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
	S0347	A. BUILDING: _____ B. WING _____	C 07/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLEN PLACE	**1406 EAST 19TH STREET ATLANTIC, IA 50022**

(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: 23 Number of tenants with cognitive impairment: 13 Total census: 36 The following regulatory insufficiencies were cited during the investigation of Incident #129932-I and Complaints #129930-C, #129933-C, #129934-C, and #129950-C.	A 000	See Attached POC 8/31/25	
A 160	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure appropriate care, treatment, and services for 1 of 1 former tenants reviewed (Tenant C1). Findings follow: Record review on 7/15/25 revealed Tenant C1 admitted to the program on 1/7/22 with a diagnoses including dementia, Waldenstrom Macroglobulinemia (type of non-Hodgkin	A 160		

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A 160	Continued From page 1	A 160		

lymphoma), and enlarged prostrate without lower urinary tract symptoms. His medications included low dose aspirin, memantine, ferrous sulfate, abilify, remeron and flomax.

A service plan dated 6/3/25 identified Tenant C1 required staff to use stand by assistance with weekly showers to ensure safe transfer in/out of the shower, to wash hard to reach areas, shampoo, and towel dry. The service plan further identified Tenant C1 required one-person staff assistance for dressing, and for grooming. The service plan identified the tenant was at risk for falls and staff were to escort him to and from meals and activities. The service plan identified Tenant C1 required the assistance of one staff for toileting needs. A "180-Day" evaluation/assessment dated 3/4/25 (the last evaluation/assessment on file) further confirmed the above needs and staff assistance levels.

An incident report dated 7/8/25 at 6:30 pm revealed Tenant C1 was in the shower when he slipped on the wet floor. Apparent injuries at the time of the incident were abrasions on the tenant's head and right arm, and a hematoma. Vitals were obtained which included a blood pressure reading of 121/90. The tenant was assisted up from the floor, dried off, and dressed. Emergency services were notified and transported Tenant C1 to the emergency room (ER). The incident investigation revealed a non-skid bathmat was not in place at the time of the incident. Non-skid bathmats were used as a standard protocol for the tenants residing at the program.

Review of the ER report dated 7/8/25 at 7:44 pm revealed abrasions were noted to the right elbow and left head. He admitted to a headache, but

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A 160	Continued From page 2	A 160		

had no other complaints of pain. The evaluation at the ER noted discharge present of both eyes and included the following comments: Pupils 2mm bilaterally, right pupil sluggish to direct light, left pupil unresponsive to direct light. The neurological exam noted no focal deficit present and Tenant C1 was alert and oriented x 3 (self, place, and situation) and mental status was at baseline per Tenant C1's dementia. Blood pressure was noted as 181/97. A CT without contrast of the head was obtained and included the following results: The brain demonstrates findings of a large mixed density subdural collection involving the right cerebral hemisphere. The subdural collection measured on axial image 25 is measuring 15mm in maximum thickness. There is localized compression of the cortical sulci throughout the left cerebral hemisphere related to the mass effect from the hemorrhage. There is hemorrhage seen to extend along the tentorium of the cerebellum on the left and slightly into the posterior falx. There is a small component of hemorrhage seen within the right frontal lobe which has the appearance of subarachnoid blood. There is midline shift by 2 mm. No associated mass. The posterior fossa is unremarkable.

Progress/nursing notes from the hospital included the following:
- 2037 (time): Radiologist called to report large subdural hemorrhage and subarachnoid hemorrhage.
- 2055 noted a nurse reported Tenant C1 was declining and needed to be intubated and noted a discussion with the son of Tenant C1 there was no guarantee he would recover.
- 2101 noted Tenant C1 would be admitted for comfort cares

The hospital documentation did not note Tenant

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A 160	Continued From page 3	A 160		

C1's time of death.

Program progress/nursing notes revealed the following:
- on 7/8/25 at 10:13 pm it was documented outreach was received from Case County Memorial Hospital ER. Reports that resident will be admitted for brain bleed.
- on 7/10/25 it was documented outreach received from Cass County Memorial Hospital. Resident passed away 7/9/25.

