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
	S0092	A. BUILDING: _____ B. WING _____	C 12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIMROSE PATH AT THE KENSINGTON	2210 AVE H FORT MADISON, IA 52627

(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. Tenants without cognitive impairment: 0 Tenants with cognitive impairment: 18 Total census: 18 The following regulatory insufficiency was cited during the investigation of Complaint #131036-C	A 000	See attached POC 12/19/2025	
A 160	481-69.23(1)c(1) Criteria for Admission / Retention of Tenants 69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who: c. Is dangerous to self or other tenants or staff, including but not limited to a tenant who: (1) Despite intervention chronically elopes, is sexually or physically aggressive or abusive, or displays unmanageable verbal abuse or aggression This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to implement transfer proceedings for 1 of 1 tenant reviewed who exceeded retention criteria, due to physical aggression (Tenant #1). Finding follows: When interviewed on 12/17/25 at 8:50 a.m. Staff A reported Tenant #1 was sometimes very resistant to having his clothing changed after a toileting accident. Tenant #1 could become physically aggressive toward staff and might wear	A 160		

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

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A 160	Continued From page 1	A 160		

the same clothing for two to three days before staff was able to change him. She noted she'd been punched by Tenant #1 and had her hair pulled. Tenant #1 had incidents of aggression toward staff and other tenants since he moved to the Program several months ago.

When interviewed on 12/17/25 at 9:15 a.m. Staff B indicated Tenant #1 routinely became physically aggressive toward staff. Tenant #1 sometimes remained in urine soaked clothing because he would not allow staff to change him. Staff B explained Tenant #1 would hit, punch and pull hair. She indicated the PRN (as needed) medication was supposed to calm Tenant #1, but usually didn't help. Tenant #1 was aggressive almost daily toward staff. He also aggressed toward other tenants.

When interviewed on 12/17/25 at 9:30 a.m. Staff C reported Tenant #1 became aggressive/combative with staff when they tried to change his clothing or clean him up. Tenant #1 remained in urine soaked clothing at times because he would not allow staff to change him. Staff C indicated Tenant #1 had punched her in the throat and shoved her against a wall. He hit another staff in her hand with an object and the staff person needed stitches. Staff C mentioned Tenant #1 had also pulled other tenants out of bed.

When interviewed on 12/17/25 at 10:00 a.m. the Memory Care Manager confirmed Tenant #1 might not get changed as often as he should because he became aggressive when staff tried to assist him. The Program was working with a psychiatrist on medication changes. Prior to move in, Tenant #1's family said he could become agitated, but didn't mention actual aggression.

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A 160	Continued From page 2	A 160		

The Manager reported Tenant #1 became physically aggressive within a couple of weeks of moving in. She indicated it had become increasingly difficult for staff to change him. The Manager reported Tenant #1 might he be in urine soaked or feces soiled clothing for hours or even a day before he allowed staff to assist him to change. His aggressive behavior included hitting, kicking and head butting. His aggression could be very unpredictable.

Record review revealed Tenant #1 moved to the Program on 1/27/25. His diagnosis included dementia and anxiety. A review of staff observation notes over the prior three months included, but were not limited to, the following:
- 12/16/25: Staff attempted to change the tenant but he became upset and aggressive.
- 12/09/25: The tenant was upset and tried to swing at staff.
- 11/30/25: Staff were showering the tenant when he began swinging his fist, kicked staff and slapped a staff person in the face twice. He also put his hand around his wife's throat and tried to choke her.
- 11/16/25: When staff tried to direct him to the bathroom, the tenant became combative and started to kick and push staff.
- 11/15/25: While staff was changing him, the tenant tried to head butt staff and kicked at them.
- 11/14/25: The tenant tried to hit another tenant, staff intervened and Tenant #1 hit the staff in the stomach.
- 11/12/25: The tenant was hitting and kicking staff.
- 11/05/25: The tenant punched staff in the face and gave a "karate chop" to staff's neck.
- 10/24/25: Staff attempted to change the tenant's clothing but he started yelling and swinging at staff.

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A 160	Continued From page 3 When interviewed on 12/17/25 at 11:00 a.m. the Executive Director (ED) indicated the Program had been working with the psychiatrist on medication changes to address Tenant #1's aggressive behavior. The ED talked with Tenant #1's family about the possibility of moving to a higher level of care if the aggression continued, but had not taken any steps to transfer the tenant. During a follow up interview on 12/18/25 at 12:45 p.m. the ED confirmed Tenant #1's ongoing physical aggression. She did not disagree the tenant exceeded criteria to remain at the program.	A 160		

PLAN OF CORRECTION (POC)

Community Name: The Kensington Date :1/9/2026

SECTION / TAG	VIOLATION	APPEAL?	PLAN OF CORRECTION		COMPLETED?
A155	Criteria For Admission/Retention of Tenants	☐ YES **X** NO	What Has Been Done to Correct?	On 12/22/2025 we had a meeting with family to give a 30 day notice and have been weekly sending referrals out to help find placement for resident.	**X** YES ☐ NO
			How Will Recurrence Be Prevented?	Health & Wellness Director along with the Executive Director will monitor residents for level of care during daily stand up meetings and provide 30 day notice as appropriate.	
			Person Responsible:	Executive Director and Health & Wellness Director or Designee	
			Due Date:	Corrected immediately	
		☐ YES ☐ NO	What Has Been Done to Correct?		☐ YES ☐ NO
			How Will Recurrence Be Prevented?		
			Person Responsible:		
			Due Date:		
		☐ YES ☐ NO	What Has Been Done to Correct?		☐ YES ☐ NO
			How Will Recurrence Be Prevented?		
			Person Responsible:		
			Due Date:		

SECTION / TAG	VIOLATION	APPEAL?	PLAN OF CORRECTION		COMPLETE?
		☐ YES ☐ NO	What Has Been Done to Correct?		☐ YES ☐ NO
			How Will Recurrence Be Prevented?		
			Person Responsible:		
			Due Date:		
		☐ YES ☐ NO	What Has Been Done to Correct?		☐ YES ☐ NO
			How Will Recurrence Be Prevented?		
			Person Responsible:		
			Due Date:		
		☐ YES ☐ NO	What Has Been Done to Correct?		☐ YES ☐ NO
			How Will Recurrence Be Prevented?		
			Person Responsible:		
			Due Date:		