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
	S0351	A. BUILDING: _____ B. WING _____	C 02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERY PLACE	**901 SOUTH MENTZER ROAD ROBINS, IA 52328**

(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 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: 36 Tenants with cognitive impairment: 17 Total census: 53 The following regulatory insufficiencies were cited related to the investigation of Complaint #130842-C, Incidents #130476-M and #130494-I:	A 000		
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 established policy and procedures related to abuse, which pertained to 2 of 2 current tenants reviewed (Tenant #1 and Tenant #2) and 2 of 2 discharged tenants (Tenants C1 and Tenant C2), menu substitution, which potentially affected all tenants (census of 53) and food safety, which potentially affected all tenants (census of 53). Findings follow: 1. Record review on 2/09/26 indicated an email sent from the Executive Director on 9/11/25 at 12:41 p.m. to a human resources partner indicated after she and the Assistant Director met with Staff H today, she learned there was a snapchat group between staff. They sent videos and photos of tenants to each other. Staff H was	A 150		

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not in the group chat but saw the videos. The Executive Director asked the next steps.

The human resources partner responded back at 3:59 p.m. and indicated for the Executive Director and a witness to interview Staff H again and obtain as many details as possible. An investigation guide was attached. The questions for Staff H were on the "Initial Complaint Form." It then indicated to send the notes of the conversation so it could be reviewed and to determine next steps and questions.

On 9/17/25 at 2:35 p.m. the Executive Director sent the human resources partner the answers from Staff H.

Record review on 2/10/26 and 2/11/26 revealed the Program's investigation notes reflected the following interviews with staff:

a. Staff H's interview on the Initial Complaint Form, dated 9/17/25 indicated Staff H was shown videos in a snapchat group by Staff G. The video was of Tenant C1 going to the bathroom, making a face. It was shown Tuesday morning on 9/02/25. Staff H was coming onto first shift. The snapchat had a caption "oh must be a big one." It made Staff H feel sick to her stomach, she knew it was not right. She could tell it was a group chat where they sent pictures of tenants to each other. She indicated the people involved were Staff E, Staff F and Staff G.

b. Staff E's Accused Interview Form, dated 9/17/25, indicated there was a group chat for a couple months. She identified tenants including Tenant C1, Tenant #1 and "probably at one point all the resident's. (sic)." It was a group chat with Staff E, Staff F and Staff G. There were pictures

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of a mess on the floor, pictures of them dressed up, "selfies" of them with tenants. She did not recall a video in the chat regarding Tenant C1 going to the bathroom with a caption of "oh, must be a big one." She reported to talk to Staff H, Staff B and Staff I about the allegation.

c. Staff F's Accused Interview Form, dated 9/17/2, she was asked if she was aware of any group chats or social media posts where staff discussed each other or tenants and she indicated there were pictures with "residents selfies with glasses." When asked if aware of anyone sharing photos or videos of tenants, she indicated Staff F, Staff E and Staff G and said there (videos/pictures) of sunglasses and hats when they put bracelets on. When asked about the video with Tenant C1, Staff F indicated she did not remember when it was sent or who sent it. She did not remember how she responded and said she probably sent a laughing emoji. She indicated to visit with Staff E about the allegation.

d. Staff G's Accused Interview Form, dated 9/17/25, she was asked about a snapchat group where staff sent videos and photos of tenants to each other. She reported "took videos of residents going to the bathroom, silly photos of hats and glasses and she did not know how many". She indicated Staff H, Staff B and Staff I sent individual snaps of tenant selfies. Staff E and Staff F were part of the group chat. When asked if she disagreed with the allegations, she indicated no. She signed the form dated 9/17/25.

Continued record review revealed the Program's policy and procedure for Dependent Adult Abuse Prevention and Reporting all staff were mandated reporters and must take immediate action when they witness or suspect abuse. Staff should

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ensure the tenant's safety, notify supervisor or administrator immediately, report to the Department within 24 hours, complete internal documentation as directed, document the incident on the incident report form, include date time, persons involved, specific observations, and submit all documentation to the administrator.

Further record review revealed staff were interviewed related to the allegation and an additional seven staff interviewed had knowledge of or heard of videos, pictures or a snapchat group and nothing prior had been reported as required by policy and procedure.

When interviewed on 2/25/26 at 10:00 a.m. the Executive Director confirmed reporting (allegation of abuse) did not occur per policy and procedure. She also did not think the incident reports were completed at the time of the allegations.

2. During the course of the initial investigation related to the snapchat group another allegation was made by Staff A regarding Staff B allegedly making degrading comments towards Tenants #1, #2 and Tenant C2.

