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
	S0273	A. BUILDING: _____ B. WING _____	C 05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIMROSE RETIREMENT COMMUNITY	1801 EAST KANESVILLE BLVD CO BLUFFS, IA 51503

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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. Tenants without cognitive impairment: 29 Tenants with cognitive impairment: 4 Total census: 33 The following regulatory insufficiencies were cited during the investigation of Incident #131138-A, #131139-M and the recertification visit conducted to determine compliance with certification of an Assisted Living Program for People with Dementia.	A 000		
A 121	481-67.3(1) Tenant Rights 481-67.3(231B,231C,231D) Tenant rights. All tenants have the following rights: 67.3(1) To be treated with consideration, respect, and full recognition of personal dignity and autonomy. This REQUIREMENT is not met as evidenced by: Based on interview and record review, a staff member (Staff A) failed to treat residents with consideration and respect in regards to theft of their personal belongings for 1 of 3 tenants reviewed (Tenant #1). Findings follow: Record review on 4/20/26 revealed Tenant #1 admitted to the program on 9/17/2024 and resided in the assisted living portion of the program. Tenant #1 had diagnoses which included (but not limited to) unspecified dementia,	A 121	The community immediately investigated the reported theft involving Tenant #1 and cooperated fully with law enforcement. Staff A was suspended on December 5, 2025, and terminated from employment effective December 8, 2025.The incident was reported to the appropriate authorities and addressed through the ongoing criminal investigation.Facility leadership met with Tenant #1 and/or the responsible party to provide support, discuss concerns, and review measures implemented to protect tenant rights and personal property. A complete review was conducted of all reported allegations and concerns regarding missing personal belongings during Staff A's employment period.Facility leadership reviewed incident reports, grievance records, and law enforcement communications to identify additional tenants potentially affected by the employee's actions.All tenants and/or responsible parties were informed of the process for reporting concerns involving missing property or potential rights violations. Any additional reports or concerns identified will be investigated promptly according to facility policy.	

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

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A 121	Continued From page 1 atherosclerotic heart disease, cerebrovascular disease, thrombocytopenia, hypertension and hyperlipidemia. An evaluation dated 1/7/26 noted Tenant #1 had "occasional confusion and some difficulty recalling details," and needed "occasional prompting or orientation." Tenant #1's Brief Interview for Mental Status (BIMS) summary score was 12, indicating moderate cognitive impairment. A service plan dated 1/7/26 revealed Tenant #1 required staff assistance for medication administration assistance, set up and cueing assistance for shower assistance, and required verbal cueing or light staff assistance with Tenant #1's adaptive device in the case of an evacuation. Record review on 4/20/26 revealed Staff A began employment with the program on 9/29/25. A Primrose Employee Handbook included a section entitled "Workplace Guidelines - Respect for the Individual" and noted the following on page 24: "...Conduct that interferes with our operations, discredits Primrose, is offensive to others, or is not in the best interests of Primrose will not be tolerated... We gain credibility by adhering to our commitments, displaying honesty and integrity, and reaching our company goals through honorable conduct." Records revealed Staff A signed the Employee Handbook Acknowledgment and Receipt on 10/1/25, acknowledging Staff A understood and agreed to the responsibility of complying with the policies in the handbook. Record review on 4/21/26 of Staff A's Relias training transcript revealed Staff A completed courses entitled "Resident Rights in Assisted Living" and "Preventing, Recognizing, and Reporting Abuse" on 11/6/25. A review of the program's policy entitled	A 121	The facility revised and reinforced policies related to Tenant Rights, Abuse, Neglect, Exploitation, and Reporting Requirements. All staff members received mandatory re-education on January 29, 2026 at our all staff meeting and annually in Relias training and Mandatory reporter training for both child and dependent abuse. Which is audited and checked by the BOM. Which addressed tenant Rights and Dignity. Prevention, Recognition, and Reporting of Abuse, Neglect, and Exploitation Professional boundaries and ethical conduct. Requirements for immediate reporting of suspected exploitation or theft. Orientation procedures were strengthened to ensure competency verification regarding resident rights and exploitation reporting before staff work independently. Increased supervisory monitoring and random audits will be conducted to ensure staff compliance with resident rights and professional conduct standards. Which will be addressed monthly at QAPI.The facility will reinforce a culture of reporting and non-retaliation for tenants, families, and staff who raise concerns. The Executive Director and/or designee will conduct monthly audits of all new hires at QAPI. Audit Relias compliance by 15th of each month, send reminders were applicable to ensure compliance by end of month. Incident reports will be audited weekly on each Monday. Tenant grievances and complaints immediately and again at QAPI monthly. Reports involving missing personal belongings will be addressed immediately on discovery. Abuse, neglect, and exploitation investigations will be addressed immediately on discovery. Audits will be conducted monthly for three months and quarterly thereafter as part of the facility's Quality Assurance and Performance Improvement (QAPI) process. Findings will be reviewed by facility leadership,	

