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
	S0026	A. BUILDING: _____ B. WING _____	C 05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMAS GROVE AL MEMORY CARE	365 MARION BLVD MARION, IA 52302

(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. Number of tenants without cognitive disorder: 23 Number of tenants with cognitive disorder: 5 TOTAL Census of Assisted Living Program for People with Dementia: 28 The following regulatory insufficiencies were cited during the investigation of Incidents #131055-I, #131553-I, #132012-I and #132013-I and the recertification visit conducted to determine compliance with certification of a Dedicated Dementia Specific Assisted Living Program:	A 000	See attached POC 8/24/26	
A 102	481-67.2(1)a Program Policies and Procedures 67.2(1) A program's policies and procedures must meet the minimum standards set by applicable requirements. All programs shall have policies and procedures related to the following: a. Reporting of incidents, including allegations of dependent adult abuse on incident report forms to provide a detailed incident report completed at the time of the incident and include statements from individuals, if any, who witnessed the incident. The program will identify in the program's policy who of the program staff is responsible for completion of the initial report. The report will remain accessible for a minimum of three years. All accidents or unusual occurrences within the program's building or on the premises that affect tenants will be reported as incidents.	A 102		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

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A 102	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to maintain a policy and procedure for incident reports that included all required information. This potentially affected all tenants (census of 28). Findings follow: 1. Record review from 4/30/26 to 5/6/26 of Program policies and procedures provided indicated the Program failed to develop a policy and procedure related to incident reports. The Program provided the following policies for review related to the requirement: fall algorithm, abuse policy and procedure, charting and documentation policy and procedure, fall policy and procedure, post fall policy and procedure and head injury monitoring tool; however, these policies and procedures did not meet the requirements for the incident report policy and procedure. Continued record review revealed the policies and procedures provided did not include the following: the staff responsible for completing the incident report, all accidents and unusual occurrences within the building or on the premises that affect tenants would be reported as incidents and the requirement for retention of records for at least three years. 2. When interviewed on 5/6/26 at 12:57 p.m. the Executive Director confirmed all policies and procedures requested were provided.	A 102		
A 109	481-67.2(1)h Program Policies and Procedures 67.2(1) A program's policies and procedures must meet the minimum standards set by	A 109		

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A 109	Continued From page 2 applicable requirements. All programs shall have policies and procedures related to the following: h. Staffing and training. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to maintain a staffing policy and procedure. This potentially affected all tenants (census of 28). Findings follow: 1. Record review from 4/30/26 to 5/6/26 of Program policies and procedures provided indicated the Program failed to develop a staffing policy and procedure. Continued record review revealed the Program provided the following policies for review related to the staff policy and procedure requirement: -An Employee Scheduling policy and procedure, which related to schedule posting and changes for staff. -The Occupancy Agreement was provided with two sections highlighted: assistance with activities of daily living and nursing care and another section related to emergency services and fire protection. -A CNA Professional Orientation Guidebook. Further record review revealed the above items provided did not meet the requirements for a staffing policy and procedure. 2. When interviewed on 5/6/26 at 12:57 p.m. the Executive Director confirmed what was provided was the staffing policy.	A 109		

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A 116	481-67.2(2) Program Policies and Procedures 67.2(2) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to follow established policy and procedure related to discarding food. This potentially affected all tenants in memory care (census of 3 in house at time of observation). Findings follow: 1. Observation on 5/5/26 at 11:15 a.m. revealed the lunch meal served in the memory care unit. There were two tenants in the dining room and one tenant that received a meal delivered to the apartment. Staff C served the food and beverages. A juice in a large pitcher was served from the refrigerator in memory care to both tenants in the dining room. The juice was labeled prepared on 4/22/26. It was served to the tenants during the lunch meal observed on 5/5/26. 2. Record review on 5/6/26 of the Program's Labeling and Dating Foods policy and procedure indicated prepared food or opened food items would be discarded when: the food did not have a specific expiration date and had been refrigerated for 7 days, the food item was leftover for more than 72 hours or the food item was older than the expiration date. 3. When interviewed on 5/6/26 at 1:54 p.m. the Regional Director of Operations confirmed juice should be discarded after three days.	A 116		
A 151	481-67.5(2)e(2) Medications	A 151		

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A 151	Continued From page 4 481-67.5(231B,231C,231D) Medications. 67.5(2)?Each program shall follow its own written medication policy, including the following: e. When medications are administered traditionally by the program: (2) The program will maintain a list of each tenant's medications and document the medications administered. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to document medications administered. This pertained to 1 of 2 tenants observed during the medication pass that received sliding scale insulin (Tenant #6). Findings follow: 1. Observation on 5/4/26 at the lunch medication pass Staff A assisted Tenant #6 with insulin administration. Tenant #6's blood glucose was 174 via a continuous glucometer. Tenant #6 had an order for 8 units of Novolog insulin scheduled and 1 unit of sliding scale insulin per 50 at or above 150. Staff A dialed up 9 units of insulin based on the blood glucose reading and administered the insulin. Staff A signed off for the 8 units of scheduled insulin reflected on the medication administration record (MAR). When observed, the 1 unit of sliding scale insulin was not documented as administered. 2. Record review on 5/4/26 of Tenant #6's May 2026 MAR reflected an order for Dexcom check blood glucose three time daily including at 12:00 p.m. It was signed off as completed by Staff A on 5/4/26 at 12:00 p.m. and the reading was 174.	A 151		

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A 151	Continued From page 5 The MAR reflected blood glucose readings were above 150 at 12:00 p.m. from 5/1/26 to 5/4/26. Continued record review reveled Tenant #6's May 2026 MAR also reflected an order for Novolog Flexpen inject 8 units subcutaneous (SQ), twice daily, plus sliding scale. The MAR reflected Staff A signed off the medication was administered (8 units) on 5/4/26 at 12:00 p.m. The MAR also reflected Novolog Flexpen, per sliding scale 1 unit per 50 at or above 150 at meals. It was reflected as needed as the MAR. There were no documented doses given in May at 12:00 p.m. despite blood glucose readings being above 150 from 5/1/26 until the observation on 5/4/26. The sliding scale dose on 5/4/26 that was observed (1 unit) was not signed off on the MAR as administered. 3. When interviewed on 5/4/26 at the time of the lunch medication pass, Staff A confirmed she administered 9 units of insulin to Tenant #6.	A 151		
A 152	481-67.5(2)e(3) Medications 481-67.5(231B,231C,231D) Medications. 67.5(2)?Each program shall follow its own written medication policy, including the following: e. When medications are administered traditionally by the program: (3) Medications and treatments will be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or PA.	A 152		

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A 152	Continued From page 6 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to administer medications as ordered. This pertained to 1 of 4 current tenants reviewed that had oral medications administered by staff (Tenant #5). Findings follow: 1. Record review on 5/5/26 and 5/6/26 of Tenant #5's file revealed staff administered Tenant #5's medications. An order dated 4/14/26 indicated to discontinue eszopiclone 2 milligrams (mg) nightly and to start suvorexant 10 mg nightly. 2. Continued record review of Tenant #5's file revealed the April 2026 medication administration record (MAR) reflected eszopiclone tablet 2 mg, one tablet every night at bedtime for insomnia, started on 1/12/26 and discontinued on 5/1/26. It was documented as administered from 4/1/26 to 4/30/26, with the exception of 4/27/26, when it charted as refused. The MAR also reflected an order for Belsomra (suvorexant) tablet 10 mg, one tablet by mouth every night at bedtime, started 4/14/26. There were no doses administered from 4/14/26 to 4/30/26. The MAR reflected the code of 6, which indicated to see progress notes. Further record review of Tenant #5's file revealed progress notes reviewed from 4/14/26 to 5/4/26 indicated the medication was charted as not available. 3. Continued record review of the May 2026 MAR indicated eszopiclone tablet 2 mg, one tablet every night at bedtime for insomnia was reflected as discontinued on 5/1/26. Belsomra 10 mg, one tablet by mouth every night at bedtime was reflected with a start date of 4/14/26. There	A 152		

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A 152	Continued From page 7 were no doses administered from 5/1/26 to 5/4/26. The MAR reflected the code of 6, which indicated to see progress notes. Further record review of Tenant #5's file revealed progress notes reviewed from 4/14/26 to 5/4/26 indicated the medication was charted as not available. 4. When interviewed on 5/6/26 at 10:39 a.m. the Interim Director of Nursing (DON) reported she was unaware the Belsomra was unavailable.	A 152		
A 230	481-69.22(1) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(1) Evaluation prior to occupancy. A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the GDS shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation. This REQUIREMENT is not met as evidenced	A 230		

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A 230	Continued From page 8 by: Based on interview and record review the Program failed to complete evaluations prior to taking occupancy. This pertained to 1 of 1 current tenant reviewed admitted in the last three months (Tenant #1). Findings follow: 1. Record review on 5/4/26 of Tenant #1's file revealed Tenant #1 was admitted on 3/13/26. Functional and health evaluations were completed prior to taking occupancy on 3/12/26. A cognitive evaluation was not completed prior to taking occupancy. 2. When interviewed on 5/6/26 at 10:39 a.m. the Interim Director of Nursing (DON) confirmed the above finding.	A 230		
A 231	481-69.22(2) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete evaluations within 30 days of taking occupancy. This pertained to 2 of 5 current tenants reviewed (Tenant #1 and Tenant #5) and 2 of 4 discharged tenants reviewed	A 231		

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A 231	Continued From page 9 (Tenant C1 and Tenant C4). Findings follow: 1. Record review on 5/4/26 of Tenant #1's file revealed she was admitted on 3/13/26. Health and cognitive evaluations were completed within 30 days of taking occupancy; however, a functional evaluation was not completed. 2. Record review on 5/5/26 of Tenant #5's file revealed he was admitted on 11/10/25. Evaluations were completed on 11/10/25; however, cognitive, health and functional evaluations were not completed within 30 days of taking occupancy. 3. Record review on 4/30/26 and 5/4/26 of Tenant C1's file revealed he was admitted on 8/29/25. Evaluations were completed on 8/29/25; however, cognitive, health and functional evaluations were not completed within 30 days of taking occupancy. 4. Record review on 5/6/26 of Tenant C4's file revealed she was admitted on 3/6/26. Health and cognitive evaluations were completed within 30 days of taking occupancy; however, a functional evaluation was not completed. 5. When interviewed on 5/6/26 at 10:39 a.m. and 12:14 p.m. the Interim Director of Nursing (DON) confirmed the above finding.	A 231		
A 232	481-69.22(3) Evaluation of Tenant 481-69.22(231C) 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	A 232		

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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.

This REQUIREMENT is not met as evidenced by:
Based on interview and record review the Program failed to complete evaluations as needed with significant change. This pertained 1 of 5 current tenants reviewed (Tenant #2) and 1 of 4 discharged tenants reviewed (Tenant C1). Findings follow:

1. Record review on 5/4/26 of Tenant #2's file revealed Progress Notes indicated on 3/26/26 Tenant #2 went to the emergency department (ED) for a left lower leg laceration, resulting in 14 sutures placed. The sutures needed to be removed in 7 days.

Continued record review revealed an order, dated 4/3/26, directed to was the left lower leg wound with wound wash, pat dry, apply bacitracin ointment, non-stick gauze and wrap with Kerlix twice daily. It further directed to monitor for drainage, bleeding and signs and symptoms of infection for 14 days. It was noted to make the provider aware if the leg was not healed in 14 days.