When interviewed on 2/10/26 at 2:46 p.m. the Executive Director (ED) indicated during another investigation staff reported Staff B talked to tenants in a way she should not have. The Executive Director indicated Staff B was talked to and denied the allegations. Staff B reported staff were jealous of Staff B and did not like Staff B. As the investigation continued more came out. Staff A gave more specifics and was asked to write a statement. There was no conflict between Staff A and Staff B. The Executive Director indicated it was hearsay but they had other staff say Staff B would say degrading things. Staff B was

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suspended until it was investigated. The Executive Director did not feel the things were made up. The Executive Director indicated Staff J reported Staff B was not very nice and would call them names. Staff B made comments to Tenant #1 regarding his stomach and looking pregnant. Staff B told Tenant #2, she had an odor in her peri area and Staff B would make comments to Tenant C2 regarding her weight.

When interviewed on 2/11/26 at 10:05 a.m. the Assistant Director (AD) indicated when the Executive Director interviewed Staff A related to another investigation, Staff A brought up allegations regarding Staff B. Staff A said Staff B said Tenant #1 looked pregnant and Staff A observed it occur. Staff B also made a degrading comment regarding Tenant #2 and holding her peri care and Staff A observed it. Staff A wrote her statement. Other staff backed up Staff A and Staff B was terminated.

Staff A's written statement indicated Staff B "consistently" poked at Tenant #1's ascites and asked him "if there's a baby in there" and "is it a boy or a girl?" Staff A found it degrading but did not say anything as she was new. Another example was Staff B laughed and made fun of Tenant #2 for how she walked differently when she needed to use the bathroom or needed to be changed. Staff A witnessed it and told her and she got defensive about it. She also witnessed staff taking pictures of tenants. Staff A said she knew she should have reported it sooner. She was aware of a snapchat group but was unaware of the degrading content. Staff A did not remember specific dates but specifically recalled Staff B saying to Tenant #1 " ...you're making a ... mess." She said to Tenant #2 her vagina smelled like "rotten eggs" and told Tenant C2 "your ...

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is/fat/." Staff A said Staff B was "generally degrading" to memory care tenants and she did not think it should continue.

When interviewed on 2/10/26 at 10:50 a.m. Staff A reported Staff B said mean things about the tenants. Staff B asked Tenant #1 if there was a baby in there or if it was a boy or girl. He had end stage kidney ascites. Staff A witnessed it occur. Staff A indicated Tenant C2 declined a lot and she used to speak in half sentences. As she declined, Staff B made fun of Tenant C2 as she could not find her words. Staff B also made comments about the size of Tenant C2's buttocks. Tenant #2 had chronic yeast infections and Staff B made fun of her peri area odor or arm pit odor. Staff A witnessed it occur.

An interview statement for Staff B indicated on 9/22/25 she denied making the comments to Tenant #1 regarding being a mess, Tenant #2 regarding her peri area odor and Tenant C2 regarding the size of her buttocks. She indicated people wanted to get her in trouble as people thought she told things that would get others in trouble. She was suspended until it was further investigated.

Attempts were made to interview Staff B related to the allegations; however, were not successful.

At the time of the allegation the Program interviewed other staff related to allegations. During the Program's investigation the following comments were provided to the care of the tenants:
-Staff C indicated she could not remember who it was but a staff made fun of Tenant #2 when she held her private area when she needed to go to the bathroom. She was told Staff B said

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disrespectful things to Tenant #1, Tenant #2 and Tenant C2. Staff C indicated Staff B asked Tenant #1 if he was pregnant, said Tenant C2 and Tenant #2 had an odor and made inappropriate comments about their bodies.
-Staff D indicated when Tenant C2 would not get dressed, Staff B would say fine, drop the clothes and walk away.
-The Former Healthcare Coordinator indicated the other day she was in memory care and Staff B was using profanity and she was told by the Former Healthcare Coordinator she should not talk that way back there (in the units).
-Staff J indicated staff used profanity a lot around the memory care tenants. Staff J indicated Staff B made fun of people. The day prior Staff B took her cell phone out when staff were not supposed to have their cell phones. Staff J saw Staff B stick her tongue out at the tenants.

Further record review revealed staff interviewed had knowledge of or witnessed the allegations and the allegations failed to be reported as required by policy and procedure.

Record review on 2/10/26 and 2/11/26 of Tenant #1's file revealed an incident report documented an allegation regarding Staff B making degrading comments to Tenant #1. The incident date was 9/22/25. The incident report indicated it was assigned on 2/10/26.

