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
	S0127	A. BUILDING: _____ B. WING _____	C 01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET PARK PLACE	3730 PENNSYLVANIA AVE DUBUQUE, IA 52002

(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. Tenants without cognitive impairment: 40 Tenants with cognitive impairment: 7 Total census: 47 There were no regulatory insufficiencies cited during the investigation of Incident #130601-I, Incident #130917-I, Incident #131319-I, Complaint #130546-C and Complaint #130942-C. Regulatory insufficiencies were cited during the investigation of Complaint #130355-C, Complaint #130591-C and Complaint #130659-C.	A 000	See attached POC 2/13/26	
A 155	481-67.3(1) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(1) To be treated with consideration, respect, and full recognition of personal dignity and autonomy. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to ensure the right for female tenants (Tenant #5, Tenant #7, Tenant #8) to be treated with respect by addressing the actions of 1 of 1 current tenants reviewed (Tenant #6). Findings follow: 1. Tenant #5 was interviewed on 1/28/26 at 11:10	A 155		

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A 155	Continued From page 1 a.m. and described Tenant #6 as gross. He would swear at her every day. Tenant #6 used a walker upon which he sat his urine drainage bag. When she walked past him, Tenant #6 would fling the urine drainage bag at her. 2. Tenant #7 was interviewed on 1/28/26 at 11:30 a.m. explained Tenant #6 was rude, offensive and verbally abusive. He used a curse word to refer to Tenant #7 when they crossed paths. She reported this to the Executive Director. After it went on for three to four weeks, she called the Regional Director. Tenant #7 did not receive a call back from the Regional Director regarding her concerns. 3. During an interview on 1/28/26 at 9:20 a.m. Tenant #8 reported feeling frustrated with the way a situation was handled by Program staff involving Tenant #6. He referred to her as an old crow. Tenant #6 yelled at her if she walked on his side of the hall. These things occurred on a daily basis. She reported her concerns to the former Executive Director but felt as if they were shoved under the carpet. 4. Record review on 1/28/26 of a Quarterly nurse review for Tenant #6 dated 8/10/25 revealed he displayed verbal outbursts directed at other tenants in which staff had to intervene. He could be very defensive and deny any accountability, placing blame on the other person. The doctor increased his Seroquel to address this. Tenant #6's telehealth appointment with his doctor on 8/26/25 with an increase in his medication to see if it improved his mood. He continued to be easily agitated. Tenant #6's service plan, dated 2/03/25, revealed he was identified as a person who could become	A 155		

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A 155	Continued From page 2 anxious if he felt rushed or if things were not going the way he thought they should. Staff were to ask how they could help and attempt to resolve the issue. He could occasionally make improper angry statements at others such as "Why is it taking you so long to do that?" or "Why do you have to make noise all the time?". Staff were to remind him statements like this were not appropriate and separate him from whatever was causing him irritation. When interviewed on 1/28/26 at 3:50 p.m. the Executive Director confirmed the Program failed to ensure all tenants were treated with respect as he was aware Tenant #6 displayed troubling behavior toward others from the time he was admitted.	A 155		
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 interview and record review, the Program failed to ensure the needs of 1 of 1 tenants reviewed were addressed on the service plan to prevent social outbursts (Tenant #6). Finding follows: Record review on 1/28/26 of a Quarterly nurse review for Tenant #6 dated 8/10/25 revealed he displayed verbal outbursts directed at other	A 395		

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A 395	Continued From page 3	A 395		

tenants in which staff had to intervene. He could be very defensive and deny any accountability, placing blame on the other person. The doctor increased his Seroquel to address this. Tenant #6's telehealth appointment with his doctor on 8/26/25 indicated an increase in his medication to see if it improved his mood. He continued to be easily agitated.

Tenant #6's service plan, dated 2/03/25, revealed he identified as a person who could become anxious if he felt rushed or if things were going the way he thought they should. Staff were to ask how they could help and attempt to resolve the issue. He could occasionally make improper angry statements at others such as "Why is it taking you so long to do that?" or "Why do you have to make noise all the time?". Staff were to remind him statements like this were not appropriate and separate him for whatever was causing him irritation.