Further record review revealed an order was received dated 3/26/26. Tenant #2 had a very red and "yeasty" abdomen with a foul odor. Tenant #2 had Zeasorb but needed something else. She also refused to change her brief at times. An order was received for Nystatin cream twice daily

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to the abdomen until healed.

When interviewed on 5/4/26 Staff A said Tenant #2 was heavy cares, she transferred Tenant #2 with the assistance of one person but some staff called for assistance with Tenant #2's transfers.

When interviewed on 5/4/26 at 10:18 a.m. Staff C said Tenant #2 required the assistance of two staff. He said he had transferred her alone, some staff used two staff.

When interviewed on 5/6/26 at 10:39 a.m. the Interim Director of Nursing (DON) said she had talked to regional team and there no medical reason for transfers of two people with Tenant #2. Some days were better than others for her.

Continued record review revealed evaluations were not completed as needed related to the wound and treatment, the reddened area and treatment and at times Tenant #2 required the assistance of two people.

2. Record review on 4/30/26 and 5/4/26 of Tenant C1's file revealed Progress Notes indicated the following:

-On 8/29/25 Tenant C1 arrived to the Program and was assisted to his room via wheelchair and into his recliner. Tenant C1 allowed the nurse to complete an assessment and then became upset. Tenant C1 started screaming and swearing at staff. The behavior continued and staff was not able to de-escalate. Staff let the room and he got himself up and came into the common area. He sat on the bench and screamed obscenities towards staff. Tenant C1 picked up his walker and tried to hit the nurse

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with it. Tenant C1 was transported back to the hospital via ambulance.

-On 8/29/25 he was finally agreeable to be transported to the hospital. He was escorted by police and firefighters.

-On 8/30/25 Tenant C1 was screaming and swearing at staff. Tenant C1 attempted to leave the unit and hit one staff on the arm and hit another staff in the face. As needed Haldol was used and was not effective. Staff called for transport to the hospital.

-On 9/8/25 Tenant C1 had a fall in his apartment and refused vitals and evaluation by staff. Tenant C1 initially refused staff's assistance to get him up off the floor. Staff left him on the floor, returned shortly and he allowed them to assist him up.

-On 9/8/25 Tenant C1 attempted to hit staff, screamed and was swearing. Tenant C1 grabbed a female tenant by the shirt on 9/7/25. Tenant C1 pulled decorations off the walls, was not able to be redirected and "is a danger to other tenants and staff." Tenant C1 was transported to the hospital for evaluation. Tenant C1 yelled and refused to get on the cot when first responders arrived.

-On 9/9/25 Tenant C1 arrived back to the Program. Risperidone cream was delivered.

-On 10/7/25 a wound assessment was completed.

-On 10/8/25 a provider was out to assess the wound and new orders were received to cleanse area, apply mepilex, change every three days or

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sooner if it was saturated.

-On 10/10/25 Tenant C1's spouse was aware and a home health agency was notified of need for assistance.

-On 10/11/25 to encourage repositioning every two hours and to lay in bed at times every two hours for a wound on the buttocks. It was noted Tenant C1 was at supper when the repositioning was to have occurred on that date/time.

-On 11/26/25 Tenant C1 was transported to the hospital via ambulance due to uncontrolled behaviors. Tenant C1 had aggressive behaviors towards another tenant. Tenant C1 was aggressive with emergency medical services (EMS) in the building.

-On 11/26/25 Tenant C1 returned from the ED via ambulance. New orders were received for olanzapine 5 milligram (mg), twice daily as needed for agitation.

-On 12/1/25 Tenant C1 threatened to hurt staff by punching staff in the face and yelled profanities. His behavior escalated when another tenant he did not like or seeing the other tenant in the unit.

-On 12/1/25 Tenant C1 yelled loud profanities, refused to take medications and threatened to hurt staff.

-On 12/6/25 (late entry) it was noted Tenant C1 yelled racial slurs, exited memory care and set off door alarms, hit his walker against the windows and screamed he was getting out of there. Staff called for police back up, police arrived and they were spit on. The police placed Tenant C1 in handcuffs and took him out with a bag over his

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A 232	Continued From page 14 head. He was taken to the hospital via ambulance. -On 12/8/25 (late entry) it was noted an evaluation was completed (at the hospital). He spoke of evil behavior and being evil. He did not want to return to the Program. He had multiple hospitalizations at the behavioral unit at the hospital in the last year. A psychiatry evaluation by a doctor indicated he was a high risk of bodily harm. He was on assault, elopement and fall precautions at the hospital. He was irritable when he did not receive frequent contact. It was noted hospital records indicated he had rough night but not the worst they had seen and further noted he was well-known to their service. -On 12/9/25 Tenant C1's spouse came to get Tenant C1's belongings. -On 12/12/25 Tenant C1's spouse moved all personal belonging of the apartment. Continued record review revealed Tenant C1 had evaluations completed at admission and had monthly summaries and quarterly nursing assessments; however, did not have evaluations completed as needed with increased behaviors, a buttocks wound with treatment, home health agency services and repositioning reminders. 3. When interviewed on 5/6/26 at 10:39 a.m. and 12:14 p.m. the Interim DON confirmed the above finding.	A 232		
A 237	481-69.23(1)c(1-2) Criteria for Admission and Retention 481-69.23(231C) Criteria for admission and	A 237		

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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 or is sexually, verbally, or physically aggressive or abusive; or

(2) Displays behavior that places another tenant at risk; or

This REQUIREMENT is not met as evidenced by:
Based on interview and record review the Program failed to ensure tenants admitted to the Program did not exceed criteria for admission and/or discharge a tenant who exceeded the level of care in a timely manner. This pertained to 1 of 4 discharged tenants reviewed (Tenant C1). Findings follow:

1. Record review from 4/30/26 and 5/4/26 of Tenant C1's file revealed Tenant C1 was admitted on 8/29/25. He was hospitalized in the behavioral health unit at a hospital from 7/3/25 to 8/29/25. He was staged at a six on the Global Deterioration Scale (GDS), which indicated severe cognitive decline on 8/29/25. His diagnoses included: frontotemporal neurocognitive disorder and insomnia. He was discharged to acute care hospital on 12/12/25.

Progress Notes indicated the following:

-On 8/29/25 it was noted Tenant C1 arrived to the

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Program and was assisted to his room via wheelchair and into his recliner. Tenant C1 allowed the nurse to complete an assessment and then became upset. Tenant C1 started screaming and swearing at staff. The behavior continued and staff was not able to de-escalate. Staff let the room and he got himself up and came into the common area. He sat on the bench and screamed obscenities towards staff. Tenant C1 picked up his walker and tried to hit the nurse with it. Tenant C1 was transported back to the hospital via ambulance.

-On 8/29/25 it was noted he was finally agreeable to be transported to the hospital. He was escorted by police and firefighters.

-On 8/30/25 it was noted Tenant C1 was screaming and swearing at staff. Tenant C1 attempted to leave the unit and hit one staff on the arm and hit another staff in the face. As needed Haldol was used and was not effective. Staff called for transport to the hospital.

-On 9/8/25 it was noted Tenant C1 had a fall in his apartment and refused vitals and evaluation by staff. Tenant C1 initially refused staff assistance to get him up off the floor. Staff left him on the floor and returned shortly and he allowed them to assist him up.

-On 9/8/25 it was noted Tenant C1 attempted to hit staff, screamed and was swearing. Tenant C1 grabbed a female tenant by the shirt on 9/7/25. Tenant C1 pulled decorations off the walls, was not able to be redirected and "is a danger to other tenants and staff." Tenant C1 was transported to the hospital for evaluation. Tenant C1 yelled and refused to get on the cot when first responders arrived.

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A 237	Continued From page 17 -On 9/9/25 it was noted Tenant C1 arrived back to the Program. Risperidone cream was delivered. -On 11/26/25 it was noted Tenant C1 was transported to the hospital via ambulance due to uncontrolled behaviors. Tenant C1 had aggressive behaviors towards another tenant. Tenant C1 was aggressive with emergency medical services (EMS) in the building. -On 11/26/25 it was noted Tenant C1 returned from the emergency department (ED) via ambulance. New orders were received for olanzapine 5 milligrams (mg), twice daily as needed for agitation. -On 12/1/25 it was noted Tenant C1 threatened to hurt staff by punching staff in the face and yelled profanities. His behavior escalated when another tenant he did not like or seeing the other tenant in the unit. -On 12/1/25 it was noted Tenant C1 yelled loud profanities, refused to take medications and threatened to hurt staff. -On 12/6/25 (late entry) it was noted Tenant C1 yelled racial slurs, exited memory care and set off door alarms, hit his walker against the windows and screamed he was getting out of there. Staff called for police back up, police arrived and they were spit on. The police placed Tenant C1 in handcuffs and took him out with a bag over his head. He was taken to the hospital via ambulance. -On 12/8/25 (late entry) it was noted an evaluation was completed (at the hospital). Tenant C1 spoke of evil behavior and being evil.	A 237		

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He did not want to return to the Program. He had multiple hospitalizations at the behavioral unit at the hospital in the last year. A psychiatry evaluation by a doctor indicated he was a high risk of bodily harm. He was on assault, elopement and fall precautions at the hospital. He was irritable when he did not received frequent contact. It was noted hospital records indicated he had rough night but not the worst they had seen. "he is wellknown to their service."

-On 12/9/25 it was noted Tenant C1's spouse was coming to get Tenant C1's belongings.

-On 12/12/25 it was noted Tenant C1's spouse moved all personal belonging of the apartment.

2. Continued record review of Tenant C1's incident reports indicated the following:

-On 9/8/25 it was noted staff reported Tenant C1 had grabbed a female tenant's shirt on 9/7/25. When Tenant C1 saw staff coming out of another tenant's apartment he let go of the female tenant.

-On 11/26/25 it was noted staff called the nurse to assist with Tenant C1. Tenant C1 was in his apartment with no injuries. Tenant C2 was injured and the nurse assessed her in her apartment. Tenant C1 was taken to the hospital due to uncontrolled and aggressive behaviors. It was noted staff heard Tenant C2 say something in a panic. She opened to the door and observed Tenant C2 walking backwards towards the exit door and was saying okay repeatedly. Tenant C1 stood next to her and slammed his walker on the ground and yelled for her to get out. When Tenant C2 turned around staff observed her mouth was bleeding and Tenant C1 said he hit

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her. Tenant C2 was taken out of Tenant C1's apartment and staff called for assistance. Tenant C1 said he hit Tenant C2 because he did not want her in his apartment.

-On 12/3/25 it was noted Tenant C1 was in the memory care activity room and yelled and screamed at staff. He attempted to barricade the door with tablets and chairs. Staff tried to let him calm down but called 911 for assistance. Staff reported he was yelling profanities and racial slurs.

3. Further record review revealed Short Term Monitoring Flowsheets from 10/16/25 to 12/3/25 documented Tenant C1's behaviors included screaming, yelling, profanities, escalating behavior, threatening to hit and slamming his walker, care refusals and medication refusals.

4. Continued record review of Tenant C1's file revealed a letter dated 12/8/25 indicated the Program issued a 48-hour discharge for Tenant C1. Despite intervention, he had been physically aggressive and had unmanageable verbal abuse and aggression. His behavior had put other tenants at risk. Tenant C1 had verbal and physically aggressive behaviors towards staff and tenants as indicated above. There were no other notices for discharge prior to 12/8/25 that were issued to Tenant C1 or Tenant C1's legal representative.