Record review on 2/10/26 and 2/11/26 of Tenant #2's file revealed an incident report documented an allegation regarding Staff B making degrading comments to Tenant #2. The incident date was 9/22/25. The incident report indicated it was assigned on 2/10/26.

Record review on 2/10/26 and 2/11/26 of Tenant

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A 150	Continued From page 7 C1's file revealed an incident report documented an allegation of an inappropriate picture of Tenant C1 in a staff snapchat group. The incident date was 9/2/25. It was documented as reported on 9/17/25. The incident report indicated in the progress by the Vice President of Clinical Services with the management group. Record review on 2/10/26 and 2/11/26 of Tenant C2's file revealed an incident report documented an allegation regarding Staff B making degrading comments to Tenant C2. The incident date was 9/22/25. The incident report indicated it was assigned on 2/10/26. Continued record review revealed incident reports for the four tenants Tenant #1, #2 and Tenant C1 and C2 were not documented at the time of the allegation. Further record review revealed the Program's policy and procedure for Dependent Adult Abuse Prevention and Reporting all staff were mandated reporters and must take immediate action when they witness or suspect abuse. Staff should ensure the tenant's safety, notify supervisor or administrator immediately, report to the Department within 24 hours, complete internal documentation as directed, document the incident on the incident report form, include date time, persons involved, specific observations, and submit all documentation to the administrator. When interviewed on 2/25/26 at 10:00 a.m. the Executive Director confirmed reporting (allegation of abuse) did not occur per policy and procedure. She indicated specifically, Staff H who had been shown the video, knew of it and did not report it until she was in trouble.	A 150		

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A 150	Continued From page 8 3. When interviewed on 2/10/26 at 2:46 p.m. the Executive Director (ED) reported a few months ago, right after the Former Culinary Director was terminated, there was a Cowboy theme event. The Former Culinary Director was supposed to prepare all of it but he was terminated. The truck was not ordered and the Executive Director did not know how to prepare the meat. The Executive Director bought the meat, smoked the meat offsite and the Maintenance Director made macaroni and cheese. It was put into crock pots and the temperature of food was monitored prior to serving. They had prepackaged salads. It was the only time it occurred. When interviewed on 2/12/26 at 8:38 a.m. the Maintenance Director indicated in November 2025 there was a Cowboy theme event. They did not have a Culinary Director and food was brought in. He brought in macaroni and cheese. The temperature of the food was monitored prior to serving and there were no issues. Record review on 2/12/26 revealed an email from the Executive Director, dated 2/12/26, indicated the date of the lunch was 11/14/25. She noted the planned menu item macaroni and cheese as the main entrée. They had pulled pork, brisket, macaroni and cheese, prepackaged macaroni salad and potato salad and bakery assorted cookies. A menu provided was highlighted which indicated macaroni and cheese, oven roasted carrots and apple pie a la mode were planned items. Continued record review revealed an email from the Executive Director, dated 2/11/26 indicated there were no menu substitution logs from October 2025 to current.	A 150		

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A 150	Continued From page 9 Further record review revealed the Former Culinary Director was terminated on 11/04/25. The meal noted above occurred on 11/14/25. The Program's policy and procedure for Menu Substitution indicated occasionally, planned menu items might need to be substituted for the following reasons: the original product was not available, staff shortages limited the ability to prepare the original item, equipment malfunction created a change in what could be prepared, the use of another product before its expiration date, use of leftovers or a holiday, theme or special menu was served. The policy and procedure directed when substitutions needed to be made the food service director would be consulted to determine another equivalent food to serve. Standard food groups and equivalents would be used. The policy directed to consult with a registered dietitian for any questions. The menu substitutions needed to be documented in the Menu Substitution Log. When interviewed on 2/25/26 at 10:00 a.m. the Executive Director indicated for food service there were no other instances of home prepared meals. 4. When observed on 2/09/26 at approximately 11:40 a.m. the lunch meal was served in the main dining room and two memory care units. The refrigerator in the memory care unit #1 was observed and had some food debris in the bottom of the refrigerator (temperature 39). The refrigerator in memory care unit #2 was observed with a spilled liquid or food on the bottom of the refrigerator (temperature 40 degrees). Record review on 2/09/26 revealed the refrigerator temperatures log sheets for December 2025, January 2026 and February	A 150		

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2026, indicated to report if the refrigerator was over 40 degrees and to document a.m. and p.m. refrigerator/freezer temperatures, twice daily. The December 2025 log reflected daily temperatures were recorded for the refrigerator and freezer in memory care unit #1. There were eight times the refrigerator was over 40 degrees for memory care unit #1. The refrigerator temperature for memory care unit #2 was checked twice daily; however, there were no recorded freezer temperatures.

