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
	S0186	A. BUILDING: _____ B. WING _____	12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD OF OSKALOOSA MC	2102 S MARKET ST OSKALOOSA, IA 52577

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments Assisted Living Programs for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. Tenants without cognitive impairment: 3 Tenants with cognitive impairment: 12 Total census:15 The following regulatory insufficiencies were cited related to the recertification visit conducted to determine compliance with certification of a Dedicated Dementia Specific Assisted Living Program:	A 000	See attached POC 3/11/26	
A 145	481-69.22(3) Evaluation of Tenant 69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete evaluations as	A 145		

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

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A 145	Continued From page 1 needed with significant change. This pertained to 1 of 3 tenants reviewed (Tenant #1). Finding follows: Record review on 12/09/25 of Tenant #1's file revealed Tenant #1 fell on 7/31/25, 8/31/25, 9/18/25, 9/25/25, 10/08/25, 10/16/25, 10/21/25, 10/26/25 three times, 10/30/25, 11/10/25, 11/16/25, 11/21/25, 11/30/25 and 12/09/25. Staff Communication Sheets were completed on the following dates related to urinary and/or bowel incontinence on 10/25/25,11/02/25, 11/24/25 and 12/08/25. Continued record review revealed an order dated 10/28/25 for occupational therapy (OT) to evaluate and treat for fine motor coordination, activities of daily living and strengthening (repeated falls). Further record review revealed evaluations were last completed on 6/13/25. Evaluations failed to be completed for Tenant #1 with significant change due to frequent falls, an order for OT and increased incontinence. When interviewed on 12/10/25 at 11:17 a.m. Registered Nurse #1 confirmed there were no newer evaluations completed for Tenant #1. She also confirmed all evaluations were provided for the tenants reviewed.	A 145		
A 350	481-69.26(1) Service Plans 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the	A 350		

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A 350	Continued From page 2 specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update service plans as needed and reflect the service needs of tenants. This pertained to 2 of 3 tenants reviewed (Tenants #1 and Tenant #3). Findings follow: 1. Record review on 12/09/25 of Tenant #1's file revealed Tenant #1 fell on 7/31/25, 8/31/25, 9/18/25, 9/25/25, 10/08/25, 10/16/25, 10/21/25, 10/26/25 three times, 10/30/25, 11/10/25, 11/16/25, 11/21/25, 11/30/25 and 12/09/25. Staff Communication Sheets were completed on the following dates related to urinary and/or bowel incontinence on 10/25/25,11/02/25, 11/24/25 and 12/08/25. Continued record review revealed an order dated 10/28/25, for occupational therapy (OT) to evaluate and treat for fine motor coordination, activities of daily living and strengthening (repeated falls). Further record review revealed Tenant #1's service plan, completed on 6/13/25 reflected Tenant #1's history of falls prior to admission to the Program. The plan indicated a consultation with therapy might be needed. The service plan was not updated with significant change due	A 350		

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A 350	Continued From page 3 frequent falls, an order for OT and increased incontinence as indicated above. 2. Record review on 12/09/25 of Tenant #3's file revealed Progress Notes indicated the following: a. 10/21/25 (late entry for 10/20/25 at 12:00 p.m.), at about 11:50 a.m. the nurse was notified by staff who assisted another tenant and noticed Tenant #3 outside the memory care unit on the north side. Staff ran outside and assisted her back into the building. She wore shoes, capri pants and a jacket. The weather was sunny, breezy and 58 degrees. Vitals signs were obtained. Tenant #3's primary care provider (PCP) and family were notified. b. 10/22/25, staff reported Tenant #3 had increased pacing during the day and attempted to exit the north door at about 1:00 p.m. Staff responded to the door alarm and she was redirected. c. 10/29/25, a staff communication sheet from 10/26/25 was received related to Tenant #3 exit seeking and staff redirected. d. 11/17/25, a staff communication sheet was received related to Tenant #3 and a male tenant holding hands. It noted redirection was provided. e. 11/20/25, staff reported on 11/19/25 Tenant #3 wandered on the unit, pushed the north door and walked away. Staff reported she had difficulty sleeping. Continued record review revealed on 11/11/25 Tenant #3's Primary Care Physician (PCP) was notified of a weight loss of 3.44 percent in one month. No new orders were received.	A 350		

Plan of Correction for Homestead of Oskaloosa Memory Care

Survey Completion date: 12/10/25

A145 481.69.22(3) Evaluation of Tenant

69.22(3) Evaluation annually and with significant change

1. Tenant #1 has been discharged from the program.
2. The evaluation of all tenants will be done annually and with significant change. The program will evaluate each tenant's functional, cognitive and health status.
3. Tenant files will be audited periodically by the director or designee to determine compliance with evaluation of tenant.
4. Date of compliance: March 11, 2026

A350 481-69.26(1) Service Plans

69.26(1) A Service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed.

1. Tenant #1 has been discharged from the program. Tenant #3 has had service plan updates to reflect their current needs based on an accurate evaluation.
2. Service plans will be completed for all tenants to reflect their current needs on or before their admission, within 30 days of admission, at least annually and whenever changes are needed based on the evaluations conducted.
3. Tenant files will be audited periodically by the director or designee to determine compliance with developing service plans.
4. Date of compliance: March 11, 2026