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A 121	Continued From page 2 "Abuse/Neglect/Exploitation" with an effective date of 1/1/2015 and no further revision date, directed complaints of abuse, neglect or exploitation should be reported to the Executive Director or Director of Nursing immediately. The policy noted exploitation as the illegal or improper use of an individual's resources, labor, or services for another individual's profit or advantage. Record review on 4/22/26 revealed an orientation checklist/delegation checklist for Staff A. Under section 11: Resident Rights, included topics of "Resident's Rights Overview" and "Recognizing and Reporting Abuse". The checklist was signed by Staff A on 10/5/25 and signed by the Director of Nursing (DON) on 10/7/25. An incident report dated 12/22/25 noted Tenant #1 reported to staff she had noticed her husband's wedding ring was missing. During an interview with the Executive Director (ED) on 4/20/26 at 11:15 a.m., the ED stated concerns related to theft of personal belongings had first been brought forward by some residents of the program's Independent Living. The ED stated a resident of the Independent Living witnessed Staff A coming out of her apartment and Staff A had no valid reason for being in the tenant's apartment. Due to the concerns, Staff A was suspended on 12/5/25 with Council Bluffs police present, as the program began their internal investigation. The Executive Director stated Staff A was terminated on 12/6/25. A termination record revealed Staff A's termination date was 12/8/25. Tenant #1, an Assisted Living tenant, then brought forth a concern of theft on 12/22/25 and reported her (deceased) husband's wedding ring was missing. The program	A 121	and corrective actions will be implemented immediately if concerns are identified. Compliance with staff training requirements will be tracked and documented through employee records. DON/ED: Jeannie McIntosh, RN DON / Stephanie Kenealy ED completion date 8/10/26	

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A 121	Continued From page 3 contacted police as part of the ongoing criminal investigation against Staff A. During the course of the criminal investigation conducted by the Council Bluffs Police Department from 12/5/25 an ongoing, the Council Bluffs Police Department determined on 12/11/26, Staff A had pawned a 10 karat wedding diamond wedding set of 4.7 gram weight, with an estimated value of $850, belonging to Tenant #1. Over the course of the criminal investigation, it was determined Staff A had pawned approximately 35 jewelry or coins identified or suspected to have been stolen from residents of the program at various pawn locations over multiple days. On 4/22/26 at 2:00 p.m. the Executive Director and Director of Nursing confirmed the above findings.	A 121	Upon identification of the deficiency, the Executive Director immediately initiated a comprehensive review of the background screening process. Staff A and Staff B's background check files were reviewed. Final criminal history results were obtained from the Iowa Department of Criminal Investigation (DCI) and the Single Contact License and Information Network (SING) system. If applicable, required DHS Record Check Evaluations (Form 470-2310) were submitted and obtained prior to continued employment. Staff C and Staff D underwent immediate child abuse and dependent adult abuse registry checks through the Iowa Department of Health and Human Services (HHS/DHS). Documentation of completed checks was placed in each employee file. Any employee found to require additional review or evaluation was removed from duties requiring direct resident contact until all background check requirements were satisfied and approved. Date of Correction 4/22/2026	
A 307	481-67.18(3) Record Checks 481-67.18(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks. 67.18(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall complete the background check requirements set forth below. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure the criminal history check process was complete for 2 of 7 staff reviewed (Staff A and Staff B) and failed to	A 307		