According to the program's internal investigation Staff C began employment on 6/6/25. Staff C was responsible for assisting Tenant C1 with his shower on the date of the incident. In Staff C's written statement dated 7/15/25 he wrote he was trained by a fellow co-worker and stated Tenant C1 required stand by assistance. He believed stand by assistance was "where the resident showers themselves while the caregiver steps out." Staff C wrote he had previously given Tenant C1 a shower with this method. On the date of the incident on 7/8/25 he thought this method was the correct assistance level to be provided to Tenant C1. Staff C included the following in his statement: "I lacked the proper training on the proper stand by procedure. Due to this lack of training, I thought the shower mat that's normally down but was up that day should remain up" ...and "once [Tenant C1's] in the bathroom, I leave the bathroom as to what I was taught before and leave the door half open while I sit in a near-by chair and feet away from the bathroom. Around a minute into the shower he falls."

On 7/16/25 review of Staff C's training revealed an untitled checklist used for orientation/delegation training that included four sections of training under the headings "Day One

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Items", "Prior to Continuing in Orientation", "Remainder of the First Week", and "First Month of Employment." The section entitled "Day One Items" and "Prior to Continuing in Orientation" which related to program policies and human resource/onboarding tasks was initialed as complete on 6/12/25. The additional sections which noted orientation topics such as demonstrating of proper technique for resident cares, including bathing and standards indicated as to occur on "Week 2" of the training were blank/incomplete. No orientation topics listed on the document addressed the definitions of assistance levels such as stand by assistance as required for Tenant C1. Further review of online orientation training via the program's Relias learning platform revealed ten courses were completed by Staff C, but none related to bathing or to the definitions of assistance levels as required by Tenant C1.

During an interview on 7/16/25 at 2:45 pm, the Executive Director/Nurse (ED) stated the training process included Staff C shadowing another staff member/trainer with his orientation/delegation packet. The trainer was to check off (sign/date) a care task once they felt the ne employee was confident in completing it. She stated she relied on the word of the staff trainers to determine when a new employee was ready to work on the floor. Staff C had been working on the floor providing care without the supervision of a trainer. She stated she had previously asked Staff C to return his orientation/delegation packet but he did not prior to the department's investigation. If he had she would have known his orientation/delegation checklist was incomplete. The ED stated the standard program expectation for stand by assistance was for staff to be "right next to the resident with any type of cares, within

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A 160	Continued From page 5 a hands reach distance of that resident" and stated during the internal investigation of the incident she had questioned Staff C as to his understanding of this expectation and realized Staff C did not have an accurate understanding. The ED acknowledged Staff C's orientation/delegation checklist was incomplete and lacked proof of training related to resident care areas and levels of assistance. She acknowledged services for Tenant C1 were not provided as identified on his service plan. During an exit on 7/17/25 at 11:35 am the ED and Regional Director of Resident Care (attended by the Area Director of Operations via phone) confirmed the above findings.	A 160		
A 345	481-67.9(4)b Staffing 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: b. Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s). This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure program staff received training by the registered nurse within 30 day of beginning employment for 3 of 7 staff reviewed (Staff A, Staff B, and Staff C). Findings follow: Record review on 7/16/25 and 7/17/25 revealed:	A 345		

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A 345	Continued From page 6 Staff A had a hire date of 4/10/25. The program's registered nurse signed/dated a delegation training checklist on 5/29/25 during a skills fair held at the program, over 30 days after Staff A began employment. Staff B had a hire date of 4/14/25. The program's registered nurse signed/dated a delegation training checklist on 5/29/25 during a skills fair held at the program, over 30 days after Staff B began employment. Staff C had a hire date of 6/6/25. The program's registered nurse failed to ensure delegation training was completed within 30 days of employment. When questioned on 7/17/25 at 9:15 am, the Executive Director/Nurse stated the 5/29/25 delegations for Staff A and Staff B were the only delegations on file. She further acknowledged the delegation training for Staff C had not been completed, with no signatures/dates related to pages 2 and 3 of the delegation checklist other than the areas of learning under the section entitled "Day One Items" which were dated 6/12/25. During an exit on 7/17/25 at 11:35 am the Executive Director and Regional Director of Resident Care (attended by the Area Director of Operations via phone) confirmed the above findings.	A 345		
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	A 145		