The January 2026 log reflected once daily temperatures recorded for the refrigerator and freezer in memory care unit #1. There were seven times the refrigerator was over 40 degrees for memory care unit #1. The refrigerator temperature for Memory Care #2 was checked twice daily; however, there were no recorded freezer temperatures.

The February 2026 log reflected for memory care unit #1 and memory care unit #2, the refrigerator temperatures were checked twice daily; however, there were no recorded freezer temperatures.

The Program's policy and procedure related to food safety indicated storing perishable foods at appropriate temperatures (refrigerated or frozen) and keeping storage areas clean. All food preparation areas and serving areas, utensils and equipment would be cleaned and sanitized.

When interviewed on 2/25/26 at 10:00 a.m. the Executive Director confirmed the temperatures for the refrigerators should be taken twice daily. She was not sure of the exact temperature range but thought it was not over 40 degrees. Regarding cleaning of the refrigerators she indicated the aides overnight had a cleaning list but she would expect if dietary staff noticed an

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A 150	Continued From page 11 issue they would address it.	A 150		
A 155	481-67.3(1) Tenant Rights 481-67.3 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 the Program failed to ensure tenants were treated with consideration, respect, recognition of personal dignity and autonomy. This pertained to 2 of 2 current tenants reviewed (Tenant #1 and Tenant #2) and 1 of 2 discharged tenants reviewed (Tenant C2). Findings follow: 1. When interviewed on 2/10/26 at 2:46 p.m. the Executive Director indicated during another investigation staff reported Staff B had talked to tenants in a way she should not have. The Executive Director reported Staff B was talked to and denied the allegations. Staff B reported staff were jealous of her and did not like her. As the investigation continued more came out. Staff A gave more specifics and was asked to write a statement. There was no conflict between Staff A and Staff B. The Executive Director indicated it was hearsay but they had other staff report Staff B said degrading things. Staff B was suspended until it was investigated. She did not feel the things were made up. The Executive Director indicated Staff J reported Staff B was not very	A 155		

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nice and would call them names. Staff B made comments to Tenant #1 regarding his stomach and looking pregnant. Staff B told Tenant #2, she had an odor in her peri area and made comments to Tenant C2 regarding her weight.

When interviewed on 2/11/26 at 10:05 a.m. the Assistant Director (AD) indicated when the Executive Director interviewed Staff A related to another investigation, Staff A brought up allegations regarding Staff B. Staff A reported Staff B said Tenant #1 looked pregnant and Staff A observed it occur. Staff B also made a degrading comment regarding Tenant #2 and holding her peri care and Staff A observed it. Staff A wrote her statement. Other staff backed up Staff A and Staff B was terminated.

Staff A's written statement indicated Staff B "consistently" poked at Tenant #1's ascites and asked him "if there's a baby in there" and "is it a boy or a girl?" Staff A found it degrading but did not say anything as she was new. Another example, Staff B laughed and made fun of Tenant #2 for how she walked differently when she needed to use the bathroom or needed to be changed. Staff A witnessed it and told her and she got defensive about it. She also witnessed staff taking pictures of tenants. Staff A knew she should have reported it sooner. She was aware of a snapchat group but was unaware of the degrading content. Staff A did not remember specific dates but specifically recalled Staff B said to Tenant #1 " ...you're making a ... mess." Staff B said to Tenant #2 her vagina smelled like "rotten eggs" and told Tenant C2 "your ... is/fat/." Staff A indicated Staff B was "generally degrading" to memory care tenants and she did not think it should continue.

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(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
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When interviewed on 2/10/26 at 10:50 a.m. Staff A reported Staff B said mean things about the tenants. Staff B asked Tenant #1 if there was a baby in there or if it was a boy or girl. He had end stage kidney ascites. Staff A witnessed it occur. Staff A indicated Tenant C2 declined a lot and she used to speak in half sentences. As she declined, Staff B made fun of Tenant C2 as she could not find her words. Staff B also made comments about the size of Tenant C2's buttocks. Tenant #2 had chronic yeast infections and Staff B made fun of her peri area odor or arm pit odor. Staff A witnessed it occur.

An interview statement for Staff B indicated on 9/22/25 she denied making the comments to Tenant #1 regarding being a mess, Tenant #2 regarding her peri area odor and Tenant C2 regarding the size of her buttocks. She reported people wanted to get her in trouble as people think she told things that would get others in trouble. She was suspended until it was further investigated.

Attempts were made to interview Staff B related to the allegations; however, were not successful.

