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
	S0151	A. BUILDING: _____ B. WING _____	C 04/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD OF CENTERVILLE	19999 ST JOSEPH'S DRIVE CENTERVILLE, IA 52544

(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: 22 Number of tenants with cognitive impairment: 17 Total census: 39 The following regulatory insufficiencies were cited during the investigations of Complaint #124054-C, 127641-C and the recertification visit conducted to determine compliance with certification of an Assisted Living Program for People with Dementia	A 000	The Plan of Correction is attached	
A 285	481-67.5(2)f(4) Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program: (4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the program failed to administer medications in accordance with physicians' orders for 2 of 3 tenants observed during medication administration (Tenant #5 and #6) and	A 285		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 285	Continued From page 1	A 285		

2 of 7 tenants whose files were reviewed (Tenant #1 and Tenant #7). Findings follow:

1. Observation on 4/03/25 at 7:10 a.m. revealed Staff A set up and administered medication for Tenant #5. Staff A removed one tablet from a medication container that indicated Metoprolol 50 mg, one tablet at bedtime. Staff A put the tablet in the medication cup with the other medication and gave it to Tenant #5, who took all of the medication.

Record review revealed a physician's order dated 3/31/25 to decrease Metoprolol to 37.5 mg daily. Tenant #5's April medication administration record (MAR) indicated Toprol XL (Metoprolol) 25 mg, give 1.5 tablets one time per day. The order started on 4/01/25 and was set up for administration between 6:00 a.m. and 10:00 a.m. Staff A documented she gave the 37.5 mg dose on 4/03/25.

On 4/08/25 at 10:50 a.m. the Registered Nurse (RN) confirmed the medication error for Tenant #5. The tenant should have received Metoprolol 37.5 mg on the morning of 4/03/25.

2. Observation on 4/03/25 at approximately 7:20 a.m. revealed Tenant #6 ate breakfast in her room as Staff A set up her morning medications. Staff A noted the Carafate 1 gm indicated to give it one hour before meals or two hours after. Staff A said she would return in two hours to administer the Carafate. Staff A noted the Pantoprazole 40 mg directed the medication to be given one hour prior to meals. Staff A said she would also give the Pantoprazole in 2 hours. Staff A gave Tenant #6 her other morning medications at approximately 7:25 a.m., but did not administer the Carafate or Pantoprazole at that time.

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A 285	Continued From page 2 Record review revealed Tenant #6's Carafate order for 1 gram two times a day for stomach upset, give one hour before or 2 hours after meals and other medication. The order for Pantoprazole indicated to give 40 mg one time a day, 30 minutes prior to meals. According the Tenant #6's electronic MAR, Staff A documented she gave the Carafate and the Pantoprazole on 4/03/25 at 7:41 a.m. On 4/08/25 at 10:50 a.m. the RN confirmed the medication errors for the Carafate and Pantoprazole regarding times administered on the morning of 4/03/25. The RN said she was not aware of the errors, as Staff A did not contact her regarding the discrepancy. The RN verified the Pantoprazole should have been given 30 minutes prior to breakfast. The Carafate should have been administered one hour before breakfast or two hours after. 3. Record review for Tenant #1 revealed an incident report (INR) dated 2/23/25 indicated a staff noticed the tenant had a PRN (as needed) order for Seroquel 25 mg dated 1/02/25, which had not been entered into the MAR. The order was PRN for extreme restlessness, agitation and aggression. Staff entered the order on 2/23/25. Tenant #1's progress notes between 1/04/25 to 2/23/25 indicated ongoing incidents of aggression, urinating and defecating outside of the bathroom, yelling at others, noncompliance with attempted staff assistance and redirection and exit seeking behavior. A progress note on 2/23/25 indicated the 1/02/25 order for PRN Seroquel 25 mg for extreme restlessness, agitation and aggression was added to the MAR	A 285		

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A 285	Continued From page 3 on 2/23/25. On 4/09/25 at 11:00 a.m., the RN verified she overlooked the PRN order written on 1/04/25 and it was not entered in Tenant #1's MAR to be given until 2/23/25. 4. Record review for Tenant #7 revealed an IR dated 3/16/25 indicated the tenant had not received her Warfarin for six days. Tenant #7 had a physician's order for Coumadin (Warfarin) 3 mg, give one tablet in the evening related to cerebral infarction. Blood work done 3/17/25 revealed Tenant #7's INR (international normalized ratio) was below therapeutic level at 1.16. According to the National Institutes of Health website, Warfarin is an anticoagulant with a desired INR range of 2.0 - 3.0. On 4/10/25 at 1:40 p.m. the RN confirmed Tenant #7 did not receive her prescribed Warfarin for at least six days in mid-March, which resulted in a low INR. The program's medication administration policy indicated medications would be administered in a timely manner and as prescribed by the attending physician or medical director.	A 285		
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	A 145		