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A 145	Continued From page 7	A 145		

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 an evaluation due to significant change for 1 of 5 tenants reviewed (Tenant 3). Findings follow:

Record review on 7/15/25 revealed Tenant 3 was admitted to the program on 3/1/24. Tenant 3 had a significant change and began Hospice services on 7/7/25 with an admitting diagnosis of unspecified severe protein calorie malnutrition. While a notation was added to the service plan for Tenant 3, no change of condition evaluation could be located.

When interviewed on 7/16/25 at 10:10 am, the Executive Director/Nurse confirmed the last evaluation/assessment on file for Tenant 3 was 3/4/25 and no change of condition assessment had been completed to reflect the addition of hospice services.

During an exit on 7/17/25 at 11:35 am the Executive Director and Regional Director of

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A 145	Continued From page 8 Resident Care (and attended by the Area Director of Operations via phone) confirmed the above findings.	A 145		
A 155	481-69.23(1)b 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: b. Requires routine, two-person assistance with standing, transfer or evacuation This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program retained 1 of 1 tenants reviewed who routinely required two staff to assist with transfers (Tenant 4). Findings follow: Record review on 7/15/25 revealed Tenant 4 admitted to the program on 9/13/23 with diagnoses of Parkinson's disease, Alzheimer's disease, frequent falls, hypertension, anemia, and degenerative join disease of the lumbar spine. A change of condition evaluation dated 5/6/25 revealed Tenant 4 required 2-person total assistance for transfers and toileting. A service plan dated 5/12/25 further indicated Tenant 4 required "transfer two person" assistance with an effective date of 3/18/25 and "toileting full assist 2 person" with an effective date of 8/10/24. During an interview on 7/15/25 at 10:56 am, Staff D stated she had concerns Tenant 4 required two person assistance at all times. He couldn't stand on his own which had prompted staff to use a	A 155		

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A 155	Continued From page 9	A 155		

urinal as they couldn't get him to the bathroom. He often went dead weight on staff and it was hard to move him around.

On 7/15/25 at 12:15 pm, Staff E stated she had concerns with Tenant 4 because he needed two person assistance and could not stand. Staff E further confirmed staff had to use a urinal and bedside commode due to the tenant's inability to stand. In her opinion, Tenant 4 was closer to nursing home level versus assisted living due to his need for two-person assistance.

When interviewed on 7/15/25 at 1:35 pm, Staff F stated Tenant 4 always needed two person assistance, could not stand by himself, and should probably be in a nursing home. Staff F confirmed using a urinal and commode for the tenant because staff could not physically get him to the bathroom.

During an interview on 7/16/25 at 11:20 am, the Licensed Practical Nurse (LPN) from the hospice agency who provided hospice services to Tenant 4 stated he regularly required two person assistance.

During an interview on 7/16/25 at 10:10 am, the Executive Director/Nurse confirmed the service plan and evaluation/assessment for Tenant 4 identified the need for routine two-staff assistance with standing/transfers as well as toileting.

During an exit on 7/17/25 at 11:35 am the Executive Director and Regional Director of Resident Care (and attended by the Area Director of Operations via phone) confirmed the above findings.