At the time of the allegation the Program interviewed other staff related to allegations. During the Program's investigation the following comments were provided to the care of the tenants:
-Staff C indicated she could not remember who it was but a staff made fun of Tenant #2 when she held her private area when she needed to go to the bathroom. Staff C reported Staff B said disrespectful things to Tenant #1, Tenant #2 and Tenant C2. Staff B asked Tenant #1 if he was pregnant, said Tenant C2 and Tenant #2 had an odor and made inappropriate comments about

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their bodies.

-Staff D indicated when Tenant C2 would not get dressed, Staff B would say fine, drop the clothes and walk away.

-The Former Healthcare Coordinator indicated the other day she was in memory care and Staff B used profanity and she was told by the Former Healthcare Coordinator she should not talk that way back there (in the units).

-Staff J indicated staff used profanity a lot around the memory care tenants. Staff J reported Staff B made fun of people. The day prior Staff B took her cell phone out when staff were not supposed to have their cell phones. Staff J saw Staff B stick her tongue out at the tenants.

Continued record review revealed on 10/10/25 Staff B's employment with the Program was terminated. It was due to her "mistreatment of residents within our care."

2. Record review on 2/10/26 of Tenant #1's file revealed Tenant #1 resided in memory care and was staged at six on the Global Deterioration Scale (GDS), which indicated severe cognitive decline.

Record review on 2/10/26 and 2/11/26 of Tenant #2's file revealed Tenant #2 resided in memory care and was staged at a seven on the GDS, which indicated very severe cognitive decline.

Record review 2/10/25 of Tenant C2's file revealed Tenant C2 resided in memory care and was staged at seven on the GDS, which indicated very severe cognitive decline.

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A 155	Continued From page 15 3. When interviewed on 2/11/26 at 10:05 a.m. the Assistant Director indicated Staff A had good judgement and other staff backed her up. When interviewed on 2/25/26 at 10:00 a.m. the Executive Director said the allegation was credible, the Executive Director felt staff were standing up for people and did not want to get them in trouble. The Executive Director indicated the Former Healthcare Coordinator noted Staff B had an attitude and used profanity in front of tenants. The Executive Director indicated Staff J reported Staff B was mean, would stick out her tongue at tenants. The Executive Director did not feel Staff B was respectful. The Executive Director indicated now she was building a positive culture at the Program.	A 155		
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 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	A 145		

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A 145	Continued From page 16 by: Based on interview and record review the Program failed to complete evaluations as needed. This pertained to 1 of 2 current tenants reviewed (Tenant #1) and 1 of 2 discharged tenants reviewed (Tenant C1). Findings follow: 1. Record review on 2/10/26 to 2/12/26 of Tenant #1's file revealed a Vital Signs History document indicated on 9/9/25 Tenant #1's weights were as follows: -9/9/25-175.9 -10/7/25-173.8 -11/6/25-169.0 -11/25/25-164.0 -12/5/25-167.0 -12/11/25-170.0 -12/16/25-163.0 -12/23/25-165.8.0 -12/28/25-156.4.0 12/29/25-158.7 -1/27/26-153.2 -1/30/26-147.9 -2/3/26-140.0 Continued record review revealed Progress Notes indicated the following:	A 145		

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A 145	Continued From page 17 -On 11/25/25 it was noted a fax was sent to the primary care provider (PCP) that Tenant #1 was pocketing food and had lost 10 pounds since 10/7/25. -On 12/9/25 it was noted the PCP was there and ordered weekly weights and to fax them in two weeks, to offer more soft foods and his family would bring in a nutritional supplement. -On 1/13/26 the PCP was there and recommended supplements once to twice per day. Daily weight and to send weights in two weeks. -On 2/2/26 it was noted Tenant #1 was shaky, wandering, not eating as much. A fax was sent to the PCP. -On 2/4/26 it was noted the nurse visited with family and discussed Tenant #1's decline. Family inquired if hospice would evaluate him. His weight was at 140 pounds. He had one incontinent urination since 9:30 a.m. and continued to have shakiness. Family was attempting to decide if they wanted hospice to come to evaluate or obtain a urinalysis and treat with antibiotics if needed. A fax was sent to the PCP with the above information. -On 2/5/26 the nurse came back to memory care to talk to Tenant #1's family who was upset related to Tenant #1's decline and not knowing what to do regarding hospice or treatment. The nurse asked when the last time Tenant #1 was incontinent of urine and was told last night. -On 2/5/26 it was noted hospice came out to reassess Tenant #1 and reported Tenant #1's	A 145		

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family as having a hard time with decision and declining treatment. It was decided he would go to the hospital for evaluation and then would have a hospice consultation. An ambulance was called and he was transferred to the hospital.