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A 145	Continued From page 4 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 update assessments for 1 of 1 former tenants reviewed who was referred to hospice in the past six months (Tenant C1). Finding follows: Record review revealed a progress note indicated Tenant C1 was re-admitted to hospice services on/around 1/07/25 after being discharged from hospice on 9/20/24. Tenant C1's most recent assessments were dated 9/20/24. No additional assessments could be located in her record. Tenant #C1's most recent service plan was dated 3/19/25. On 4/10/25 at 10:55 a.m. the Registered Nurse verified the program failed to update Tenant C1's assessments related to admittance to hospice services on 1/07/25, which was a significant change in condition. The program updated the service plan on 3/19/25, without completing new assessments.	A 145		
A 200	481-69.23(1)j Criteria for Admission / Retention of Tenants	A 200		

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A 200	Continued From page 5 69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who: j. Despite intervention, chronically urinates or defecates in places that are not considered acceptable according to societal norms, such as on the floor or in a potted plant. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the program failed to provide notice of discharge for 1 of 1 tenants reviewed who exceeded criteria for retention (Tenant #1). Finding follows: Observation on 4/09/25 at approximately 10:00 a.m. revealed Tenant #1's apartment smelled of urine. The room was carpeted. Staff B out a baseboard in a corner of the room that was warped at the bottom. Staff B said the baseboard was warped due to Tenant #1 frequently urinating in the corner of the room. During an interview on 4/03/25 at 9:15 a.m. Staff D stated Tenant #1 urinated anywhere, including common areas, trash cans and other tenants' rooms. She said this occurred at least daily. During an interview on 4/03/25 at 10:30 a.m. Staff C said Tenant #1 urinated "anywhere and everywhere." She said staff frequently prompted him to use the bathroom, but Tenant #1 continued to urinate in his room and common areas. Record review for Tenant #1 revealed multiple progress notes regarding urinating and defecating	A 200		

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A 200	Continued From page 6 outside of the bathroom, including but not limited to the following: 12/15/24: Urinated in another tenant's apartment 1/04/25: Urinated on floors of other tenant apartments 1/06/25: Defecated on another's tenants floor and smeared the feces on sink and wall of tenant's apartment 1/17/25: Urinated in hallway 2/20/25: Urinated on floor outside of tenant apartments 2/21/25: Urinated on floor of room and became aggressive when staff attempted to change his clothes 2/24/25: Digging in pants and throwing feces on floor, also pulled pants down and defecated on the floor. 2/25/25: Urinated in another tenant's apartment. 3/10/25: Urinated in trash can. 3/11/25: Staff found feces all over his floor, bed and wall. Tenant #1's service plan dated 2/25/25 noted he was incontinent of bladder and bowel and wore adult incontinence briefs. He was on a toileting schedule once per shift. The schedule had been more frequent, but caused increased agitation and aggression toward staff. Tenant #1 often refused staff assistance. He sometimes urinated on doors and defecated on the floor. On 4/09/25 at 11:00 a.m. the Executive Director confirmed Tenant #1 incidents of urinating and defecating in inappropriate locations. She said the program wanted to try everything possible before issuing a notice of discharge. The Director also noted she talked with Tenant #1's daughter last summer about moving due to his behaviors, but they were unable to locate a facility that would accept him.	A 200		

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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 in a timely manner for 1 of 1 former tenants reviewed who was referred to hospice in the past six months (Tenant C1). Finding follows: Record review revealed a progress note indicated Tenant C1 was re-admitted to hospice services on/around 1/07/25 after being discharged from hospice on 9/20/24. Tenant C1's service plans were updated on 9/24/24 and 3/19/25. The service plan dated 3/19/25 noted the hospice services. On 4/10/25 at 10:55 a.m. the Registered Nurse verified the program failed to update Tenant C1's service plan around the time of re-admittance to hospice services on 1/07/25, which was a significant change in condition.	A 350		
A 395	481-69.26(4)a Service Plans	A 395		

