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
	S0295	A. BUILDING: _____ B. WING _____	C 03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR STAR AT ELMORE PLACE AL	4500 ELMORE AVENUE DAVENPORT, IA 52807

(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 are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Tenants without cognitive impairment: 108 Tenants with cognitive impairment: 2 Total census: 110 There were no regulatory insufficiencies cited during the investigation of Incident #130564-I. The following regulatory insufficiencies were cited during the investigation of Complaint #130528-C.	A 000	see attached POC 6/12/26	
A 285	481-67.5(2)f(4) Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program: (4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to administer medication as prescribed to 1 of 3 current tenants reviewed (Tenant #3). Finding follows: Record review on 3/5/26 of Tenant #3's February, 2026 and March, 2026 Medication Administration Record revealed he did not receive Jardiance, 10	A 285		

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A 285	Continued From page 1 milligrams (mg), one tablet daily for diabetes, from 2/23/26 to 3/3/26 and on 3/5/26. One employee documented she administered the medication on 3/4/26. An Order Summary Report signed by Tenant #3's Nurse Practitioner (undated, but faxed 1/7/26) noted he was to take one tablet of 10 mg Jardiance by mouth daily. During an exit meeting on 3/5/26 at 1:20 p.m. the Assistant Executive Director reported there was a delay in obtaining Tenant #3's medication through the Veteran's Administration (VA). A nurse contacted the VA on 2/25/26 to find out why they had not received a refill of Jardiance for Tenant #3. No one followed up with the VA after that date. She confirmed the Program failed to administer medication to Tenant #3 as ordered.	A 285		
A 150	481-69.23(1)a Criteria for Admission / Retention of Tenants 69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who: a. Is bed-bound This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program retained 1 of 2 discharged tenants reviewed who was bed bound (Tenant C1). Finding follows: Record review on 3/5/26 of a Hospice IDG Comprehensive Assessment and Plan of Care	A 150		

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A 150	Continued From page 2 Update Report, dated 6/19/25, identified Tenant C1 would be evaluated for a nursing plan of care. At the time of her evaluation, she was unable to get out of bed and required repositioning every two hours for comfort. Later Hospice IDG Comprehensive Assessments and Plans of Care, dated 7/23/25, 8/20/25 and 9/3/25, continued to note Tenant C1 was bed bound and needed total assistance with her activities of daily living. The Program updated Tenant C1's service plan on 6/23/25 and recorded she was no longer getting out of bed as she neared the end of life. She had a hospital bed. Staff were to assist with bed mobility during routine rounds. During an interview on 3/5/26 at 8:20 a.m. the Health Services Coordinator and the Assistant Executive Director confirmed the Program failed to discharge Tenant C1 when she became bed bound.	A 150		

Plan of Correction – Senior Star at Elmore Place

Date: 5/13/2026
To: Iowa Department of Inspections & Appeals (DIA)
From: Amanda Buchholz, Assistant Executive Director
RE: DIA Investigation 2/3/26-3/5/26

Enclosed is the Plan of Correction (POC) in response to investigation visit by a representative of the department from February 3rd through March 5th 2026, to Senior Star at Elmore Place Assisted Living. Regulatory Insufficiencies in the area(s) of: Level of Care and Medication administration provides specific information regarding the regulatory insufficiency and how the Program failed to comply with regulations. Each area of regulatory Insufficiency is noted in this document including a detailed POC. Submission of this Plan of Correction is not a legal admission that a deficiency exists or that this Statement of Deficiencies was correctly cited. In addition, preparation and submission of this POC does not constitute an admission or agreement of any kind by the facility of the truth of any facts set forth in this allegation by the surveyor's agency.

PLAN OF CORRECTION

Area: Medications

Regulatory Insufficiency #1: 481-67.5(2)f(4) Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program:(4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant.

POC:

1. **The Program will correct the regulatory insufficiency by:** Senior Star at Elmore Place will follow up with physician when medications are not available from pharmacy or if tenant is unable to complete renewal process to reorder medications.
2. **The following measures will be taken to ensure the problem does not recur:** Tenants who have VA benefits will have medication administered as ordered. All staff that are responsible for administering medications to residents shall be trained if a resident is at risk of running out of a medication that is to be delivered by a family member or other responsible party or is to be filled by a pharmacy other than the Community pharmacy, a small quantity of the medication will be ordered from the Community pharmacy and charged to resident per our occupancy agreement.
3. **The Program plans to monitor performance to ensure compliance by:** The nurse and or designee will monitor for compliance by auditing all medications received from sources other than our community pharmacy on a monthly basis and report to nurse for follow up if medications are not received.
4. **The regulatory insufficiency will be corrected by:** 6/12/26

Area: Criteria for Admission/Retention of Tenant

Regulatory Insufficiency #2: 481-69.23(1)a Criteria for Admission / Retention of Tenants 69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who: a. Is bed-bound

Plan of Correction – Senior Star at Elmore Place

POC:

1. **The Program will correct the regulatory insufficiency by:** Tenant is no longer residing at senior star. Senior Star at Elmore Place will not admit or retain a tenant who exceeds criteria for admission and retention.
2. **The following measures will be taken to ensure the problem does not recur:**
    - The registered Nurses and or designee will be reeducated on regulatory requirements for admission and retention.
    - The registered nurse and or designee will be reeducated on application for a waiver.
3. **The Program plans to monitor performance to ensure compliance by:** The nurse and or designee will monitor for compliance at least annually.
4. **The regulatory insufficiency will be corrected by:** 6/12/26