5. When interviewed on 5/6/26 at 12:57 p.m. the Executive Director said she was very new in her position when Tenant C1 was admitted. She said it was hearsay but they had gone back and forth

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A 237	Continued From page 20 on his admission. She said Tenant C1 did not exceed level of care, they had medication changes and the behaviors were managed until the incident (12/3/25). He was assessed at the hospital and had behaviors during that assessment. He was given a 48-hour notice to discharge and there were no other discharge notices given to Tenant C1.	A 237		
A 274	481-69.25(1)o Tenant Documents 481-69.25(231C) Tenant documents. 69.25(1) Documentation for each tenant shall be maintained by the program and include: o. Incident reports involving the tenant, including but not limited to those related to medication errors, accidents, falls, and elopements (such reports need not be included in the tenant's medical record); This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete incident reports. This pertained to 1 of 5 current tenants reviewed (Tenant #4) and 1 of 4 discharged tenants reviewed (Tenant C1). Findings follow: 1. Record review on 5/5/26 of Tenant #4's file revealed a Progress Note dated 10/2/25 indicated Tenant #4's family member visited that morning and after the visit told the nurse it was felt that if Tenant #4 had the means to end his life he would. The nurse spoke with Tenant #4 and he said he would be "better off dead." When asked if he had	A 274		

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a plan to end his life, he said no but asked the nurse ideas on how to do it. It was discussed for him to go to the emergency room and he declined. The nurse spoke with him about a referral to a therapist and maybe medications to help and he seemed agreeable. Scissors were removed from his apartment and placed in the office.

Continued record review of Tenant #4's file revealed an incident report was not completed related to the incident noted above.

2. Record review on 4/30/26 and 5/4/26 of Tenant C1's file revealed Progress Notes indicated the following:

-On 8/29/25 it was noted Tenant C1 arrived to the Program and was assisted to his room via wheelchair and into his recliner. Tenant C1 allowed the nurse to complete an assessment and then became upset. Tenant C1 started screaming and swearing at staff. The behavior continued and staff was not able to de-escalate. Staff left the room and he got himself up and came into the common area. He sat on the bench and screamed obscenities towards staff. Tenant C1 picked up his walker and tried to hit the nurse with it. Tenant C1 was transported back to the hospital via ambulance.

-On 8/29/25 it was noted he was finally agreeable to be transported to the hospital. He was escorted by police and firefighters

-On 8/30/25 it was noted Tenant C1 was screaming and swearing at staff. Tenant C1 attempted to leave the unit and hit one staff on the arm and hit another staff in the face. As

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A 274	Continued From page 22 needed Haldol was used and was not effective. Staff called for transport to the hospital. Continued record review of Tenant C1's file revealed incident reports were not completed related to the incidents noted above. 3. When interviewed on 5/6/26 at 10:39 a.m. the Interim Director of Nursing (DON) confirmed there was not an incident report for 10/2/25 for Tenant #4. When interviewed on 5/6/26 at 12:57 p.m. the Executive Director confirmed there were no incident reports in the electronic medical records system. She would need to check for paper incident reports for Tenant C1. When interviewed on 5/6/26 at the time of the exit meeting, the Regional Nurse said there was documentation in the progress notes for Tenant #4 and Tenant C1.	A 274		
A 280	481-69.26(1) Service Plans 481-69.26(231C) Service plans. 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with rule 481-69.22(231C) and be designed to meet the specific needs of the individual tenant. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to have service plans based on	A 280		

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evaluations and failed to have service plans that reflected the specific needs of the tenants. This pertained to 3 of 5 current tenants reviewed (Tenants #3, #4 and #5) and 2 of 4 discharged tenants reviewed (Tenant C2 and Tenant C3). Findings follow:

1. Record review on 5/5/26 of Tenant #3's file revealed a Medication Review Report dated 4/10/26 indicated diet orders were mechanical soft texture, nectar thick fluids and low salt.

Continued record review revealed Tenant #3's service plan reflected the nectar thick liquids but did not reflect the mechanical soft texture diet.

2. Record review on 5/5/26 of Tenant #4's file revealed a Progress Note dated 10/2/25 indicated Tenant #4's family member visited that morning and after the visit told the nurse it was felt that if Tenant #4 had the means to end his life he would. The nurse spoke with Tenant #4 and he said he would be "better off dead." When asked if he had a plan to end his life, he said no but asked the nurse ideas on how to do it. It was discussed for him to go to the emergency room and he declined. The nurse spoke with him about a referral to a therapist and maybe medications to help and he seemed agreeable. Scissors were removed from his apartment and placed in the office.

Continued record review revealed Tenant #4's service plan was not updated as needed and did not reflect the comment related to self-harm and interventions for safety.

3. Record review on 5/5/26 of Tenant #5's file revealed the service plan was updated on 2/13/26 and reflected he had behaviors of agitation,

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sexually inappropriate behaviors, verbal and physical aggression and wandering.

Continued record review revealed the service plan was updated to reflect the behaviors; however, it was not based on evaluations as evaluations were not completed when it was updated.

4. Record review on 5/4/26 of Tenant C2's file revealed Progress Notes indicated the following:

-On 1/27/26 it was noted Tenant C2 was seated in the Broda chair. It took two staff to get her up in the chair.

-On 2/4/26 it was noted a hospital bed was in place and morphine would be started.

-On 2/4/26 it was noted Tenant C2's family member had questions about fluids and it was discussed to use a sponge with water on it and to let her suck on the sponge.

-On 2/6/26 it was noted Tenant C2's family member had questions about the dying process. The Interim Director of Nursing (DON) had just been in to assist with positioning her.

Continued record review revealed Tenant C2's service plan did not reflect the use of the Broda chair, the hospital bed, fluid intake and repositioning.

5. Record review on 5/5/26 of Tenant C3's file revealed an incident report dated 2/4/26 indicated Tenant C3 seemed to try and get out of her recliner with the legs up and might have slipped out of her chair. When first assisted up she did not complain of pain but when she tried to get to

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A 280	Continued From page 25 the bathroom, she had complaints of pain in her right knee and right hip. Staff walked with her and assisted her to the floor. Staff called 911 and she was taken to the hospital. Tenant C3 had a fractured hip. . Continued record review revealed Tenant C3's Progress Notes indicated the following: -On 1/21/26 it was Tenant C3 was very confused about running her recliner and did not know which buttons to use. A discussion was had with Tenant C3's family regarding the possibility of getting a bed or sofa. -On 1/22/26 it was noted Tenant C3's family was going to come in and try to cover the buttons on the lift chair remote to only allow her to raise the feet and lower the head. -On 2/4/26 it was noted Tenant C3's family called and said it was right femur fracture (related to fall above). It was explained to the family member that Tenant C3 was trying to get up out of the chair and the legs were extended on the chair. -On 2/5/26 it was noted Tenant C3's family member said she would be going to a skilled nursing facility due to the femur fracture and it was not surgically repaired. When interviewed on 5/5/26 at 3:54 p.m. the Interim DON indicated Tenant C3's dementia was at a point she could not run the chair. She needed more assistance in the evening. She said all staff were worried something was going to happen with chair. Family did not want to take furniture out of her apartment and Tenant C3's family was spoken to about the chair.	A 280		

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A 280	Continued From page 26 Further record review revealed Tenant C3's service plan reflected she was at a risk for falls and to discuss with the legal representative to possibly remove or replace the chair. The service plan did not reflect Tenant C3's inability at times to put the leg rest down and confusion related to the use of the chair. 6. When interviewed on 5/6/26 at 10:39 a.m. and 12:14 p.m. the Interim DON confirmed Tenant #3's mechanical soft diet was not on the service plan. She said she was not there at the time of Tenant #4's behavior; however, it was not reflected on his service plan. She said Tenant C2's service plan reflected a chair; however, was not specific to the Broda chair. She said regarding Tenant C3 the service plan reflected the chair needed to be removed. She confirmed all service plans were provided for the tenants reviewed.	A 280		
A 281	481-69.26(2) Service Plans 481-69.26(231C) Service plans. 69.26(2) Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan.	A 281		

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(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 281	Continued From page 27 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop a signed service plan prior to taking occupancy. This pertained to 2 of 2 current tenants reviewed admitted in in the last seven months (Tenant #1 and Tenant #5) and 1 of 1 discharged tenant reviewed admitted in the last seven months (Tenant C4). Findings follow: 1. Record review on 5/4/26 of Tenant #1's file revealed Tenant #1 was admitted on 3/13/26. A service plan was provided that reflected initiation dates of 3/12/26; however, the service plan was not signed by a health or human service professional or Tenant #1 or Tenant #1's legal representative prior to taking occupancy. 2. Record review on 5/5/26 of Tenant #5's file revealed he was admitted on 11/10/25. A service plan was provided that reflected initiation dates of 11/11/25; however, the service plan was not signed by a health or human service professional or Tenant #5 or Tenant #5's legal representative prior to taking occupancy. 3. Record review on 5/6/26 of Tenant C4's file revealed she was admitted on 3/6/26. A service plan was provided that reflected initiation dates of 3/6/26 however, the service plan was not signed by a health or human service professional or Tenant C4 or Tenant C4's legal representative prior to taking occupancy. 4. When interviewed on 5/6/26 at 10:39 a.m. and 12:14 p.m. the Interim Director of Nursing (DON) confirmed the above finding.	A 281		

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A 282	Continued From page 28	A 282		
A 282	481-69.26(3) Service Plans 481-69.26(231C) Service plans. 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. The service plan shall be signed by all parties, including the tenant or tenant's legal representative. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update the service plan within 30 days of taking occupancy and as needed with significant change and failed to obtain signatures by all parties. This pertained to 3 of 5 current tenants reviewed (Tenants #1, #2 and #5) and 2 of 4 of discharged tenants reviewed (Tenants C1 and C4). Findings follow: 1. Record review on 5/4/26 of Tenant #1's file revealed she was admitted on 3/13/26. The service plan was not updated and signed within 30 days of taking occupancy. 2. Record review on 5/4/26 of Tenant #2's file revealed Progress Notes indicated on 3/26/26 it was noted Tenant #2 went to the emergency department (ED) for a left lower leg laceration. There were 14 sutures placed and the sutures needed to be removed in 7 days. Continued record review revealed an order dated 4/3/26 indicated for the left lower leg wound to wash with wound wash, pat dry, apply bacitracin ointment, non-stick gauze and wrap with Kerlix	A 282		

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A 282	Continued From page 29	A 282		

twice daily. It indicated to monitor for drainage, bleeding and signs and symptoms of infection for 14 days. It was noted to make the provider aware if the leg was not healed in 14 days.

Further record review revealed an order was received dated 3/26/26. Tenant #2 had a very red and "yeasty" abdomen. It had a foul odor. Tenant #2 had Zeasorb but needed something else. She also refused to change her brief at times. An order was received for Nystatin cream twice daily to the abdomen until healed.

When interviewed on 5/4/26 Staff A said Tenant #2 was heavy cares, she transferred Tenant #2 with the assistance of one person but some staff called for assistance with Tenant #2's transfers.

When interviewed on 5/4/26 at 10:18 a.m. Staff C said Tenant #2 required the assistance of two staff. He said he had transferred her alone, some staff used two staff.

