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
	S0311	A. BUILDING: _____ B. WING _____	07/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL ESTATES	815 COLONIAL LANE COLUMBUS JUNCTION, IA 52738

(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. Number of tenants without cognitive impairment: 4 Number of tenants with cognitive impairment: 0 Total census: 4 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program.	A 000	See attached POC 9/12/25	
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 specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to develop and implement service plans based on assessments to meet their individual needs for 1 of 2 tenants reviewed (Tenant #2). Finding follows:	A 350		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

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A 350	Continued From page 1 Record review on 7/15/25 revealed incident reports (IRs) for Tenant #2 regarding five falls between 5/08/25 and 7/12/25. Three of the five IRs indicated Tenant #2 reported her knee(s) gave out, causing the fall. During interview on 7/15/25 at 10:40 a.m., the Universal Worker said Tenant #2 had a history of falls, which had recently increased. Tenant #2's most recent functional and health/nursing assessment dated 5/30/25 contained no information regarding fall risk or frequency of falls. Tenant #2's current service plan dated 7/08/25, failed to indicate whether Tenant #2 was a fall risk or list any interventions to prevent falls. During interview on 7/15/25 at 2:15 p.m. the Administrator and Assisted Living Program (ALP) Manager confirmed Tenant #2's current service plan was completed without corresponding evaluations and it failed to include information regarding fall risk and fall prevention. The Administrator noted Tenant #2 had declined physical therapy in the past, but verified this information was not included in her most recent assessments or service plan.	A 350		

ok
8/20/25

August 18, 2025
Department of Inspections and Appeals
Attn: Catie Campbell
6200 Park Avenue, Suite 100
Des Moines, Iowa 50321

Dear Ms. Campbell:

On behalf of Colonial Estates in Columbus Junction, I respectfully submit our Plan of Correction for your approval. This response is specific to the report completed on July 15, 2025. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the alleged facts or conclusion set forth in the statement of insufficiencies. The Plan of Correction is executed solely because it is required by the provisions of Iowa Law.

Service Plans

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.
    - *Tenants #1 and #2 will have service plans updated by the RN which reflect the tenant's identified needs and preferences for assistance.*
    - *Service plans will be developed as required by regulation with a nurse review and/or health, functional, cognitive evaluation.*
    - *All tenant service plans will be developed as required by regulation.*

2. Measures taken to ensure the problem does not recur.
    - *The RN and nurse designee(s) will be re-educated on regulatory requirement for service plan development.*

3. How the Program plans to monitor performance to ensure compliance.
    - *The Administrator or Designee will review tenant files at least annually to confirm compliance.*

4. The date by which the regulatory insufficiency will be corrected.
    - *This plan of correction will be completed on or before September 12, 2025.*

Contact me at 319-728-2276 with any questions. Thank you.

Sincerely,

Melinda Wells, Program Manager

Melinda Wells