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A 307	Continued From page 4 request an evaluation from the Department of Human Services (DHS) regarding child and dependent adult abuse checks prior to employment for an additional 2 of 7 staff reviewed. (Staff C and Staff D). Findings follow: Employee record review on 4/20/26 revealed: 1) Staff A was hired 9/29/25. A Single Contact License & Background Check (SING) was conducted on 9/24/25. Results of the criminal history background check revealed "Further research required. Please await DCI's (Department of Criminal Investigation) final response for criminal history." No further documentation could be located for Staff A which revealed final criminal record results either clearing Staff A, or a rap sheet and subsequent Record Check Evaluation conducted by the Department of Human Services approving Staff A to work in the program. 2) Staff B was hired on 11/19/25. A Single Contact License & Background Check (SING) was conducted on 11/15/25. Results of the criminal history background check revealed "Further research required. Please await DCI's (Department of Criminal Investigation) final response for criminal history." No further documentation could be located for Staff B which revealed final criminal record results either clearing Staff B, or a rap sheet and subsequent Record Check Evaluation conducted by the Department of Human Services approving Staff B to work in the program. 3) Staff C was hired on 4/13/26. A background screening report completed by Verified First on 4/13/26 revealed only results for a Nationwide Criminal Database search and	A 307	A 100% audit of all current employee personnel files was completed to verify: Criminal history checks were completed prior to hire. Any DCI responses requiring further research received final clearance documentation. Required DHS Record Check Evaluations were completed when applicable. Child abuse and dependent adult abuse registry checks were completed and documented for all employees. All required background screening documentation was maintained in personnel files. Any deficiencies identified during the audit were corrected immediately through completion of missing background checks, submission of required evaluations, and placement of all documentation in employee files. Date Audit Completed: 4/22/2026 The facility has implemented the following systemic corrective measures: A revised Background Check Policy and Hiring Checklist has been developed and implemented outlining all required pre-employment screening steps, including: SING criminal history checks. Child abuse registry checks. Dependent adult abuse registry checks. DHS Record Check Evaluation requirements when criminal history findings require additional review. Verification and documentation requirements before an employee may begin work. The Executive Director, Business Office Manager, and individuals responsible for hiring received education regarding: Iowa background check regulations. SING system requirements. DHS Form 470-3301 Authorization for Release of Child and Dependent Adult Abuse Information.DHS Form 470-2310 Record Check Evaluation process.	

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A 307	Continued From page 5 Nationwide Sex Offender Registry search, but failed to provide a check of child and dependent adult abuse checks through the Department of Human Services (DHS) for Staff C. 4) Staff D was hired on 3/6/26. A background screening report completed by Verified First 3/4/26 to 3/5/26 revealed only results for a Nationwide Criminal Database search and Nationwide Sex Offender Registry search, but failed to provide a check of child and dependent adult abuse checks through the Department of Human Services (DHS) for Staff D. During an interview on 4/21/26 at 1:30 p.m. with the Business Office Manager (BOM), the BOM confirmed she assisted with the completion of background checks. She stated different people had instructed her to use different background check systems at different times, which led to confusion. She stated she was unaware of the Department of Human Services (DHS) form 470-2310 - Record Check Evaluation or process of completing a criminal record check evaluation. She stated the program had potential staff sign DHS form 470-3301 - Authorization for Release of Child and Dependent Adult Abuse Information at the time of hire, and believed this form was used for child and dependent adult abuse checks as well as criminal history checks. The BOM stated she had lost access to the program's former SING account set up by former staff, and the state had made her apply for her own account, which she had done the day prior. The BOM stated due to no longer having access to the program's former SING account, she was unable to access or view the history of background checks in question.	A 307	Documentation retention requirements. No employee will be permitted to begin employment until all required background screening components have been completed, reviewed, and documented. All criminal history, registry check, and evaluation documentation will be maintained in the employee personnel file according to regulatory requirements. Implementation Date:8/10/2026 To ensure sustained compliance: The Executive Director or designee will conduct monthly audits of all newly hired employee files for six months. Audits will verify completion of all required criminal, child abuse, and dependent adult abuse background checks and appropriate documentation retention. Audit findings will be reviewed during leadership meetings and corrective action will be implemented immediately for any identified variances. After six months of 100% compliance, audits will transition to quarterly review as part of the facility's Quality Assurance and Performance Improvement (QAPI) process. Responsible Person: Executive Director Monitoring Frequency: Monthly for 6 months Quarterly thereafter through QAPI Date Compliance Expected: 8/10/2026	