When interviewed on 5/6/26 at 10:39 a.m. the Interim Director of Nursing (DON) said she had talked to regional team and there no medical reason for transfers of two people with Tenant #2. Some days better than others for her.

Continued record review revealed Tenant #2's service plan was not updated as needed related to the wound and treatment, the reddened area and treatment and at times Tenant #2 required the assistance of two people.

3. Record review on 5/5/26 of Tenant #5's file revealed he was admitted on 11/10/25. The service plan was not updated and signed within 30 days of taking occupancy.

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4. Record review on 4/30/26 and 5/4/26 of Tenant C1's file revealed Progress Notes indicated the following:

-On 8/29/25 it was noted Tenant C1 arrived to the Program and was assisted to his room via wheelchair and into his recliner. Tenant C1 allowed the nurse to complete an assessment and then became upset. Tenant C1 started screaming and swearing at staff. The behavior continued and staff was not able to de-escalate. Staff let the room and he got himself up and came into the common area. He sat on the bench and screamed obscenities towards staff. Tenant C1 picked up his walker and tried to hit the nurse with it. Tenant C1 was transported back to the hospital via ambulance.

-On 8/29/25 it was noted he was finally agreeable to be transported to the hospital. He was escorted by police and firefighters.

-On 8/30/25 it was noted Tenant C1 was screaming and swearing at staff. Tenant C1 attempted to leave the unit and hit one staff on the arm and hit another staff in the face. As needed Haldol was used and was not effective. Staff called for transport to the hospital.

-On 9/8/25 it was noted Tenant C1 had a fall in his apartment and refused vitals and evaluation by staff. Tenant C1 initially refused staff's assistance to get him up off the floor. Staff left him on the floor, returned shortly and he allowed them to assist him up.

-On 9/8/25 it was noted Tenant C1 attempted to hit staff, screamed and was swearing. Tenant C1 grabbed a female tenant by the shirt on 9/7/25. Tenant C1 pulled decorations off the walls, was

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not able to be redirected and "is a danger to other tenants and staff." Tenant C1 was transported to the hospital for evaluation. Tenant C1 yelled and refused to get on the cot when first responders arrived.

-On 9/9/25 it was noted Tenant C1 arrived back to the Program. Risperidone cream was delivered.

-On 10/7/25 it was noted a wound assessment was completed.

-On 10/8/25 it was noted a provider was out to assess the wound and new orders were received to cleanse area, apply mepilex, change every three days or sooner if it was saturated.

-On 10/10/25 it was noted Tenant C1's spouse was aware and a home health agency was notified of need for assistance.

-On 10/11/25 it was noted was to encourage repositioning every two hours and to lay in bed at times every two hours for a wound on the buttocks. It was noted Tenant C1 was at supper when the repositioning was to have occurred on that date/time.

-On 11/26/25 it was noted Tenant C1 was transported to the hospital via ambulance due to uncontrolled behaviors. Tenant C1 had aggressive behaviors towards another tenant. Tenant C1 was aggressive with emergency medical services (EMS) in the building.

-On 11/26/25 it was noted Tenant C1 returned from the ED via ambulance. New orders were received for olanzapine 5 milligram (mg), twice daily as needed for agitation.

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A 282	Continued From page 32 -On 12/1/25 it was noted Tenant C1 threatened to hurt staff by punching staff in the face and yelled profanities. His behavior escalated when another tenant he did not like or seeing the other tenant in the unit. -On 12/1/25 it was noted Tenant C1 yelled loud profanities, refused to take medications and threatened to hurt staff. -On 12/6/25 (late entry) it was noted Tenant C1 yelled racial slurs, exited memory care and set off door alarms, hit his walker against the windows and screamed he was getting out of there. Staff called for police back up, police arrived and they were spit on. The police placed Tenant C1 in handcuffs and took him out with a bag over his head. He was taken to the hospital via ambulance. -On 12/8/25 (late entry) it was noted an evaluation was completed (at the hospital). He spoke of evil behavior and being evil. He did not want to return to the Program. He had multiple hospitalizations at the behavioral unit at the hospital in the last year. A psychiatry evaluation by a doctor indicated he was a high risk of bodily harm. He was on assault, elopement and fall precautions at the hospital. He was irritable when he did not received frequent contact. It was noted hospital records indicated he had rough night but not the worst they had seen. "he is wellknown to their service." -On 12/9/25 it was noted Tenant C1's spouse was coming to get Tenant C1's belongings. -On 12/12/25 it was noted Tenant C1's spouse moved all personal belonging of the apartment.	A 282		

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A 282	Continued From page 33 Continued record review revealed Tenant C1 had a service plan signed on 8/29/25. There were no other signed service plans provided. Additionally, the service plan was not updated as needed with increased behaviors, a buttocks wound with treatment, home health agency services and repositioning reminders. 5. Record review on 5/6/26 Tenant C4's file revealed she was admitted on 3/6/26. The service plan was not updated and signed within 30 days of taking occupancy. 6. When interviewed on 5/6/26 at 10:39 a.m. and 12:14 p.m. the Interim DON confirmed service plans were not completed and signed within 30 days of taking occupancy for Tenants #1, #5, C1 and C4. She said for Tenant #2 the two assist at times was not reflected on the service plan and the wound and nystatin were not reflected on the service plan. She confirmed all service plans were provided for the tenants reviewed.	A 282		
A 305	481-69.28(4) Food Service 481-69.28(231C) Food service. 69.28(4) Therapeutic diets may be provided by a program. If therapeutic diets are provided, they shall be prescribed by a physician, physician assistant, advanced registered nurse practitioner or ordered by a licensed dietitian authorized by a qualified medical provider. A therapeutic diet provides food, fluids or nutrients by oral, enteral, or parenteral routes and is used in the treatment of a disease or clinical condition to modify, eliminate, decrease or increase specific macro- or micronutrients, or to provide mechanically altered food when medically indicated. The	A 305		

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A 305	Continued From page 34 thirteenth edition of the Iowa Simplified Diet Manual published by the Iowa dietetic association shall be available and used in the planning and serving of therapeutic diets. A licensed dietitian shall be responsible for writing and approving the therapeutic menu and for reviewing procedures for food preparation and service for therapeutic diets. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to provide a licensed dietician to review procedures for food preparation and service for therapeutic diets. This pertained to 1 of 1 current tenant reviewed with a therapeutic diet (Tenant #3). Findings follow: 1. When observed on 5/4/26 at the evening meal Tenant #3 was served a deli meat sandwich on bread with the crust. When observed on 5/5/26 at the lunch meal Tenant #3 was served a deli meat sandwich on bread with the crust and applesauce. When observed on 5/5/26 at 4:45 p.m. at the evening meal Tenant #3 was served applesauce, a deli meat sandwich on bread with the crust on it. 2. Record review on 5/5/26 of Tenant #3's file revealed a Medication Review Report dated 4/10/26 indicated diet orders were mechanical soft texture, nectar thick fluids and low salt. The service plan reflected the nectar thick liquids but did not reflect the mechanical soft texture diet.	A 305		

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3. When interviewed on 5/5/26 at 2:28 p.m. Staff B said Staff B and the Dietary Director were the two staff that prepared food. Staff B said two tenants had therapeutic diets, Tenant #7 had thickened liquids and mechanical soft and Tenant #3 had thickened liquids. Staff B said the thickened liquids were prepackaged, including water, apple juice, chocolate milk. Staff B was not aware of a licensed dietician that was out and said Staff B was given sheet of papers for Tenant #7 (diet).

When interviewed on 5/5/26 at 1:49 p.m. the Dietary Director said the menus were created by the big company and she made tweaks to them. She said she and Staff B prepared the food. Two tenants, Tenant #3 and Tenant #7 had thickened liquids and mechanical soft diets. She said all staff were aware of the diets. Everyone in the kitchen got a pamphlet, that provided an overview of things they could and could not have. She said the prior dietary director tested staff. She said a year ago a dietician was out and went over some things (related to training on diets).

Continued record review on 5/6/26 indicated the Program provided three menus, a general liberalized diet, mechanical soft and pureed. The mechanical soft diet indicated for lunch on 5/4/26 ground turkey with gravy, au gratin potatoes, chopped soft cooked green beans, buttered soft bread, cake and beverage. It indicated for the lunch meal on 5/5/26 flaked oven baked fish with broth, rice with gravy or sauce, chopped soft seasoned yellow squash, soft dessert or chopped fruit. For dinner on 5/5/26 the menu indicated soup of the day with ground meat and chopped vegetables (no corn). Crackers added to the soup, ground chicken sandwich, broccoli salad, canned fruit (no pineapple or fruit cocktail) and

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A 305	Continued From page 36 raspberry peach fluff. Further record review revealed a Dining Services Orientation Record was completed for Staff B and the Dietary Director. There was no date or signature on the document to indicated who had provided the training or when it was completed. The training had General Training/Items to be completed which included pureed foods and mechanical soft. Staff B and the Dietary Director did not have any documented training on food preparation and service for therapeutic diets by a licensed dietician. 4. When interviewed on 5/6/26 at 1:54 p.m. the Regional Director of Operations said the menus were provided by Dining RD and there were regular menus, pureed and mechanical soft. Dietary staff had access to the dining RD site. Tenant #3's preference was to eat sandwiches. Regarding documentation of dietary staff training on therapeutic diets, she was not sure about a dietician, but Staff B had been there before the management group took over and about six to seven months ago the former dietary manager was there (related to the training that was completed).	A 305		

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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. Number of tenants without cognitive disorder: 23 Number of tenants with cognitive disorder: 5 TOTAL Census of Assisted Living Program for People with Dementia: 28 The following regulatory insufficiencies were cited during the investigation of Incidents #131055-I, #131553-I, #132012-I and #132013-I and the recertification visit conducted to determine compliance with certification of a Dedicated Dementia Specific Assisted Living Program:	A 000	See attached POC 6/30/26	
A 102	481-67.2(1)a Program Policies and Procedures 67.2(1) A program's policies and procedures must meet the minimum standards set by applicable requirements. All programs shall have policies and procedures related to the following: a. Reporting of incidents, including allegations of dependent adult abuse on incident report forms to provide a detailed incident report completed at the time of the incident and include statements from individuals, if any, who witnessed the incident. The program will identify in the program's policy who of the program staff is responsible for completion of the initial report. The report will remain accessible for a minimum of three years. All accidents or unusual occurrences within the program's building or on the premises that affect tenants will be reported as incidents.	A 102		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

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A 102	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to maintain a policy and procedure for incident reports that included all required information. This potentially affected all tenants (census of 28). Findings follow: 1. Record review from 4/30/26 to 5/6/26 of Program policies and procedures provided indicated the Program failed to develop a policy and procedure related to incident reports. The Program provided the following policies for review related to the requirement: fall algorithm, abuse policy and procedure, charting and documentation policy and procedure, fall policy and procedure, post fall policy and procedure and head injury monitoring tool; however, these policies and procedures did not meet the requirements for the incident report policy and procedure. Continued record review revealed the policies and procedures provided did not include the following: the staff responsible for completing the incident report, all accidents and unusual occurrences within the building or on the premises that affect tenants would be reported as incidents and the requirement for retention of records for at least three years. 2. When interviewed on 5/6/26 at 12:57 p.m. the Executive Director confirmed all policies and procedures requested were provided.	A 102		
A 109	481-67.2(1)h Program Policies and Procedures 67.2(1) A program's policies and procedures must meet the minimum standards set by	A 109		