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A 395	Continued From page 8 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 include restricted access to cigarettes and lighters for 1 of 1 tenants reviewed who was a smoker (Tenant #4). Finding follows: Record review revealed Tenant #4's progress note dated 1/10/25 indicated the Registered Nurse (RN) talked with the tenant about setting her napkin on fire with a lighter. Tenant #4 reportedly told the RN she did it because she was bored. According to the progress notes, Tenant #4 should not have a lighter unless with staff. A progress note dated 1/24/25 indicated Tenant #4 went outside on her own and fell, resulting in a laceration above her right eye, which required seven sutures at the emergency room. Tenant #4's service plan dated 2/05/25 provided no information regarding restricted access to cigarettes or lighters or having a smoking schedule. On 4/09/25 at 11:30 a.m. the RN said Tenant #4 fell on 1/24/25 when she went outside on her own to smoke, but she was supposed to wait for staff to accompany her. The RN said the staff now had control of Tenant #4's cigarettes and lighters and accompanied her outside for cigarettes breaks at scheduled times.	A 395		

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A 395	Continued From page 9 On 4/09/25 at 3:00 p.m. Tenant #4 stated the staff had her cigarettes and lighters. Tenant #4 said she usually had to wait a while when she requested staff to go outside with her for a cigarette. On 4/09/25 at 3:20 p.m. the RN verified Tenant #4's service plan failed to contain information regarding restricted access to cigarettes or lighters or of scheduled cigarette breaks with staff presence.	A 395		
A 430	481-69.27(1)c 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: c. To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status; This REQUIREMENT is not met as evidenced by: Based on interview and record review the nurse failed to monitor health recommendations, report changes in health status and follow up on recommendations for 1 of 2 former tenants reviewed (Tenant C1). Finding follows: Record review of Tenant C1's progress notes indicated she was discharged from hospice as of 9/20/24. The progress notes and service plan	A 430		

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A 430	Continued From page 10	A 430		

dated 9/20/24 indicated Tenant C1 had a Global Deterioration Scale of 7, which indicated very severe cognitive decline. According to the progress notes and/or service plan, staff would reposition Tenant C1 every 2 hours and continue hourly safety checks. Weekly weights were ordered by her primary care provider (PCP). Tenant C1 had a history of weight loss and had a daily Boost supplement. She was served finger foods, but staff should feed her if she didn't eat.

Review of Tenant C1's weight chart revealed she weighed approximately 85 pounds from June 2024 to September 2024. Her weight on 10/10/24 was 87 pounds. Next documented weight was 70 pounds on 11/06/24 and 66.8 pounds on 12/19/24. The 17 pound weight loss between October and November 2024 was 20% of the tenant's body weight. Tenant C1 had a physician's order for weekly weights, but her weight was documented only once per month from September 2024 through December 2024.

Review of progress notes for November and December 2024 revealed no mention of the weight loss. A progress note by the Registered Nurse (RN) on 11/24/24 indicated staff notified the nurse Tenant C1 had increased weakness and difficulty with ambulating and standing. According to the progress notes, the doctor saw Tenant C1 while doing rounds at the program on 11/26/24 and ordered re-admission to hospice. A progress note dated 1/06/25 indicated the hospice nurse visited Tenant C1 for potential admission to services.

A 90-day nurse review dated 12/16/24 provided the same information as the nurse review dated 9/20/24 and made no mention of Tenant C1's weight loss or the referral to hospice.

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A 430	Continued From page 11 During interview on 4/08/25 at 9:00 a.m. the hospice nurse said to her knowledge, her agency didn't get a referral from Homestead for re-admission to hospice services for Tenant C1 prior to January 2025. The nurse said a family called in early January and asked about the status of the referral. The hospice nurse then visited Tenant C1 at Homestead to begin the admission process. Since admission to hospice, Tenant C1's weight remained stable around 65 pounds. The family opted to discharge the tenant from Homestead in late March 2025. During interview on 4/10/25 at 10:55 a.m. the RN stated she faxed an order to the hospice agency when the doctor gave the order on/around 11/26/24. She didn't hear back from the hospice agency until 1/06/25 when the hospice nurse contacted her. The RN said she should have followed up with hospice when she didn't hear back from them after she sent the fax. The RN also verified Tenant C1's significant weight loss between 10/10/24 and 11/06/24. The RN said she thought she spoke with the doctor about the weight loss, but didn't document this. The RN verified Tenant C1 should have been weighed weekly and she should have monitored the weights.	A 430		

Homestead of Centerville Plan of Correction

Survey Completion Date: 4/10/2025

A285 481-67.5 (2)f(4) Medications

67.5 (2) Each program shall follow its own written medication policy, which shall include the following:

f. When medications are administered traditionally by the program:

(4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant.