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A 307	Continued From page 6 During an interview on 4/21/26 at 2:37 p.m. with the Executive Director (ED), the ED recalled she had seen Department of Criminal Investigations (DCI) rap sheets for potential staff in the past, but the program doesn't save them, and instead they are thrown away. During review of the background checks for Staff A, B, C, and D, the ED acknowledged no other documentation could be located and/or Record Check Evaluations had likely been completed for Staff A and Staff B and acknowledged the background checks completed for Staff C and Staff D by the Verified First background check screening company failed to include the required child and dependent adult registry checks. On 4/22/26 at 2pm, the Executive Director and Director of Nursing confirmed the above findings.	A 307	Immediately upon identification of the deficiency, Staff A's training record was reviewed and verified. Staff A subsequently completed the required dementia-specific education; however, the training was not completed within the required 30-day period after hire. The Executive Director, Director of Nursing, and Business Office Manager reviewed the onboarding and training process to identify the cause of the missed deadline and implemented corrective measures to ensure all future employees complete the required dementia-specific training within regulatory timeframes which will be reviewed each month at QAPI and by the 15th of each month Date of Correction: 8/10/2026 A 100% audit of all current employee training records was completed to verify: Completion of at least eight hours of dementia-specific education for staff working in the dementia-specific program has been completed within the first 30 days of employment. Documentation of training completion maintained within employee records and the Relias learning management system. Any employee identified as lacking required dementia-specific training or documentation was immediately assigned the necessary education and required to complete it. Date Audit Completed: 8/10/2026 The facility has revised its onboarding and orientation process to ensure dementia-specific education requirements are completed within regulatory timeframes. The following corrective actions have been implemented: After a new hire has completed their background Iowa SING and drug screening will complete 3 days of orientation training meeting each department head and start the Relias Onboarding education. Relias progress to	
A 330	481-69.30(1) Dementia-Specific Education 481-69.30(231C) Dementia-specific education for program personnel. 69.30(1) All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure staff completed the required eight hours of dementia-specific education within 30 days of employment for 1 of 7 staff reviewed (Staff A). Findings follow: Record review on 4/21/26 revealed Staff A was	A 330		

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A 330	Continued From page 7 hired on 9/29/25. The program provided a training transcript from the program's online education platform Relias which revealed Staff A completed 3.85 hours of dementia-specific training completed between the dates of 10/1/25 to 10/3/25, with an additional 4.5 hours of dementia-specific training then completed between the dates of 11/4/25 to 11/6/25. A minimum of eight hours of dementia-specific training was not completed within 30 days of employment (for Staff A by 10/29/25) as required. During an interview on 4/21/26 at 2:37pm, the Executive Director (ED) reviewed the dementia-specific coursework completed by Staff A as of 10/29/25 and acknowledged the dementia-specific courses totaled 3.85 hours. On 4/22/26 at 2:00 p.m., the Executive Director and Director of Nursing confirmed the above findings.	A 330	be monitored monthly at QAPI to ensure compliance with completing the 8 hours of dementia training required with in the first 30 days. Going forward by the 15th of each month Relias training will be audited for verification that eight hours of dementia-specific education is completed within 30 days of employment. All newly hired employees working in the dementia-specific program will complete their dementia-specific education during the orientation and onboarding period and before the 30-day deadline. Employees who have not completed required dementia-specific education by their assigned due date will be immediately addressed through supervisory follow-up and corrective action as appropriate. Implementation Date: 8/10/2026 The Executive Director or designee will monitor compliance through ongoing audits of employee training records. Monitoring will include: Monthly review of all new hire Relias transcripts for six months. Verification that a minimum of eight hours of dementia-specific education is completed within 30 days of employment. Documentation of audit results and corrective actions in the QAPI program.Audit results will be reviewed during monthly QAPI meetings. Any identified variances will be corrected immediately, and additional education will be provided as needed. This monitoring process aligns with the facility's planned approach to auditing Relias training completion and QAPI oversight.After six months of sustained compliance, monitoring will transition to quarterly monitoring with QAPI.	