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A 109	Continued From page 2 applicable requirements. All programs shall have policies and procedures related to the following: h. Staffing and training. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to maintain a staffing policy and procedure. This potentially affected all tenants (census of 28). Findings follow: 1. Record review from 4/30/26 to 5/6/26 of Program policies and procedures provided indicated the Program failed to develop a staffing policy and procedure. Continued record review revealed the Program provided the following policies for review related to the staff policy and procedure requirement: -An Employee Scheduling policy and procedure, which related to schedule posting and changes for staff. -The Occupancy Agreement was provided with two sections highlighted: assistance with activities of daily living and nursing care and another section related to emergency services and fire protection. -A CNA Professional Orientation Guidebook. Further record review revealed the above items provided did not meet the requirements for a staffing policy and procedure. 2. When interviewed on 5/6/26 at 12:57 p.m. the Executive Director confirmed what was provided was the staffing policy.	A 109		

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A 116	481-67.2(2) Program Policies and Procedures 67.2(2) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to follow established policy and procedure related to discarding food. This potentially affected all tenants in memory care (census of 3 in house at time of observation). Findings follow: 1. Observation on 5/5/26 at 11:15 a.m. revealed the lunch meal served in the memory care unit. There were two tenants in the dining room and one tenant that received a meal delivered to the apartment. Staff C served the food and beverages. A juice in a large pitcher was served from the refrigerator in memory care to both tenants in the dining room. The juice was labeled prepared on 4/22/26. It was served to the tenants during the lunch meal observed on 5/5/26. 2. Record review on 5/6/26 of the Program's Labeling and Dating Foods policy and procedure indicated prepared food or opened food items would be discarded when: the food did not have a specific expiration date and had been refrigerated for 7 days, the food item was leftover for more than 72 hours or the food item was older than the expiration date. 3. When interviewed on 5/6/26 at 1:54 p.m. the Regional Director of Operations confirmed juice should be discarded after three days.	A 116		
A 151	481-67.5(2)e(2) Medications	A 151		

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A 151	Continued From page 4 481-67.5(231B,231C,231D) Medications. 67.5(2)?Each program shall follow its own written medication policy, including the following: e. When medications are administered traditionally by the program: (2) The program will maintain a list of each tenant's medications and document the medications administered. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to document medications administered. This pertained to 1 of 2 tenants observed during the medication pass that received sliding scale insulin (Tenant #6). Findings follow: 1. Observation on 5/4/26 at the lunch medication pass Staff A assisted Tenant #6 with insulin administration. Tenant #6's blood glucose was 174 via a continuous glucometer. Tenant #6 had an order for 8 units of Novolog insulin scheduled and 1 unit of sliding scale insulin per 50 at or above 150. Staff A dialed up 9 units of insulin based on the blood glucose reading and administered the insulin. Staff A signed off for the 8 units of scheduled insulin reflected on the medication administration record (MAR). When observed, the 1 unit of sliding scale insulin was not documented as administered. 2. Record review on 5/4/26 of Tenant #6's May 2026 MAR reflected an order for Dexcom check blood glucose three time daily including at 12:00 p.m. It was signed off as completed by Staff A on 5/4/26 at 12:00 p.m. and the reading was 174.	A 151		

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A 151	Continued From page 5 The MAR reflected blood glucose readings were above 150 at 12:00 p.m. from 5/1/26 to 5/4/26. Continued record review reveled Tenant #6's May 2026 MAR also reflected an order for Novolog Flexpen inject 8 units subcutaneous (SQ), twice daily, plus sliding scale. The MAR reflected Staff A signed off the medication was administered (8 units) on 5/4/26 at 12:00 p.m. The MAR also reflected Novolog Flexpen, per sliding scale 1 unit per 50 at or above 150 at meals. It was reflected as needed as the MAR. There were no documented doses given in May at 12:00 p.m. despite blood glucose readings being above 150 from 5/1/26 until the observation on 5/4/26. The sliding scale dose on 5/4/26 that was observed (1 unit) was not signed off on the MAR as administered. 3. When interviewed on 5/4/26 at the time of the lunch medication pass, Staff A confirmed she administered 9 units of insulin to Tenant #6.	A 151		
A 152	481-67.5(2)e(3) Medications 481-67.5(231B,231C,231D) Medications. 67.5(2)?Each program shall follow its own written medication policy, including the following: e. When medications are administered traditionally by the program: (3) Medications and treatments will be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or PA.	A 152		

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A 152	Continued From page 6 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to administer medications as ordered. This pertained to 1 of 4 current tenants reviewed that had oral medications administered by staff (Tenant #5). Findings follow: 1. Record review on 5/5/26 and 5/6/26 of Tenant #5's file revealed staff administered Tenant #5's medications. An order dated 4/14/26 indicated to discontinue eszopiclone 2 milligrams (mg) nightly and to start suvorexant 10 mg nightly. 2. Continued record review of Tenant #5's file revealed the April 2026 medication administration record (MAR) reflected eszopiclone tablet 2 mg, one tablet every night at bedtime for insomnia, started on 1/12/26 and discontinued on 5/1/26. It was documented as administered from 4/1/26 to 4/30/26, with the exception of 4/27/26, when it charted as refused. The MAR also reflected an order for Belsomra (suvorexant) tablet 10 mg, one tablet by mouth every night at bedtime, started 4/14/26. There were no doses administered from 4/14/26 to 4/30/26. The MAR reflected the code of 6, which indicated to see progress notes. Further record review of Tenant #5's file revealed progress notes reviewed from 4/14/26 to 5/4/26 indicated the medication was charted as not available. 3. Continued record review of the May 2026 MAR indicated eszopiclone tablet 2 mg, one tablet every night at bedtime for insomnia was reflected as discontinued on 5/1/26. Belsomra 10 mg, one tablet by mouth every night at bedtime was reflected with a start date of 4/14/26. There	A 152		

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A 152	Continued From page 7 were no doses administered from 5/1/26 to 5/4/26. The MAR reflected the code of 6, which indicated to see progress notes. Further record review of Tenant #5's file revealed progress notes reviewed from 4/14/26 to 5/4/26 indicated the medication was charted as not available. 4. When interviewed on 5/6/26 at 10:39 a.m. the Interim Director of Nursing (DON) reported she was unaware the Belsomra was unavailable.	A 152		
A 230	481-69.22(1) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(1) Evaluation prior to occupancy. A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the GDS shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation. This REQUIREMENT is not met as evidenced	A 230		

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A 230	Continued From page 8 by: Based on interview and record review the Program failed to complete evaluations prior to taking occupancy. This pertained to 1 of 1 current tenant reviewed admitted in the last three months (Tenant #1). Findings follow: 1. Record review on 5/4/26 of Tenant #1's file revealed Tenant #1 was admitted on 3/13/26. Functional and health evaluations were completed prior to taking occupancy on 3/12/26. A cognitive evaluation was not completed prior to taking occupancy. 2. When interviewed on 5/6/26 at 10:39 a.m. the Interim Director of Nursing (DON) confirmed the above finding.	A 230		
A 231	481-69.22(2) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete evaluations within 30 days of taking occupancy. This pertained to 2 of 5 current tenants reviewed (Tenant #1 and Tenant #5) and 2 of 4 discharged tenants reviewed	A 231		

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A 231	Continued From page 9 (Tenant C1 and Tenant C4). Findings follow: 1. Record review on 5/4/26 of Tenant #1's file revealed she was admitted on 3/13/26. Health and cognitive evaluations were completed within 30 days of taking occupancy; however, a functional evaluation was not completed. 2. Record review on 5/5/26 of Tenant #5's file revealed he was admitted on 11/10/25. Evaluations were completed on 11/10/25; however, cognitive, health and functional evaluations were not completed within 30 days of taking occupancy. 3. Record review on 4/30/26 and 5/4/26 of Tenant C1's file revealed he was admitted on 8/29/25. Evaluations were completed on 8/29/25; however, cognitive, health and functional evaluations were not completed within 30 days of taking occupancy. 4. Record review on 5/6/26 of Tenant C4's file revealed she was admitted on 3/6/26. Health and cognitive evaluations were completed within 30 days of taking occupancy; however, a functional evaluation was not completed. 5. When interviewed on 5/6/26 at 10:39 a.m. and 12:14 p.m. the Interim Director of Nursing (DON) confirmed the above finding.	A 231		
A 232	481-69.22(3) Evaluation of Tenant 481-69.22(231C) 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	A 232		

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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.

This REQUIREMENT is not met as evidenced by:
Based on interview and record review the Program failed to complete evaluations as needed with significant change. This pertained 1 of 5 current tenants reviewed (Tenant #2) and 1 of 4 discharged tenants reviewed (Tenant C1). Findings follow:

1. Record review on 5/4/26 of Tenant #2's file revealed Progress Notes indicated on 3/26/26 Tenant #2 went to the emergency department (ED) for a left lower leg laceration, resulting in 14 sutures placed. The sutures needed to be removed in 7 days.

Continued record review revealed an order, dated 4/3/26, directed to was the left lower leg wound with wound wash, pat dry, apply bacitracin ointment, non-stick gauze and wrap with Kerlix twice daily. It further directed to monitor for drainage, bleeding and signs and symptoms of infection for 14 days. It was noted to make the provider aware if the leg was not healed in 14 days.

Further record review revealed an order was received dated 3/26/26. Tenant #2 had a very red and "yeasty" abdomen with a foul odor. Tenant #2 had Zeasorb but needed something else. She also refused to change her brief at times. An order was received for Nystatin cream twice daily

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A 232	Continued From page 11 to the abdomen until healed. When interviewed on 5/4/26 Staff A said Tenant #2 was heavy cares, she transferred Tenant #2 with the assistance of one person but some staff called for assistance with Tenant #2's transfers. When interviewed on 5/4/26 at 10:18 a.m. Staff C said Tenant #2 required the assistance of two staff. He said he had transferred her alone, some staff used two staff. When interviewed on 5/6/26 at 10:39 a.m. the Interim Director of Nursing (DON) said she had talked to regional team and there no medical reason for transfers of two people with Tenant #2. Some days were better than others for her. Continued record review revealed evaluations were not completed as needed related to the wound and treatment, the reddened area and treatment and at times Tenant #2 required the assistance of two people. 2. Record review on 4/30/26 and 5/4/26 of Tenant C1's file revealed Progress Notes indicated the following: -On 8/29/25 Tenant C1 arrived to the Program and was assisted to his room via wheelchair and into his recliner. Tenant C1 allowed the nurse to complete an assessment and then became upset. Tenant C1 started screaming and swearing at staff. The behavior continued and staff was not able to de-escalate. Staff let the room and he got himself up and came into the common area. He sat on the bench and screamed obscenities towards staff. Tenant C1 picked up his walker and tried to hit the nurse	A 232		

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with it. Tenant C1 was transported back to the hospital via ambulance.

-On 8/29/25 he was finally agreeable to be transported to the hospital. He was escorted by police and firefighters.

-On 8/30/25 Tenant C1 was screaming and swearing at staff. Tenant C1 attempted to leave the unit and hit one staff on the arm and hit another staff in the face. As needed Haldol was used and was not effective. Staff called for transport to the hospital.

