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
	S0338	A. BUILDING: _____ B. WING _____	C 06/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDING CREEK MEADOWS	1044 9TH STREET JESUP, IA 50648

(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: 16 Number of tenants with cognitive impairment: 0 Total census: 16 There were no regulatory insufficiencies cited related to the recertification visit conducted to determine compliance with certification an Assisted Living Program. The following regulatory insufficiency was cited related to the investigation of Complaint #127640-C:	A 000	See attached POC 7/29/25	
A 150	481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to follow its policy and procedure related to dependent adult abuse. This pertained to 1 of 2 former tenants reviewed (Tenant C1). Findings follow: On 6/24/25 review of Staff A's file indicated she was hired on 5/13/24 and terminated on 3/28/25. The Employee Disciplinary Report dated 3/28/25 indicated she had failed to follow instructions or company rules and had improper conduct. It was noted a family member of Tenant C1 reached out	A 150		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0338	A. BUILDING: _____ B. WING _____	C 06/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDING CREEK MEADOWS	1044 9TH STREET JESUP, IA 50648

(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 150	Continued From page 1	A 150		

regarding concerns that started an investigation. It was determined Staff A had accepted gifts, including dinner and drinks from the tenant. It was a violation of the Code of Conduct policy. It was also determined that Staff A had decided with the tenant (who was planning on moving back to his house) to move into his home and be his caregiver. It was noted that was a conflict of interest. It was also determined Staff A attempted to open a bank account with the Tenant C1. "This action raises significant concerns regarding potential exploitation, possible financial abuse, financial conflict of interest and violations of company policies regarding interactions with tenants." It was noted the attempt to open a bank account with the tenant "could be seen as an inappropriate personal relationship and a potential financial conflict of interest and potential financial adult abuse." The form indicated Staff A was terminated.

Review of an email sent from the Assistant Director of Assisted Living (ADAL) to a human resources staff member dated 3/28/25 revealed on 3/26/25 the ADAL received a telephone call from Tenant C1's family regarding him wanting to return home and that Staff A and Tenant C1 developed a plan for Staff A to care for him at home. She spoke with Staff A on 3/26/25 and asked what she did the day prior (3/25/25) and she said Tenant C1 picked her up at her up at her house, they went to the tenant's house, went out for dinner and drinks and then he dropped her off at her house. On 3/27/25 the ADAL received a telephone call from Tenant C1's family and a text message had been received from Tenant C1 that he planned to move back to his home or to an apartment. It also indicated that Staff A would be living with him and caring for him. Family felt like the text message did not come from Tenant C1,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0338	A. BUILDING: _____ B. WING _____	C 06/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDING CREEK MEADOWS	1044 9TH STREET JESUP, IA 50648

(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 150	Continued From page 2	A 150		

as it did not sound like him or his usual messages. Family stated they believed Staff A sent the message from Tenant C1's phone. Family shared they did not feel it was appropriate for Staff A to be at his house, going out to dinner and drinks and encouraging Tenant C1 to move home. On 3/28/25 the Clinical Services Coordinator and the ADAL spoke with Tenant C1 and he confirmed he had hoped to return to his home. He also said he wanted Staff A to be his caregiver and he had asked her and she said yes. Tenant C1 also confirmed he and Staff A had gone out for dinner and drinks on 3/25/25 which he paid for. He had given Staff A $10.00 in cash earlier in the week to donate to a Christian radio station. On 3/28/25 the ADAL received a call from family who reported Tenant C1 and Staff A had opened a joint bank account together. A representative from the bank called family to inform them of the new account that was opened. It was reported Staff A was not allowed to have an account at that bank and the account would be closed.

Review of Tenant C1's file revealed he was admitted on 12/2/24 and discharged on 4/28/25. Tenant C1's service plan dated 4/7/25 indicated he had planned to discharge home. Family wanted Tenant C1 to stay at the Program but he wanted to return home. The service plan reflected Tenant C1 did not receive staff assistance with activities of daily living and he scored a 29 on the mini mental assessment.

Review of the Program's Abuse Prevention, Identification, Investigation and Reporting policy and procedure indicated all allegations of abuse should be immediately reported to the charge nurse and the charge nurse was to immediately report allegations of abuse to the administrator or

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0338	A. BUILDING: _____ B. WING _____	C 06/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDING CREEK MEADOWS	**1044 9TH STREET JESUP, IA 50648**

(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 150	Continued From page 3 designee. All allegations of tenant abuse should be reported to the Department not less than 24 hours after the allegation was made. When interviewed on 6/25/25 at 3:00 p.m. the ADAL stated she first became aware of the situation between Tenant C1 and Staff A on 3/26/25. The decision to terminate Staff A was made on 3/28/25 after hearing about the attempt to open a joint bank account with the tenant. She said they discussed reporting to the Department, but when they looked at the tenant's cognitive status it was determined not to report it as he could make his own decisions.	A 150		

ok
7/30/25

7/29/25

Plan of correction for Winding Creek Meadows

Dear Deb Dixion,

Regarding A150, program policies and procedures, the program follows its policy and procedure related to dependent adult abuse. The program director and program nurse have reread the policy and will report all allegations of dependent adult abuse in a timely manner as required. There have been no further allegations of dependent adult abuse. This will be monitored by the program director weekly for the next four weeks. This will be corrected on 7/29/25.

Kelcie Langel

Assistant Director of Assisted Living