-On 2/6/26 it was noted Tenant #1 remained in the hospital and he was being treated for a urinary tract infection.

Further record review revealed Tenant #1 had a comprehensive evaluation last completed on 6/15/25. He had 90 day nurse reviews completed on 9/15/25 and 12/12/25. Evaluations were not completed as needed with pocketing food, supplements, weekly and daily weights, a 35.9 pound weight loss from September to January and decreased urinary output, shakiness and decreased appetite.

2. Record review on 2/10/26 to 2/12/26 of Tenant C1's file revealed Progress Notes indicated the following:

-On 9/12/25 it was noted x-rays were completed and Tenant C1 had a fracture to the right proximal humerus.

-On 9/16/25 it was noted a progress note from orthopedics indicated to follow up in three weeks and wear an immobilizer except during bathing.

-On 10/7/25 it was noted Tenant C1 returned from an orthopedics appointment and was ordered to wear the immobilizer for two more weeks, to start therapy and if could do passive and assistive in two weeks she would discontinue the immobilizer and increase therapy. She could start to bear weight in six to eight weeks with her walker.

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A 145	Continued From page 19 -On 11/5/25 it was noted an after visit summary (AVS) from orthopedics was received and indicated to continue to work with therapy and to weight bearing as tolerated with her walker. -On 11/28/25 it was noted Tenant C1 had vomited on and off and seemed dehydrated and had loose stools. She was sent to the hospital and it was kept for observation over the weekend. -On 11/30/25 it was noted she returned from the hospital and had new orders which included to provide one assist with feeding. Family requested a hospice referral. -On 12/23/25 it was noted staff called concerned about Tenant C1. Her face was red, watery eyes, weak and she kept throwing her head back. She acted like she might pass out or vomit. Hospice visited Tenant C1 and a new order for Zofran was received. -On 12/23/25 it was noted a new order was received for Nystatin swish and spit 5 milliliters (ml), four times daily for 14 days. -On 1/6/26 it was noted new orders were received for morphine concentrate 20 mg/ml, 5 milligram (mg), every four hours as needed for dyspnea. -On 1/6/26 it was noted acetaminophen, docusate sodium, naproxen, sertraline and trazodone were discontinued. -On 1/7/26 it was noted an order was received for Nystatin swish and spit 5 milliliters (ml), four times daily for 14 days. -On 1/8/26 it was noted Tenant C1 passed away.	A 145		

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A 145	Continued From page 20 When interviewed on 2/12/26 at 3:04 p.m. the Corporate Nurse said she started consistently at the Program on 12/18/25 and started taking on-call on 12/19/25 when the Former Healthcare Coordinator left. She said she Tenant C1 was bed bound the last couple of days for sure. Staff were repositioning her every two hours. Regarding her orders for the Nystatin swish and spit, she said Tenant C1 complained her mouth hurt. Continued record review revealed Tenant C1's evaluations were completed on 9/13/25 and 12/5/25. Evaluations were not completed with an improvement in Tenant C1's condition, discontinuation of the immobilizer, return to weight bearing as tolerated with her walker after the fracture. Additionally, evaluations were not completed when staff reported concerns with her condition, morphine was ordered, several oral medications were discontinued, Tenant C1 was bed bound and required repositioning. When interviewed on 2/25/26 at 10:00 a.m. the Executive Director said there was not an evaluation completed in that time period for Tenant #1. Regarding Tenant C1, unless there was a paper evaluation, an evaluation was not completed in that time period.	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	A 155		

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A 155	Continued From page 21 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to discharge a tenant that exceeded retention criteria. This pertained to 1 of 2 discharged tenants reviewed (Tenant C2). Finding follows: Record review on 2/10/26 to 2/12/26 of Tenant C2's file revealed Progress Notes indicated the following: -On 9/05/25, a change of condition assessment was completed as Tenant C2 was admitted to hospice. The computer system was not available at the time she was admitted due to a management change "backdated to that date for that reason." -On 10/23/25, Tenant C2's family member gave notice she would be transferring to a long-term care (LTC) facility on 10/27/25. -On 10/27/25, Tenant C2 was discharged and admitted to a LTC facility. Continued record review revealed Tenant C2's service plan, dated 10/10/25, indicated Tenant C2 was staged at seven on the Global Deterioration Scale, which indicated very severe cognitive decline. She was dependent on staff for all mobility/ambulation needs. She required the assistance of two staff for transfers. For toileting it indicated total assistance with all toileting tasks. She required the assistance of two people for toileting. For eating, she required total assistance and "must be fed by mouth by another person or gastronomy." She required the assistance of two staff for a bed bath. She required total assistance to evacuate.	A 155		

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Further record review revealed a Request for Waiver of Administrative Rule indicated the date of the request was 10/10/25, it was for Tenant C2 and she required the routine, two-person assistance with standing, transfer or evacuation. An email provided by the Vice President of Clinical Services indicated the email was sent to the Department on 10/23/25 for the waiver request.