-On 9/8/25 Tenant C1 had a fall in his apartment and refused vitals and evaluation by staff. Tenant C1 initially refused staff's assistance to get him up off the floor. Staff left him on the floor, returned shortly and he allowed them to assist him up.

-On 9/8/25 Tenant C1 attempted to hit staff, screamed and was swearing. Tenant C1 grabbed a female tenant by the shirt on 9/7/25. Tenant C1 pulled decorations off the walls, was not able to be redirected and "is a danger to other tenants and staff." Tenant C1 was transported to the hospital for evaluation. Tenant C1 yelled and refused to get on the cot when first responders arrived.

-On 9/9/25 Tenant C1 arrived back to the Program. Risperidone cream was delivered.

-On 10/7/25 a wound assessment was completed.

-On 10/8/25 a provider was out to assess the wound and new orders were received to cleanse area, apply mepilex, change every three days or

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sooner if it was saturated.

-On 10/10/25 Tenant C1's spouse was aware and a home health agency was notified of need for assistance.

-On 10/11/25 to encourage repositioning every two hours and to lay in bed at times every two hours for a wound on the buttocks. It was noted Tenant C1 was at supper when the repositioning was to have occurred on that date/time.

-On 11/26/25 Tenant C1 was transported to the hospital via ambulance due to uncontrolled behaviors. Tenant C1 had aggressive behaviors towards another tenant. Tenant C1 was aggressive with emergency medical services (EMS) in the building.

-On 11/26/25 Tenant C1 returned from the ED via ambulance. New orders were received for olanzapine 5 milligram (mg), twice daily as needed for agitation.

-On 12/1/25 Tenant C1 threatened to hurt staff by punching staff in the face and yelled profanities. His behavior escalated when another tenant he did not like or seeing the other tenant in the unit.

-On 12/1/25 Tenant C1 yelled loud profanities, refused to take medications and threatened to hurt staff.

-On 12/6/25 (late entry) it was noted Tenant C1 yelled racial slurs, exited memory care and set off door alarms, hit his walker against the windows and screamed he was getting out of there. Staff called for police back up, police arrived and they were spit on. The police placed Tenant C1 in handcuffs and took him out with a bag over his

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A 232	Continued From page 14 head. He was taken to the hospital via ambulance. -On 12/8/25 (late entry) it was noted an evaluation was completed (at the hospital). He spoke of evil behavior and being evil. He did not want to return to the Program. He had multiple hospitalizations at the behavioral unit at the hospital in the last year. A psychiatry evaluation by a doctor indicated he was a high risk of bodily harm. He was on assault, elopement and fall precautions at the hospital. He was irritable when he did not receive frequent contact. It was noted hospital records indicated he had rough night but not the worst they had seen and further noted he was well-known to their service. -On 12/9/25 Tenant C1's spouse came to get Tenant C1's belongings. -On 12/12/25 Tenant C1's spouse moved all personal belonging of the apartment. Continued record review revealed Tenant C1 had evaluations completed at admission and had monthly summaries and quarterly nursing assessments; however, did not have evaluations completed as needed with increased behaviors, a buttocks wound with treatment, home health agency services and repositioning reminders. 3. When interviewed on 5/6/26 at 10:39 a.m. and 12:14 p.m. the Interim DON confirmed the above finding.	A 232		
A 237	481-69.23(1)c(1-2) Criteria for Admission and Retention 481-69.23(231C) Criteria for admission and	A 237		

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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 or is sexually, verbally, or physically aggressive or abusive; or

(2) Displays behavior that places another tenant at risk; or

This REQUIREMENT is not met as evidenced by:
Based on interview and record review the Program failed to ensure tenants admitted to the Program did not exceed criteria for admission and/or discharge a tenant who exceeded the level of care in a timely manner. This pertained to 1 of 4 discharged tenants reviewed (Tenant C1). Findings follow:

1. Record review from 4/30/26 and 5/4/26 of Tenant C1's file revealed Tenant C1 was admitted on 8/29/25. He was hospitalized in the behavioral health unit at a hospital from 7/3/25 to 8/29/25. He was staged at a six on the Global Deterioration Scale (GDS), which indicated severe cognitive decline on 8/29/25. His diagnoses included: frontotemporal neurocognitive disorder and insomnia. He was discharged to acute care hospital on 12/12/25.

Progress Notes indicated the following:

-On 8/29/25 it was noted Tenant C1 arrived to the

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Program and was assisted to his room via wheelchair and into his recliner. Tenant C1 allowed the nurse to complete an assessment and then became upset. Tenant C1 started screaming and swearing at staff. The behavior continued and staff was not able to de-escalate. Staff let the room and he got himself up and came into the common area. He sat on the bench and screamed obscenities towards staff. Tenant C1 picked up his walker and tried to hit the nurse with it. Tenant C1 was transported back to the hospital via ambulance.

-On 8/29/25 it was noted he was finally agreeable to be transported to the hospital. He was escorted by police and firefighters.

-On 8/30/25 it was noted Tenant C1 was screaming and swearing at staff. Tenant C1 attempted to leave the unit and hit one staff on the arm and hit another staff in the face. As needed Haldol was used and was not effective. Staff called for transport to the hospital.

-On 9/8/25 it was noted Tenant C1 had a fall in his apartment and refused vitals and evaluation by staff. Tenant C1 initially refused staff assistance to get him up off the floor. Staff left him on the floor and returned shortly and he allowed them to assist him up.

-On 9/8/25 it was noted Tenant C1 attempted to hit staff, screamed and was swearing. Tenant C1 grabbed a female tenant by the shirt on 9/7/25. Tenant C1 pulled decorations off the walls, was not able to be redirected and "is a danger to other tenants and staff." Tenant C1 was transported to the hospital for evaluation. Tenant C1 yelled and refused to get on the cot when first responders arrived.

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A 237	Continued From page 17 -On 9/9/25 it was noted Tenant C1 arrived back to the Program. Risperidone cream was delivered. -On 11/26/25 it was noted Tenant C1 was transported to the hospital via ambulance due to uncontrolled behaviors. Tenant C1 had aggressive behaviors towards another tenant. Tenant C1 was aggressive with emergency medical services (EMS) in the building. -On 11/26/25 it was noted Tenant C1 returned from the emergency department (ED) via ambulance. New orders were received for olanzapine 5 milligrams (mg), twice daily as needed for agitation. -On 12/1/25 it was noted Tenant C1 threatened to hurt staff by punching staff in the face and yelled profanities. His behavior escalated when another tenant he did not like or seeing the other tenant in the unit. -On 12/1/25 it was noted Tenant C1 yelled loud profanities, refused to take medications and threatened to hurt staff. -On 12/6/25 (late entry) it was noted Tenant C1 yelled racial slurs, exited memory care and set off door alarms, hit his walker against the windows and screamed he was getting out of there. Staff called for police back up, police arrived and they were spit on. The police placed Tenant C1 in handcuffs and took him out with a bag over his head. He was taken to the hospital via ambulance. -On 12/8/25 (late entry) it was noted an evaluation was completed (at the hospital). Tenant C1 spoke of evil behavior and being evil.	A 237		

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He did not want to return to the Program. He had multiple hospitalizations at the behavioral unit at the hospital in the last year. A psychiatry evaluation by a doctor indicated he was a high risk of bodily harm. He was on assault, elopement and fall precautions at the hospital. He was irritable when he did not received frequent contact. It was noted hospital records indicated he had rough night but not the worst they had seen. "he is wellknown to their service."

-On 12/9/25 it was noted Tenant C1's spouse was coming to get Tenant C1's belongings.

-On 12/12/25 it was noted Tenant C1's spouse moved all personal belonging of the apartment.

2. Continued record review of Tenant C1's incident reports indicated the following:

-On 9/8/25 it was noted staff reported Tenant C1 had grabbed a female tenant's shirt on 9/7/25. When Tenant C1 saw staff coming out of another tenant's apartment he let go of the female tenant.

-On 11/26/25 it was noted staff called the nurse to assist with Tenant C1. Tenant C1 was in his apartment with no injuries. Tenant C2 was injured and the nurse assessed her in her apartment. Tenant C1 was taken to the hospital due to uncontrolled and aggressive behaviors. It was noted staff heard Tenant C2 say something in a panic. She opened to the door and observed Tenant C2 walking backwards towards the exit door and was saying okay repeatedly. Tenant C1 stood next to her and slammed his walker on the ground and yelled for her to get out. When Tenant C2 turned around staff observed her mouth was bleeding and Tenant C1 said he hit

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her. Tenant C2 was taken out of Tenant C1's apartment and staff called for assistance. Tenant C1 said he hit Tenant C2 because he did not want her in his apartment.

-On 12/3/25 it was noted Tenant C1 was in the memory care activity room and yelled and screamed at staff. He attempted to barricade the door with tablets and chairs. Staff tried to let him calm down but called 911 for assistance. Staff reported he was yelling profanities and racial slurs.

3. Further record review revealed Short Term Monitoring Flowsheets from 10/16/25 to 12/3/25 documented Tenant C1's behaviors included screaming, yelling, profanities, escalating behavior, threatening to hit and slamming his walker, care refusals and medication refusals.

4. Continued record review of Tenant C1's file revealed a letter dated 12/8/25 indicated the Program issued a 48-hour discharge for Tenant C1. Despite intervention, he had been physically aggressive and had unmanageable verbal abuse and aggression. His behavior had put other tenants at risk. Tenant C1 had verbal and physically aggressive behaviors towards staff and tenants as indicated above. There were no other notices for discharge prior to 12/8/25 that were issued to Tenant C1 or Tenant C1's legal representative.

5. When interviewed on 5/6/26 at 12:57 p.m. the Executive Director said she was very new in her position when Tenant C1 was admitted. She said it was hearsay but they had gone back and forth

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A 237	Continued From page 20 on his admission. She said Tenant C1 did not exceed level of care, they had medication changes and the behaviors were managed until the incident (12/3/25). He was assessed at the hospital and had behaviors during that assessment. He was given a 48-hour notice to discharge and there were no other discharge notices given to Tenant C1.	A 237		
A 274	481-69.25(1)o Tenant Documents 481-69.25(231C) Tenant documents. 69.25(1) Documentation for each tenant shall be maintained by the program and include: o. Incident reports involving the tenant, including but not limited to those related to medication errors, accidents, falls, and elopements (such reports need not be included in the tenant's medical record); This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete incident reports. This pertained to 1 of 5 current tenants reviewed (Tenant #4) and 1 of 4 discharged tenants reviewed (Tenant C1). Findings follow: 1. Record review on 5/5/26 of Tenant #4's file revealed a Progress Note dated 10/2/25 indicated Tenant #4's family member visited that morning and after the visit told the nurse it was felt that if Tenant #4 had the means to end his life he would. The nurse spoke with Tenant #4 and he said he would be "better off dead." When asked if he had	A 274		

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A 274	Continued From page 21	A 274		

a plan to end his life, he said no but asked the nurse ideas on how to do it. It was discussed for him to go to the emergency room and he declined. The nurse spoke with him about a referral to a therapist and maybe medications to help and he seemed agreeable. Scissors were removed from his apartment and placed in the office.

Continued record review of Tenant #4's file revealed an incident report was not completed related to the incident noted above.

