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 01/28/2026

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. Tenants without cognitive impairment: 0 Tenants with cognitive impairment: 18 Total census: 18 The following regulatory insufficiencies were cited during the investigation of Complaints #131106-C and 131289-C.	A 000	see attached POC 1/29/2026	
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 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 evaluate significant wound care needs for 1 of 3 tenants reviewed (Tenant #1). Finding follows:	A 145		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 145	Continued From page 1 Record review on 1/27/26 revealed the Program completed a change of condition evaluation for Tenant #1 on 1/27/26. A wound clinic note dated 1/05/26 indicated the following "ISTAP type 2 skin tear of right upper arm, Skin ulcer of right lower leg with fat layer exposed, Skin infection, Peripheral vascular disease" and included the following instructions for care in relation to the leg: "Apply Prisma to Right upper posterior arm and Right anterior medial arm, cover with Mepilex Border/Optifoam border. Change dressings once every 2 days. Wash wound with saline, pat dry, and apply new dressing. Manuka Honey to Right lower posterior leg, cover with dry gauze, roll gauze, and secure with tape. Change once daily. Wash with saline, pat dry, and apply new dressing. Tubigrip Size # to right lower leg to help control swelling. May apply Coban over dressings to help keep in place. Follow up at Wound Clinic in 2 weeks." A wound clinic note dated 1/19/26 indicated the following updated instructions: "Discontinue Therahoney to Right lower leg wound. Right arm wounds healed. No dressings needed for the right arm wounds. Apply Aquacel Ag to right lower leg wound. Cover with dry gauze, roll gauze, secure with tape. Change dressing once daily. Wash wound with soap and water, pat dry. Apply new dressing. Tubigrip size E to right lower leg. Wear the tubigrip during the day, may remove at bedtime and reapply in the morning. Tubigrip can be washed/rinsed out. Hang to dry. Follow-up at Wound Clinic in 3-4 weeks." Tenant #1's evaluation dated 1/27/26 failed to address Tenant #1's wound/s, wound care needs, who was responsible for providing wound care, or	A 145		

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A 145	Continued From page 2 instructions for Program staff on what signs/symptoms to observe for. By comparison, a change of condition evaluation for Tenant #1 dated 12/30/25 following a return from the hospital noted Tenant #1 required "Skin Treatment - Advanced" and noted the following: "(Tenant #1) has new wounds that will be dressing per orders and will see wound care. Please let nurse know of any warmth, redness, drainage, or odor." During an interview on 1/28/26 at 11:00 a.m., the Director of Nursing (DON) indicated Tenant #1's arm wounds healed, but the tenant was still being followed by the wound clinic and the Program still had current orders on how to care for the leg wound/s. The DON stated Program staff were delegated to provide the wound care. During a follow-up interview on 1/28/26 at 1:05 p.m., the DON acknowledged Tenant #1's wound care needs should have been addressed on the change of condition evaluation dated 1/27/26. The DON was unsure why the wound care information hadn't transferred over from the 12/30/25 evaluation to the 1/27/26 evaluation, but felt she must have mistakenly "clicked or over-clicked something" when completing the 1/27/26 which led to the wound needs not be addressed as part of the evaluation. On 1/28/26 at 2:00 p.m., the Executive Director and Director of Nursing confirmed the above findings.	A 145		
A 350	481-69.26(1) Service Plans 69.26(1) A service plan shall be developed for	A 350		

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A 350	Continued From page 3 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 develop a service plan based on the evaluation for 1 of 3 tenants reviewed (Tenant #1). Finding follows: Record review on 1/28/26 revealed a change of condition evaluation for Tenant #1 dated 12/30/25 following a return from the hospital. No service plan could be located corresponding with the change of condition on 12/30/25. During an interview on 1/28/26 at 1:05 p.m., the Director of Nursing (DON) acknowledged a 12/30/25 service plan for Tenant #1 could not be located in the electronic records system or provided upon request. The Director of Nursing believed she developed one, but it must be "lost in the electronic world." On 1/28/26 at 2:00 p.m., the Executive Director and Director of Nursing confirmed the above findings.	A 350		
A 390	481-69.26(3)e Service Plans	A 390		

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A 390	Continued From page 4 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. e. The service plan shall be reviewed, updated if necessary, and signed and dated by all parties at least annually. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to ensure the annual service plan was signed and dated by all parties for 1 of 3 tenants reviewed (Tenant #3). Finding follows: Record review on 1/28/26 revealed the Program completed an Annual Comprehensive Assessment for Tenant #3 on 1/15/26. A service plan in relation to the annual assessment was completed, dated 1/16/26 and signed by the Director of Nursing, but failed to include a signature from the tenant's representative. During an interview on 1/28/26 at 11:00 a.m., the Director of Nursing (DON) indicated she was unable to locate a signed/dated service plan within their electronic records system and stated going forward she would print out hard copies of the service plans for all tenants to sign and date. During an interview on 1/28/26 at 11:50 a.m., the Executive Director (ED) stated the Program's support contact from their electronic records system had not responded to their requests for assistance in accessing the digitally signed/dated service plans and thus would be unable to provide. The ED stated going forward the Program would no longer rely on the digital	A 390		