When interviewed on 2/17/26 at 3:47 p.m. the Former Healthcare Coordinator reported Tenant C2 had quite a decline and was on hospice. Tenant C2 needed more care and the Former Healthcare Coordinator completed the waiver application and sent it to the Vice President of Clinical Services to review. The Former Healthcare Coordinator did not hear back, messages were sent and she never heard back. At a conference the Vice President of Clinical Services indicated the email went to her junk email (even though the Former Healthcare Coordinator had emailed her previously). The Former Healthcare Coordinator was not sure if the waiver was ever sent in or approved. Tenant C2's family found placement. Tenant C2 required the assistance of two staff from when the Former Healthcare Coordinator filled out the waiver and sent it to the Vice President of Clinical Services. Tenant C2 exceeded level of care, as she required a routine two-person assist and was dependent on staff for feeding, at the time of the service plan dated 10/10/25. The wavier application was dated 10/10/25; however, it was submitted to the Department until 10/23/25, which was the same date Tenant C2's family gave notice they were transferring her to a LTC facility.

When interviewed on 2/25/26 at 10:00 a.m. the Executive Director confirmed the Former

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A 155	Continued From page 23 Healthcare Coordinator initiated the waiver and she thought it was waiting for regional clinical approval to send to the Department. She indicated the biggest reason it was applied for was Tenant C2 could not feed herself. They had home health and hospice that assisted with feeding. She indicated her transfer depended on her day.	A 155		
A 290	481-69.25(1)i Tenant Documents 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: i. When any personal or health-related care is delegated to the program, the medical information sheet; documentation of health professionals' orders, such as those for treatment, therapy, and medication; and nurses' notes written by exception This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to document nurse's notes by exception. This pertained to 2 of 2 current tenants reviewed (Tenant #1 and Tenant #2) and 2 of 2 discharged tenants reviewed (Tenant C1 and Tenant C2). Findings follow: 1. Record review on 2/10/26 and 2/11/26 revealed Staff H's interview, Initial Complaint Form, dated 9/17/25, indicated Staff H was shown videos in a snapchat group by Staff G. The video was of Tenant C1 going to the bathroom, making a face. It was shown Tuesday 9/02/25 morning. Staff H was coming onto first shift. The snapchat had a caption "oh must be a big one." It made Staff H	A 290		

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feel sick to her stomach, she knew it was not right. She could tell it was a group chat that they sent pictures of tenants to each other. She indicated the people involved were Staff E, Staff F and Staff G.

When interviewed on 2/10/26 at 2:46 p.m. the Executive Director indicated during another investigation (see above) staff reported Staff B talked to tenants in a way she should not have.

Staff A's written statement indicated Staff B "consistently" poked at Tenant #1's ascites and asked him "if there's a baby in there" and "is it a boy or a girl?" Staff A found it degrading but did not say anything as she was new. Another example was Staff B laughed and made fun of Tenant #2 for how she walked differently when she needed to use the bathroom or needed to be changed. Staff A witnessed it, told her and she got defensive about it. Staff A changed Tenant #2. Staff A also witnessed staff taking pictures of tenants. Staff A knew she should have reported it sooner. She was aware of a snapchat group but was unaware of the degrading content. Staff A did not remember specific dates but specifically recalled Staff B said to Tenant #1 " ...you're making a ... mess." She said to Tenant #2 her vagina smelled like "rotten eggs" and told Tenant C2 "your ... is/fat/." Staff A reported Staff B was "generally degrading" to memory care tenants and she did not think it should continue.

2. Record review on 2/10/26 to 2/12/16 of Tenant #1's file revealed a nurse's note was not completed related to the allegation and follow-up to determine if Tenant #1 was in any distress.