2. Record review on 4/30/26 and 5/4/26 of Tenant C1's file revealed Progress Notes indicated the following:

-On 8/29/25 it was noted Tenant C1 arrived to the Program and was assisted to his room via wheelchair and into his recliner. Tenant C1 allowed the nurse to complete an assessment and then became upset. Tenant C1 started screaming and swearing at staff. The behavior continued and staff was not able to de-escalate. Staff left the room and he got himself up and came into the common area. He sat on the bench and screamed obscenities towards staff. Tenant C1 picked up his walker and tried to hit the nurse with it. Tenant C1 was transported back to the hospital via ambulance.

-On 8/29/25 it was noted he was finally agreeable to be transported to the hospital. He was escorted by police and firefighters

-On 8/30/25 it was noted Tenant C1 was screaming and swearing at staff. Tenant C1 attempted to leave the unit and hit one staff on the arm and hit another staff in the face. As

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A 274	Continued From page 22 needed Haldol was used and was not effective. Staff called for transport to the hospital. Continued record review of Tenant C1's file revealed incident reports were not completed related to the incidents noted above. 3. When interviewed on 5/6/26 at 10:39 a.m. the Interim Director of Nursing (DON) confirmed there was not an incident report for 10/2/25 for Tenant #4. When interviewed on 5/6/26 at 12:57 p.m. the Executive Director confirmed there were no incident reports in the electronic medical records system. She would need to check for paper incident reports for Tenant C1. When interviewed on 5/6/26 at the time of the exit meeting, the Regional Nurse said there was documentation in the progress notes for Tenant #4 and Tenant C1.	A 274		
A 280	481-69.26(1) Service Plans 481-69.26(231C) Service plans. 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with rule 481-69.22(231C) and be designed to meet the specific needs of the individual tenant. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to have service plans based on	A 280		

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A 280	Continued From page 23	A 280		

evaluations and failed to have service plans that reflected the specific needs of the tenants. This pertained to 3 of 5 current tenants reviewed (Tenants #3, #4 and #5) and 2 of 4 discharged tenants reviewed (Tenant C2 and Tenant C3). Findings follow:

1. Record review on 5/5/26 of Tenant #3's file revealed a Medication Review Report dated 4/10/26 indicated diet orders were mechanical soft texture, nectar thick fluids and low salt.

Continued record review revealed Tenant #3's service plan reflected the nectar thick liquids but did not reflect the mechanical soft texture diet.

2. Record review on 5/5/26 of Tenant #4's file revealed a Progress Note dated 10/2/25 indicated Tenant #4's family member visited that morning and after the visit told the nurse it was felt that if Tenant #4 had the means to end his life he would. The nurse spoke with Tenant #4 and he said he would be "better off dead." When asked if he had a plan to end his life, he said no but asked the nurse ideas on how to do it. It was discussed for him to go to the emergency room and he declined. The nurse spoke with him about a referral to a therapist and maybe medications to help and he seemed agreeable. Scissors were removed from his apartment and placed in the office.

Continued record review revealed Tenant #4's service plan was not updated as needed and did not reflect the comment related to self-harm and interventions for safety.

3. Record review on 5/5/26 of Tenant #5's file revealed the service plan was updated on 2/13/26 and reflected he had behaviors of agitation,

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A 280	Continued From page 24 sexually inappropriate behaviors, verbal and physical aggression and wandering. Continued record review revealed the service plan was updated to reflect the behaviors; however, it was not based on evaluations as evaluations were not completed when it was updated. 4. Record review on 5/4/26 of Tenant C2's file revealed Progress Notes indicated the following: -On 1/27/26 it was noted Tenant C2 was seated in the Broda chair. It took two staff to get her up in the chair. -On 2/4/26 it was noted a hospital bed was in place and morphine would be started. -On 2/4/26 it was noted Tenant C2's family member had questions about fluids and it was discussed to use a sponge with water on it and to let her suck on the sponge. -On 2/6/26 it was noted Tenant C2's family member had questions about the dying process. The Interim Director of Nursing (DON) had just been in to assist with positioning her. Continued record review revealed Tenant C2's service plan did not reflect the use of the Broda chair, the hospital bed, fluid intake and repositioning. 5. Record review on 5/5/26 of Tenant C3's file revealed an incident report dated 2/4/26 indicated Tenant C3 seemed to try and get out of her recliner with the legs up and might have slipped out of her chair. When first assisted up she did not complain of pain but when she tried to get to	A 280		

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A 280	Continued From page 25 the bathroom, she had complaints of pain in her right knee and right hip. Staff walked with her and assisted her to the floor. Staff called 911 and she was taken to the hospital. Tenant C3 had a fractured hip. . Continued record review revealed Tenant C3's Progress Notes indicated the following: -On 1/21/26 it was Tenant C3 was very confused about running her recliner and did not know which buttons to use. A discussion was had with Tenant C3's family regarding the possibility of getting a bed or sofa. -On 1/22/26 it was noted Tenant C3's family was going to come in and try to cover the buttons on the lift chair remote to only allow her to raise the feet and lower the head. -On 2/4/26 it was noted Tenant C3's family called and said it was right femur fracture (related to fall above). It was explained to the family member that Tenant C3 was trying to get up out of the chair and the legs were extended on the chair. -On 2/5/26 it was noted Tenant C3's family member said she would be going to a skilled nursing facility due to the femur fracture and it was not surgically repaired. When interviewed on 5/5/26 at 3:54 p.m. the Interim DON indicated Tenant C3's dementia was at a point she could not run the chair. She needed more assistance in the evening. She said all staff were worried something was going to happen with chair. Family did not want to take furniture out of her apartment and Tenant C3's family was spoken to about the chair.	A 280		

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A 280	Continued From page 26 Further record review revealed Tenant C3's service plan reflected she was at a risk for falls and to discuss with the legal representative to possibly remove or replace the chair. The service plan did not reflect Tenant C3's inability at times to put the leg rest down and confusion related to the use of the chair. 6. When interviewed on 5/6/26 at 10:39 a.m. and 12:14 p.m. the Interim DON confirmed Tenant #3's mechanical soft diet was not on the service plan. She said she was not there at the time of Tenant #4's behavior; however, it was not reflected on his service plan. She said Tenant C2's service plan reflected a chair; however, was not specific to the Broda chair. She said regarding Tenant C3 the service plan reflected the chair needed to be removed. She confirmed all service plans were provided for the tenants reviewed.	A 280		
A 281	481-69.26(2) Service Plans 481-69.26(231C) Service plans. 69.26(2) Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan.	A 281		

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A 281	Continued From page 27 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop a signed service plan prior to taking occupancy. This pertained to 2 of 2 current tenants reviewed admitted in in the last seven months (Tenant #1 and Tenant #5) and 1 of 1 discharged tenant reviewed admitted in the last seven months (Tenant C4). Findings follow: 1. Record review on 5/4/26 of Tenant #1's file revealed Tenant #1 was admitted on 3/13/26. A service plan was provided that reflected initiation dates of 3/12/26; however, the service plan was not signed by a health or human service professional or Tenant #1 or Tenant #1's legal representative prior to taking occupancy. 2. Record review on 5/5/26 of Tenant #5's file revealed he was admitted on 11/10/25. A service plan was provided that reflected initiation dates of 11/11/25; however, the service plan was not signed by a health or human service professional or Tenant #5 or Tenant #5's legal representative prior to taking occupancy. 3. Record review on 5/6/26 of Tenant C4's file revealed she was admitted on 3/6/26. A service plan was provided that reflected initiation dates of 3/6/26 however, the service plan was not signed by a health or human service professional or Tenant C4 or Tenant C4's legal representative prior to taking occupancy. 4. When interviewed on 5/6/26 at 10:39 a.m. and 12:14 p.m. the Interim Director of Nursing (DON) confirmed the above finding.	A 281		

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A 282	Continued From page 28	A 282		
A 282	481-69.26(3) Service Plans 481-69.26(231C) Service plans. 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. The service plan shall be signed by all parties, including the tenant or tenant's legal representative. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update the service plan within 30 days of taking occupancy and as needed with significant change and failed to obtain signatures by all parties. This pertained to 3 of 5 current tenants reviewed (Tenants #1, #2 and #5) and 2 of 4 of discharged tenants reviewed (Tenants C1 and C4). Findings follow: 1. Record review on 5/4/26 of Tenant #1's file revealed she was admitted on 3/13/26. The service plan was not updated and signed within 30 days of taking occupancy. 2. Record review on 5/4/26 of Tenant #2's file revealed Progress Notes indicated on 3/26/26 it was noted Tenant #2 went to the emergency department (ED) for a left lower leg laceration. There were 14 sutures placed and the sutures needed to be removed in 7 days. Continued record review revealed an order dated 4/3/26 indicated for the left lower leg wound to wash with wound wash, pat dry, apply bacitracin ointment, non-stick gauze and wrap with Kerlix	A 282		

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twice daily. It indicated to monitor for drainage, bleeding and signs and symptoms of infection for 14 days. It was noted to make the provider aware if the leg was not healed in 14 days.

Further record review revealed an order was received dated 3/26/26. Tenant #2 had a very red and "yeasty" abdomen. It had a foul odor. Tenant #2 had Zeasorb but needed something else. She also refused to change her brief at times. An order was received for Nystatin cream twice daily to the abdomen until healed.

When interviewed on 5/4/26 Staff A said Tenant #2 was heavy cares, she transferred Tenant #2 with the assistance of one person but some staff called for assistance with Tenant #2's transfers.

When interviewed on 5/4/26 at 10:18 a.m. Staff C said Tenant #2 required the assistance of two staff. He said he had transferred her alone, some staff used two staff.

When interviewed on 5/6/26 at 10:39 a.m. the Interim Director of Nursing (DON) said she had talked to regional team and there no medical reason for transfers of two people with Tenant #2. Some days better than others for her.

Continued record review revealed Tenant #2's service plan was not updated as needed related to the wound and treatment, the reddened area and treatment and at times Tenant #2 required the assistance of two people.

3. Record review on 5/5/26 of Tenant #5's file revealed he was admitted on 11/10/25. The service plan was not updated and signed within 30 days of taking occupancy.

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THOMAS GROVE AL MEMORY CARE	365 MARION BLVD MARION, IA 52302

(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 282	Continued From page 30	A 282		

4. Record review on 4/30/26 and 5/4/26 of Tenant C1's file revealed Progress Notes indicated the following:

-On 8/29/25 it was noted Tenant C1 arrived to the Program and was assisted to his room via wheelchair and into his recliner. Tenant C1 allowed the nurse to complete an assessment and then became upset. Tenant C1 started screaming and swearing at staff. The behavior continued and staff was not able to de-escalate. Staff let the room and he got himself up and came into the common area. He sat on the bench and screamed obscenities towards staff. Tenant C1 picked up his walker and tried to hit the nurse with it. Tenant C1 was transported back to the hospital via ambulance.

-On 8/29/25 it was noted he was finally agreeable to be transported to the hospital. He was escorted by police and firefighters.

-On 8/30/25 it was noted Tenant C1 was screaming and swearing at staff. Tenant C1 attempted to leave the unit and hit one staff on the arm and hit another staff in the face. As needed Haldol was used and was not effective. Staff called for transport to the hospital.

-On 9/8/25 it was noted Tenant C1 had a fall in his apartment and refused vitals and evaluation by staff. Tenant C1 initially refused staff's assistance to get him up off the floor. Staff left him on the floor, returned shortly and he allowed them to assist him up.