On 1/28/26 interviews were completed with female tenants who described the following behaviors from Tenant #6:

a. At 11:10 a.m. Tenant #5 described Tenant #6 as gross. He would swear at her every day. Tenant #6 used a walker upon which he sat his urine drainage bag. When she walked past him, Tenant #6 would fling the urine drainage bag at her.

b. At 11:30 a.m. Tenant #7 explained Tenant #6 was rude, offensive and verbally abusive. He used a curse word to refer to Tenant #7 when they crossed paths..

c. At 9:20 a.m. Tenant #8 reported feeling frustrated with the way a situation was handled by

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A 395	Continued From page 4 Program staff involving Tenant #6. He referred to her as an old crow. Tenant #6 yelled at her if she walked on his side of the hall. These things occurred on a daily basis. The Program failed to update Tenant #6's service plan to address his specific needs related to swearing and name-calling toward female tenants which were an ongoing issue. On 1/28/26 at 11:47 a.m. the Health Care Coordinator confirmed the Program failed to update Tenant #6's service plan to address his actions toward female tenants.	A 395		
A 710	481-69.35(1)b Structural Requirements 69.35(1) General requirements. b. The buildings and grounds shall be well-maintained, clean, safe and sanitary. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the Program failed to ensure the kitchen was kept in a clean and sanitary condition. Findings follow: During a tour of the kitchen on 1/26/26 at 2:40 p.m. with the Executive Director, he reported a culinary director had not been employed by the Program since November, 2025 so the kitchen was not the cleanest. The walls around the sink had a black substance on them. The cook reported they tried to get the black substance off for years but it would not come off. The Executive Director scraped at the black substance with a	A 710		

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A 710	Continued From page 5 fork and some of it came off. There was a brown substance the cook described as grease on the wall behind the stove. The cook reported it was hard to remove these substances from the walls as the surface of the walls was not smooth. The area under the sink had long dark brown streaks. The cook said he attempted to scrub it once but it was difficult to reach due to the poor kitchen set up which did not allow for thorough cleaning. A cart with cleaning supplies and bug spray sat near the entry to the kitchen a few feet from food on a table. The Program policy Sanitation Overview, dated 8/01/23, directed a monthly cleaning schedule for deep cleaning be maintained and followed. All items on the cleaning schedule should be completed and checked off. Walls were to be wiped down monthly. All cleaning products and/or other chemical compounds should be stored and locked separately from all food supplies and food preparation equipment. At the end of the tour, the Executive Director confirmed the condition of the kitchen was not acceptable and said he would work on getting the kitchen cleaned.	A 710		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: S0127	DATE SURVEY COMPLETED: 1/29/2026

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	**481-67.3 Tenant rights.** All tenants have the following rights: 67.3(1) To be treated with consideration, respect, and full recognition of personal dignity and autonomy. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to ensure the right for female tenants (Tenant #5, Tenant #7, Tenant #8) to be treated with respect by addressing the actions of 1 of 1 current tenants reviewed (Tenant #6).	**A 155**	Tenant #6 transitioned to memory care on 9/4/2025 and then was discharged from the community to a higher level of care on 2/13/2026. All staff will receive re-education on tenant rights by 4/15/2026.	All new hires will receive training on tenant rights within 30 days of hire. Director or designee will complete routine audits of employee trainings to ensure compliance.	**Implementation Date:** 2/13/2026 **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.

Tag #2	**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 interview and record review, the Program failed to ensure the needs of 1 of 1 tenants reviewed were addressed on the service plan to prevent social outbursts (Tenant #6).	**A 395**	Tenant #6 transitioned to memory care on 9/4/2025 and then was discharged from the community to a higher level of care on 2/13/2026. A comprehensive assessment of Tenant #6 was completed on 2/4/26 to bring his service plan up to date and include current behaviors with interventions for staff to be able to safely manage. Notice for higher level of care had been given to Tenant #6's POA. All staff will receive training regarding staff to nurse communication forms and timepoints to complete by 4/15/2026. The Director and HCC will receive training regarding Service Plan expectations and timepoints of completion by 4/15/26.	All new hires will receive training regarding staff to nurse communication forms and timepoints of completion within 30 days of hire. The Director or designee will complete routine audits (weekly, monthly and/or as needed) staff to nurse communication forms and service plans to ensure compliance.	**Implementation Date:** 2/4/2026 **Completion Date:** Ongoing **Responsible Party:** Director or designee
Tag #3	**481-69.35(1)b Structural Requirements** 69.35(1) General requirements. b. The buildings and grounds shall be	**A 710**	All identified areas were cleaned and sanitized to ensure a safe, sanitary, and comfortable environment for tenants on 3/2/2026.	All new culinary staff will receive training on the cleaning checklists and expectations within 30 days of hire. The Director or designee will complete spot checks of the kitchen	**Implementation Date:** 2/13/2026 **Completion Date:** Ongoing

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	well-maintained, clean, safe and sanitary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the Program failed to ensure the kitchen was kept in a clean and sanitary condition.		Daily, weekly, and monthly cleaning checklists were implemented on 3/2/2026 for the Kitchen and Servery. All Culinary staff will receive training on cleaning checklist and expectations by 4/15/2026.	and the completed cleaning checklists at minimum of weekly to ensure compliance.	**Responsible Party:** Director or designee

Compliance Date: 4/15/2026

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