1. Tenants #1-7 have had all the physician's medication orders reviewed by the RN to make sure they are reflected properly on the MAR. Tenant 6 medication administration time for Carafate was adjusted to a set time instead of an open med time. Tenants 5 and 6 the medication manager was reeducated on following the medication record properly. Tenant 7, staff were reeducated on proper reporting and ordering for medications when tenants run low on supply.

2. Nurses will double check orders when received to make sure they are added to the MAR correctly. Nurses will monitor the MAR for medications that may need to be at a more specific medication administration time vs. an open medication administration time. Nurses will continue to do MAR audits on a regular basis and will continue an annual competency review with medication managers. Nurses will continue to educate medication managers on the proper procedure for reordering medications.

3.The nurses will monitor the MAR on a regular basis to verify all medications are entered correctly and reflect doctors' orders. The medication managers are now signing the back of the bubble packs to hold more accountability of ordering medications. Medication managers are now calling the nurse on call if they don't have medication to administer to verify the reason, as it may be in stock.

4. Date of compliance: May 30, 2025.

A145 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 the 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.

1. Tenant C1 had already been discharged at the time of survey so the correction could not be made on this tenant. Going forward residents will be evaluated and assessments completed with any changes or at least annually as stated in regulation 69.22(3).

2.The nurses review communication reports from staff, information from doctors and monitor changes in tenants' health, cognitive and functioning that would trigger a need for an evaluation of the tenant.

3.Tenant charts, doctor communications and staff communication reports will be audited by the nurses on a routine basis to monitor for any changes that would trigger an evaluation of the tenant.

4. Date of compliance: May 30,2025.

A200 481-69.23(1)j Criteria for Admission/Retention of Tenants

69.23(1) Person who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who:

j. Despite intervention, chronically urinates or defecates in places that are not considered acceptable according to societal norms, such as on the floor or in a potted plant.

1.Tenant #1, a 30-day written notice has been given to the tenants enacted Power of Attorney. We have reached out to two different facilities for placement.

2. We will continue to look for a more appropriate facility for Tenant #1 if these two are not able to accept him.

3. We will review staff communication reports and attempt interventions with tenants to help manage chronic urinating in inappropriate places. We will give a timely notice of discharge if we are unable to meet the requirement per regulation 69.23(1) j.

4.Date of compliance: May 30,2025.

A350481-69.26(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.

1. Tenant C1 had already been discharged at the time of survey so the correction could not be made on this tenant. Going forward residents will be evaluated and assessments completed with any significant changes or at least annually as stated in regulation 69.22(3).

2.The nurses review communication reports from staff, information from doctors and monitor changes in tenants' health, cognitive and functioning that would trigger a need for a significant change.

3.Tenant charts, doctor communications and staff communication reports will be audited by the nurses on a routine basis to monitor for any changes that would trigger a significant change.

4. Date of compliance: May 30,2025.

A395 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

1.The RN has updated Tenant #4’s service plan to be more specific to meet her needs based on current assessments.

2. When updating service plans for tenants the RN will utilize staff communications and review the assessment to develop an individualized service plan to meet the needs and preferences of the tenant.

3. When auditing charts for significant changes and updating the service plans the RN will utilize the assessments to determine that the individual needs and preferences of the tenants are met.

4. Date of compliance: May 30,2025.

A430 481-69.27(1)c Nurse Review

A 430 481-69.27(1)c 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: c. To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status.

1. Tenant C1 had already been discharged at the time of survey so the correction could not be made on TenantC1.

2. All tenants will have nurse reviews completed to assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status.

3.Tenant files will be audited routinely by the ED, RCC and designated persons to ensure compliance with nurse reviews.

4. Date of compliance: May 30, 2025.

The Director and the RCC have read and understand the regulations listed as of May 30, 2025. The Director and RCC have reviewed the regulations included in this attachment.