On 5/14/25 at 4:00 p.m. the ED verified no nurses' notes could be located regarding the nursing assessment/medical incident on 8/12/24 involving Tenant #1.	A 290		

ok
7/7/25

Halcyon House Assisted Living
1015 S Iowa Ave
Washington, IA 52353

PLAN OF CORRECTION

This plan of correction does not constitute an admission or agreement by Halcyon House Assisted Living to the accuracy of the alleged facts or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of federal and state law require it. 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 that Halcyon House Assisted Living maintains it is in compliance with the requirements of participation or that corrective action was necessary.

F tag – A290 Tenant Documents

Tenant #1 was discharged from the Community on 11/06/2024.

1. All Tenants have the potential to be affected.
    a. Audited all 18 residents and no other residents are affected.

2. 05/18/25 and 05/27/25
    a. Nursing Team Members were re-educated to both the “Accident/Incident Investigation and Reporting” policies and procedures
    .
3. AL director or designee will conduct audits
    a. weekly x4 and then randomly and as needed.
    b. Audits will be reviewed at QAPI meetings for one quarter.

4. Halcyon House Assisted Living is in compliance and corrective actions in place on 06/16/25.