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A 390	Continued From page 5 signatures, but rather print off the service plans for all tenants to sign and date. On 1/28/26 at 2:00 p.m., the Executive Director and Director of Nursing confirmed the above findings.	A 390		
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 service plans were individualized and accurately addressed tenant needs for 1 of 3 tenants reviewed. (Tenant #1). Finding follows: Record review on 1/27/26 revealed Tenant #1 was being followed by the wound care clinic. A wound clinic note dated 1/5/26 indicated the following "ISTAP type 2 skin tear of right upper arm, Skin ulcer of right lower leg with fat layer exposed, Skin infection, Peripheral vascular disease" and included the following instructions for care in relation to the leg: "Apply Prisma to Right upper posterior arm and Right anterior medial arm, cover with Mepilex Border/Optifoam border. Change dressings once every 2 days. Wash wound with saline, pat dry, and apply new dressing. Manuka Honey to Right lower posterior leg, cover with dry gauze, roll gauze, and secure	A 395		

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A 395	Continued From page 6	A 395		

with tape. Change once daily. Wash with saline, pat dry, and apply new dressing. Tubigrip Size # to right lower leg to help control swelling. May apply Coban over dressings to help keep in place. Follow up at Wound Clinic in 2 weeks."

A wound clinic note dated 1/19/26 indicated the following updated instructions: "Discontinue Therahoney to Right lower leg wound. Right arm wounds healed. No dressings needed for the right arm wounds. Apply Aquacel Ag to right lower leg wound. Cover with dry gauze, roll gauze, secure with tape. Change dressing once daily. Wash wound with soap and water, pat dry. Apply new dressing. Tubigrip size E to right lower leg. Wear the tubigrip during the day, may remove at bedtime and reapply in the morning. Tubigrip can be washed/rinsed out. Hang to dry. Follow-up at Wound Clinic in 3-4 weeks."

A change of condition evaluation dated 12/30/25 following a return from the hospital noted Tenant #1 required "Skin Treatment - Advanced" and noted the following: "(Tenant #1) has new wounds that will be dressing per orders and will see wound care. Please let nurse know of any warmth, redness, drainage, or odor."

A review of a service plan for Tenant #1 dated 1/27/26 revealed no mention of wounds, wound care needs, who was responsible for providing wound care, or instructed program staff on what signs/symptoms to observe for.

During an interview on 1/28/26 at 11:00 a.m., the Director of Nursing (DON) reported Tenant #1's arm wounds had healed, but the tenant was still being followed by the wound clinic and the program still had current orders on how to care for the leg wound/s. The DON stated program

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A 395	Continued From page 7 staff were delegated to provide the wound care. During a follow-up interview on 1/28/26 at 1:05 p.m., the DON acknowledged Tenant #1's wound care needs should be addressed on the current service plan dated 1/27/26 but confirmed the service plan failed to address these needs. On 1/28/26 at 2:00 p.m., the Executive Director and Director of Nursing confirmed the above findings.	A 395		

PLAN OF CORRECTION (POC)

Community Name: The Kensington Date :2/18/26

SECTION / TAG	VIOLATION	APPEAL?		PLAN OF CORRECTION	COMPLETED?
A145	Evaluation of Tenant	☐ YES **X** NO	What Has Been Done to Correct?	The health & wellness director has ensured moving forward that all change of condition evaluations have resident care needs that are significant changes addressed on the evaluation.	**X** YES ☐ NO
			How Will Recurrence Be Prevented?	The Health & Wellness Director along with the Executive Director will ensure that resident care needs are addressed on all change of condition evaluations.	
			Person Responsible:	Health & Wellness Director, Executive Director, and or Designee	
			Due Date:	Corrected immediately	
A350	Service Plans	☐ YES **X** NO	What Has Been Done to Correct?	The Health & Wellness Director has ensured that any return from the hospital or a significant change in health has had a change of condition done, printed out and put in the paper chart file.	**X** YES ☐ NO
			How Will Recurrence Be Prevented?	The Health & Wellness Director as well as the Executive Director will audit service plans on a weekly basis to ensure if a change of condition was needed it has been done.	
			Person Responsible:	Health & Wellness Director, Executive Director, and or Designee	
			Due Date:	Corrected immediately	
A390	Service Plans	☐ YES **X** NO	What Has Been Done to Correct?	The Health & Wellness Director has been printing and having care plans signed instead of using the electronic signature via email since our visit.	**X** YES ☐ NO
			How Will Recurrence Be Prevented?	The Health & Wellness Director will ensure she prints and has each care planned signed by families when needed and then filed or uploaded into the system. We will not rely on the electronic record signing via email. The Executive Director will monitor weekly that each care plan has been signed.	
			Person Responsible:	Health & Wellness Director, Executive Director, and or Designee	

			Due Date:	Corrected immediately	
SECTION / TAG	**VIOLATION**	**APPEAL?**		**PLAN OF CORRECTION**	**COMPLETE?**
A395	Service plans	☐ YES **X** NO	What Has Been Done to Correct?	The Health & Wellness Director had ensured that since the visit all service plans are individualized and accurately address tenant needs including wound care if needed.	**X** YES ☐ NO
			How Will Recurrence Be Prevented?	When a care plan is done the Health & Wellness Director will go through it along with the Executive Director to ensure that all care needs are being met and that they are noted in the service plan.	
			Person Responsible:	Health & Wellness Director, Executive Director, and 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:		