-On 9/8/25 it was noted Tenant C1 attempted to hit staff, screamed and was swearing. Tenant C1 grabbed a female tenant by the shirt on 9/7/25. Tenant C1 pulled decorations off the walls, was

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not able to be redirected and "is a danger to other tenants and staff." Tenant C1 was transported to the hospital for evaluation. Tenant C1 yelled and refused to get on the cot when first responders arrived.

-On 9/9/25 it was noted Tenant C1 arrived back to the Program. Risperidone cream was delivered.

-On 10/7/25 it was noted a wound assessment was completed.

-On 10/8/25 it was noted a provider was out to assess the wound and new orders were received to cleanse area, apply mepilex, change every three days or sooner if it was saturated.

-On 10/10/25 it was noted Tenant C1's spouse was aware and a home health agency was notified of need for assistance.

-On 10/11/25 it was noted was to encourage repositioning every two hours and to lay in bed at times every two hours for a wound on the buttocks. It was noted Tenant C1 was at supper when the repositioning was to have occurred on that date/time.

-On 11/26/25 it was noted Tenant C1 was transported to the hospital via ambulance due to uncontrolled behaviors. Tenant C1 had aggressive behaviors towards another tenant. Tenant C1 was aggressive with emergency medical services (EMS) in the building.

-On 11/26/25 it was noted Tenant C1 returned from the ED via ambulance. New orders were received for olanzapine 5 milligram (mg), twice daily as needed for agitation.

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-On 12/1/25 it was noted Tenant C1 threatened to hurt staff by punching staff in the face and yelled profanities. His behavior escalated when another tenant he did not like or seeing the other tenant in the unit.

-On 12/1/25 it was noted Tenant C1 yelled loud profanities, refused to take medications and threatened to hurt staff.

-On 12/6/25 (late entry) it was noted Tenant C1 yelled racial slurs, exited memory care and set off door alarms, hit his walker against the windows and screamed he was getting out of there. Staff called for police back up, police arrived and they were spit on. The police placed Tenant C1 in handcuffs and took him out with a bag over his head. He was taken to the hospital via ambulance.

-On 12/8/25 (late entry) it was noted an evaluation was completed (at the hospital). He spoke of evil behavior and being evil. He did not want to return to the Program. He had multiple hospitalizations at the behavioral unit at the hospital in the last year. A psychiatry evaluation by a doctor indicated he was a high risk of bodily harm. He was on assault, elopement and fall precautions at the hospital. He was irritable when he did not received frequent contact. It was noted hospital records indicated he had rough night but not the worst they had seen. "he is wellknown to their service."

-On 12/9/25 it was noted Tenant C1's spouse was coming to get Tenant C1's belongings.

-On 12/12/25 it was noted Tenant C1's spouse moved all personal belonging of the apartment.

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A 282	Continued From page 33 Continued record review revealed Tenant C1 had a service plan signed on 8/29/25. There were no other signed service plans provided. Additionally, the service plan was not updated as needed with increased behaviors, a buttocks wound with treatment, home health agency services and repositioning reminders. 5. Record review on 5/6/26 Tenant C4's file revealed she was admitted on 3/6/26. The service plan was not updated and signed within 30 days of taking occupancy. 6. When interviewed on 5/6/26 at 10:39 a.m. and 12:14 p.m. the Interim DON confirmed service plans were not completed and signed within 30 days of taking occupancy for Tenants #1, #5, C1 and C4. She said for Tenant #2 the two assist at times was not reflected on the service plan and the wound and nystatin were not reflected on the service plan. She confirmed all service plans were provided for the tenants reviewed.	A 282		
A 305	481-69.28(4) Food Service 481-69.28(231C) Food service. 69.28(4) Therapeutic diets may be provided by a program. If therapeutic diets are provided, they shall be prescribed by a physician, physician assistant, advanced registered nurse practitioner or ordered by a licensed dietitian authorized by a qualified medical provider. A therapeutic diet provides food, fluids or nutrients by oral, enteral, or parenteral routes and is used in the treatment of a disease or clinical condition to modify, eliminate, decrease or increase specific macro- or micronutrients, or to provide mechanically altered food when medically indicated. The	A 305		

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A 305	Continued From page 34 thirteenth edition of the Iowa Simplified Diet Manual published by the Iowa dietetic association shall be available and used in the planning and serving of therapeutic diets. A licensed dietitian shall be responsible for writing and approving the therapeutic menu and for reviewing procedures for food preparation and service for therapeutic diets. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to provide a licensed dietician to review procedures for food preparation and service for therapeutic diets. This pertained to 1 of 1 current tenant reviewed with a therapeutic diet (Tenant #3). Findings follow: 1. When observed on 5/4/26 at the evening meal Tenant #3 was served a deli meat sandwich on bread with the crust. When observed on 5/5/26 at the lunch meal Tenant #3 was served a deli meat sandwich on bread with the crust and applesauce. When observed on 5/5/26 at 4:45 p.m. at the evening meal Tenant #3 was served applesauce, a deli meat sandwich on bread with the crust on it. 2. Record review on 5/5/26 of Tenant #3's file revealed a Medication Review Report dated 4/10/26 indicated diet orders were mechanical soft texture, nectar thick fluids and low salt. The service plan reflected the nectar thick liquids but did not reflect the mechanical soft texture diet.	A 305		

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3. When interviewed on 5/5/26 at 2:28 p.m. Staff B said Staff B and the Dietary Director were the two staff that prepared food. Staff B said two tenants had therapeutic diets, Tenant #7 had thickened liquids and mechanical soft and Tenant #3 had thickened liquids. Staff B said the thickened liquids were prepackaged, including water, apple juice, chocolate milk. Staff B was not aware of a licensed dietician that was out and said Staff B was given sheet of papers for Tenant #7 (diet).

When interviewed on 5/5/26 at 1:49 p.m. the Dietary Director said the menus were created by the big company and she made tweaks to them. She said she and Staff B prepared the food. Two tenants, Tenant #3 and Tenant #7 had thickened liquids and mechanical soft diets. She said all staff were aware of the diets. Everyone in the kitchen got a pamphlet, that provided an overview of things they could and could not have. She said the prior dietary director tested staff. She said a year ago a dietician was out and went over some things (related to training on diets).

Continued record review on 5/6/26 indicated the Program provided three menus, a general liberalized diet, mechanical soft and pureed. The mechanical soft diet indicated for lunch on 5/4/26 ground turkey with gravy, au gratin potatoes, chopped soft cooked green beans, buttered soft bread, cake and beverage. It indicated for the lunch meal on 5/5/26 flaked oven baked fish with broth, rice with gravy or sauce, chopped soft seasoned yellow squash, soft dessert or chopped fruit. For dinner on 5/5/26 the menu indicated soup of the day with ground meat and chopped vegetables (no corn). Crackers added to the soup, ground chicken sandwich, broccoli salad, canned fruit (no pineapple or fruit cocktail) and

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A 305	Continued From page 36 raspberry peach fluff. Further record review revealed a Dining Services Orientation Record was completed for Staff B and the Dietary Director. There was no date or signature on the document to indicated who had provided the training or when it was completed. The training had General Training/Items to be completed which included pureed foods and mechanical soft. Staff B and the Dietary Director did not have any documented training on food preparation and service for therapeutic diets by a licensed dietician. 4. When interviewed on 5/6/26 at 1:54 p.m. the Regional Director of Operations said the menus were provided by Dining RD and there were regular menus, pureed and mechanical soft. Dietary staff had access to the dining RD site. Tenant #3's preference was to eat sandwiches. Regarding documentation of dietary staff training on therapeutic diets, she was not sure about a dietician, but Staff B had been there before the management group took over and about six to seven months ago the former dietary manager was there (related to the training that was completed).	A 305		

Plan of Correction

A102 481-67.2(1)a Program Policies and Procedures

New policy has been established for Incident Reporting. Director of Nursing and/or Executive Director will ask about incidents/unusual occurrences at shift change daily and advise staff to complete incident report if warranted under new policy. Education will be provided to staff regarding new policies within 30 days of Statement of Deficiencies.

A109 481-67.2(1)h Program Policies and Procedures

Program will follow the existing staff policy. Staffing policy will be submitted with plan of correction.

A116 481-67.2(2) Program Policies and Procedures

Staff will be trained on the policy regarding food storage and will audit + document weekly to ensure that this is happening. The audit will occur for 6 months.

A151 481-67.5(2)e(2) Medications

Changes have been implemented in the documentation of insulin for both scheduled and sliding scale. Training/education will be provided to all staff responsible for administering medications within 30 days of Statement of Deficiencies. Audits will be completed weekly for 4 weeks, then monthly for 3 months.

A152 481-67.5(2)e(3) Medications

Medication administration reviews will be completed by Director of Nursing on a daily basis for the prior 24 hours. New medications entering the building from contracted pharmacy will be reviewed by Director of Nursing before placing in locked medication carts. Discontinued medications will be removed from medication carts by Director of Nursing upon receipt of discontinuation order. These actions will be initiated immediately.

A230 481-69.22(1) Evaluation of Tenant

Functional, cognitive and physical assessments will be completed by the Director of Nursing prior to occupancy. Scored cognitive assessment will be completed and GDS initiated if scored assessment indicates moderate dementia. These actions will be initiated immediately.

A231 481-69.22(2) Evaluation of Tenant

New tenants will be assessed for physical, cognitive and functional changes within 30 days of taking occupancy. These actions will be initiated immediately.

Plan of Correction

A232 481-69.22(3) Evaluation of Tenant

Staff to Nurse Communication reports have been implemented. Director of Nursing will review all communication reports daily and complete required review/assessments to determine if significant change and/or tenant exceeding Assisted Living guidelines has occurred.
Education will be provided to all staff regarding completion of Staff to Nurse Communication reports within 30 days of Statement of Deficiencies.

A 237 481-69.23(1)c(1-2) Criteria for Admission and Retention

New policy for Admission and Discharge Criteria has been established. This policy states that all potential tenants of the memory care unit will be screened for appropriateness placement, and specific admission/discharge criteria are listed. Director of Nursing will review all potential new tenants with Executive Director after screening is completed for 5 months. These actions will be initiated immediately.

A 274 481-69.25(1)o Tenant Documents

Refer to insufficiency A102 for new Incident Reporting policy and procedure. All incident reports are now documented in an EHR and will be available for the required 3 years after tenant discharge. These actions will be initiated immediately.

A280 481-69.26(1) Service Plans

Director of Nursing will review all tenant service plans to ensure the plans are personalized to meet tenant needs. This review will be completed within 30 days of Statement of Deficiencies.

A281 481-69.26(2) Service Plans

Director of Nursing will coordinate with Sales and Marketing Coordinator and/or Executive Director to ensure preliminary service plan is completed, reviewed with tenant and family and signed before new tenants take occupancy. This process will be audited by the administration team for 5 months. These actions will be initiated immediately.

A282 481-69.26(3) Service Plans

All service plans completed and/or updated for initial assessment, quarterly reviews, annual reviews and significant changes will be signed by tenant/tenant representative. This process will be audited by the administration team for 5 months. These actions will be initiated immediately.

Plan of Correction

A 305 481-69.28(4)

A dietitian will come on-site to Thomas Grove to provide education for the dietary staff for any modified diets. This includes training on how to prepare appropriate meals.

All regulatory insufficiencies will be corrected by 8/24/26.