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A 525	Continued From page 10	A 525		
A 525	481-69.29(3) Staffing 69.29(3) The owner or management corporation of the program is responsible for ensuring that all personnel employed by or contracting with the program receive training appropriate to assigned tasks and target population. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure 1 of 7 staff reviewed received training appropriate to assigned tasks and target population (Staff C). Findings follow: Record review on 7/15/25 revealed Staff C was hired on 6/6/25. Review of Staff C's delegation checklist on 7/17/25 revealed training topics under a section entitled "Day One Items" were signed/dated on 6/12/25. The remaining pages (pages 2 and 3) which included training appropriate to assigned tasks and target population were blank and incomplete. During an interview on 7/16/25 at 2:45 pm, the Executive Director/Nurse (ED) stated Staff C's training process included shadowing another staff member/trainer who was to check off (sign/date) each care task on his orientation/delegation packet once the trainer felt Staff C was confident completing it. She had not received Staff C's delegation packet back yet. She stated she relied on the word of the staff trainers to determine when a new employee was ready to work on the floor. She confirmed Staff C had been working on the floor providing care without the supervision of a trainer. During a follow-up interview on 7/17/25 at 9:15	A 525		

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A 525	Continued From page 11 am, the ED had received Staff C's delegation packet back from him and acknowledged his delegation training had not been completed, with no signatures/dates related to pages 2 and 3 which included training appropriate to assigned tasks and target population. During an exit on 7/17/25 at 11:35 am the Executive Director and Regional Director of Resident Care (attended by the Area Director of Operations via phone) confirmed the above findings.	A 525		
A 540	481-69.29(6) Staffng 69.29(6) All programs employing a new delegating nurse after January 1, 2010, shall require the delegating nurse within six months of hire to complete an assisted living manager class or assisted living nursing class whose curriculum includes at least six hours of training specifically related to Iowa rules and laws on assisted living. A minimum of one delegating nurse from each program must complete the training. If there are multiple delegating nurses and only one delegating nurse completes the training, the delegating nurse who completes the training shall train the other delegating nurses in the Iowa rules and laws on assisted living. As of January 1, 2011, all programs shall have a minimum of one delegating nurse who has completed the training described in this subrule. This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to ensure the delegating nurse completed either an assisted living manager class or an assisted living nursing class within 6	A 540		

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A 540	Continued From page 12 months of employment as evidenced by: On 7/15/25 review of the entrance form and staff list revealed the delegating nurse, who was also the Executive Director, was hired on 10/2/23. The ALP training date for the delegating nurse on the entrance form was left blank. When interviewed on 7/15/25 at 2:45 pm, the Executive Director/Nurse confirmed her hire date and stated she began as the program nurse in October of 2023 and was promoted to the Executive Director/Nurse role in January of 2025. She stated she had not taken an assisted living management course prior, but was currently enrolled through the Iowa Assisted Living Association (IALA). During an exit on 7/17/25 at 11:35 am the Executive Director and Regional Director of Resident Care (attended by the Area Director of Operations via phone) confirmed the above findings.	A 540		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: Allen Place Senior Living	DATE SURVEY COMPLETED: 7/17/25

This plan of correction is submitted as required under State and/or Federal law. The submission of this Plan of Correction does not constitute an admission on the part of the Community as to the accuracy of the survey's findings or the conclusions drawn therefrom. Submission of this Plan of Correction also does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community's policies and procedures should be considered subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence, corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this Plan of Correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, manager, director, attorney or shareholder of the Community or affiliated companies.

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Tag #1	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate.	**A160**	**What initial correction was made?** The staff meeting was conducted on 7/17/25. Provided education on standby assistance with resident cares for all care staff. Each caregiver signed that education was received and their understanding of standby assistance cares.	**How will we ensure and maintain compliance going forward?** All new staff will receive the same education/training for standby assistance. Standby assistance education/training will be reviewed and evaluated quarterly.	Implementation Date: 7/17/25 Completion Date: 7/17/25 Responsible Party: DHW or designee
Tag #2	481-67.9(4)b Staffing 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of	**A345**	**What initial correction was made?** Nurse delegations for cares were reviewed/evaluated with all care	**How will we ensure and maintain compliance going forward?** The Registered Nurse will review/evaluate all care staff	Implementation Date: 7/17/25 Completion Date:

	tenants. Nurse delegation shall, at a minimum, include the following: b. Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s).		staff and appropriately signed off on each delegation task. Registered Nurse will train and evaluate new employees with all cares and sign off on each delegation task prior to the end of their orientation.	annually on each delegation task and the Registered Nurse will complete the Nurse Delegation Form and place in employees file. Registered Nurse will train and evaluate all new employees on each delegation task prior to the end of their orientation and before working on the floor independently.	8/2/25 Responsible Party: DHW or designee
Tag #3	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.	**A145**	**What initial correction was made?** DHW will be educated on Policy AS01-Asessments conducted by the Regional Director of Resident Care. The resident Assessment are completed/updated: a. Prior to move-in. b. 30 days after move-in. c. Every six (6) months. d. Whenever there is a significant change in resident status. The Regional Director of Resident Care whom is a Registered Nurse will evaluate any tenant who exhibits a significant change.	**How will we ensure and maintain compliance going forward?** DHW and/or designee will audit four resident's charts once per week for eight weeks for changes to ensure all residents residing in the community have functional, cognitive and health status evaluations and service plans documented accurately. Once the initial audit is completed, resident charts will be audited on a quarterly basis.	Implementation Date: 7/17/25 Completion Date: 8/31/25 Responsible Party: Director or designee
Tag #4	481-69.23(1)b 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:	**A155**	**What initial correction was made?** Resident Paul Newman receives hospice services with Hospice of the Midwest and requires two-person assistance with standing, transfer or	**How will we ensure and maintain compliance going forward?** The Registered Nurse will evaluate all new or current residents who require routine, two-person	Implementation Date: 7/17/25 Completion Date:

	b. Requires routine, two-person assistance with standing, transfer or evacuation		evacuation. The Registered Nurse completed the request for waiver of administrative rule and sent it to the Iowa Department of Inspections and Appeals on 7/21/25 for evaluation. Is pending response currently.	assistance with standing, transfer or evacuation for appropriateness for the community's program and will obtain appropriate waivers as needed. The Registered Nurse has assessed all current tenants who require assistance with standing, transfer, or evacuation. The findings of the tenant audit are that no other tenants meet the criteria for routine, two-person assistance with standing, transfer or evacuation.	8/5/25 Responsible Party: Director or designee
Tag #5	481-69.29(3) Staffing 69.29(3) The owner or management corporation of the program is responsible for ensuring that all personnel employed by or contracting with the program receive training appropriate to assigned tasks and target population.	**A525**	**What initial correction was made?** All required Relias trainings were assigned to all new employees and current employees at the beginning of each month. Executive Director will ensure that all required Relias trainings are completed for new employees prior to starting shadow orientation.	**How will we ensure and maintain compliance going forward?** Executive Director will continue to assign and audit all employee files for required Relias Trainings monthly to ensure compliance with all required Relias trainings.	Implementation Date: 7/18/25 Completion Date: 7/31/25 Responsible Party: Director or designee
Tag #5	481-69.29(6) Staffing 69.29(6) All programs employing a new delegating nurse after January 1, 2010, shall require the delegating nurse within six months of hire to complete an assisted living manager class or assisted living nursing class whose curriculum includes at least six hours of training specifically related to Iowa rules and laws on assisted living. A minimum of one delegating nurse from each program must complete the training. If there are multiple	**A540**	**What initial correction was made?** Registered Nurse completed Iowa Assisted Living Management Course on 8/1/25.	**How will we ensure and maintain compliance going forward?** Any new delegating nurse will be enrolled on first day employment in the Iowa Assisted Living Management Course and will be completed within 2 months of hire. Delegating nurse will print off the completion certificate and will be retained in employee file.	Implementation Date: 7/17/25 Completion Date: 8/1/25 Responsible Party: Director or designee

	delegating nurses and only one delegating nurse completes the training, the delegating nurse who completes the training shall train the other delegating nurses in the Iowa rules and laws on assisted living. As of January 1, 2011, all programs shall have a minimum of one delegating nurse who has completed the training described in this subrule.				

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.