3. Record review on 2/10/26 and 2/11/26 of Tenant #2's file revealed nurse's note was not

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A 290	Continued From page 25 completed related to the allegation and follow-up to determine if Tenant #2 was in any distress. 4. Record review on 2/10/26 to 2/12/6 of Tenant C1's file revealed a nurse's note was not completed related to the allegation and follow-up to determine if Tenant C1 was in any distress. 5. Record review 2/10/25 of Tenant C2's file revealed a nurse's note was not completed related to the allegation and follow-up to determine if Tenant C2 was in any distress. When interviewed on 2/25/26 at 10:00 a.m. the Executive Director confirmed she did not find anything additional for nurse's notes for the tenants reviewed.	A 290		
A 340	481-69.25(2) Tenant Documents 69.25(2) The program records relating to a tenant shall be retained for a minimum of three years after the transfer or death of the tenant. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to maintain tenant records for three years after transfer or death of a tenant. This pertained to 1 of 2 discharged tenants reviewed (Tenant C1). Finding follows: Record review on 2/10/26 to 2/12/26 of Tenant C1's file revealed she was discharged on 1/08/26 (death). Progress Notes were provided dated 9/04/25 to the time of her discharge on 1/08/26. Nurse's notes were requested for August 2025 and were not available to be provided. A change in management occurred on 9/01/25 and the	A 340		

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A 340	Continued From page 26 current management company did not have access to the notes from the prior management company; however, it had been requested. Continued record review revealed Tenant C1's August 2025 task log was also requested and was not available to be provided. The current management company did not have access to her August task log from the prior management company; however, it was requested. When interviewed on 2/25/26 at 10:00 a.m. the Executive Director indicated the information from the prior management company had not been provided to her, she would follow up to see if it was received. The Executive Director confirmed on 2/25/26 at 3:20 p.m. the records had not been sent. When interviewed on 2/25/26 at time of the exit interview (started at 3:21 p.m.) the Chief Executive Officer (CEO) of the current management company indicated obtaining the records had been attempted, tried and refused by the prior management company.	A 340		
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.	A 350		

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EMERY PLACE	**901 SOUTH MENTZER ROAD ROBINS, IA 52328**

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A 350	Continued From page 27 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update service plans as needed and failed to develop service plans that reflected the service needs of the tenants. This pertained to 1 of 2 current tenants reviewed (Tenant #1) and 1 of 2 discharged tenants reviewed (Tenant C1). Findings follow: 1. Record review on 2/10/26 to 2/12/26 of Tenant #1's file revealed a Vital Signs History document indicated on 9/09/25 Tenant #1's weights were as follows: -9/09/25-175.9 pounds (lbs) -10/07/25-173.8 lbs -11/06/25-169.0 lbs -11/25/25-164.0 lbs -12/05/25-167.0 lbs -12/11/25-170.0 lbs -12/16/25-163.0 lbs -12/23/25-165.8.0 lbs -12/28/25-156.4.0 lbs - 12/29/25-158.7 lbs -1/27/26-153.2 lbs -1/30/26-147.9 lbs -2/03/26-140.0 lbs Continued record review revealed Progress Notes indicated the following: -On 11/25/25, a fax was sent to the primary care provider (PCP) that Tenant #1 was pocketing food and lost 10 pounds since 10/07/25. -On 12/09/25, the PCP was there, ordered weekly weights and to fax them in two weeks, to offer more soft foods and his family would bring in a	A 350		

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A 350	Continued From page 28 nutritional supplement. -On 1/13/26 the PCP was there and recommended supplements once to twice per day. Daily weight and to send weights in two weeks. -On 2/02/26, Tenant #1 was shaky, wandering, and not eating as much. A fax was sent to the PCP. -On 2/04/26, the nurse visited with family and discussed Tenant #1's decline. Family inquired if hospice would evaluate him. His weight was 140 pounds. He had one incontinent urination since 9:30 a.m. and continued to have shakiness. Family attempted to decide if they wanted hospice to come to evaluate or obtain a urinalysis and treat with antibiotics if needed. A fax was sent to the PCP with the above information. -On 2/05/26 the nurse came back to memory care to talk to Tenant #1's family who was upset related to Tenant #1's decline and not knowing what to do regarding hospice or treatment. The nurse asked when the last time Tenant #1 was incontinent of urine and was told last night. -On 2/05/26, hospice came out to reassess Tenant #1 and reported Tenant #1's family was having a hard time with a decision and declining treatment. It was decided he would go to the hospital for evaluation and then have a hospice consultation. An ambulance was called and he was transferred to the hospital. -On 2/06/26, Tenant #1 remained in the hospital and treated for a urinary tract infection. Further record review revealed Tenant #1's service plan was dated 11/09/25. The service	A 350		

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A 350	Continued From page 29	A 350		

plan was not updated as needed with pocketing food, supplements, weekly and daily weights, a 35.9 pound weight loss from September to January, decreased urinary output, shakiness and decreased appetite.

2. Record review on 2/10/26 to 2/12/26 of Tenant C1's file revealed Progress Notes indicated the following:
-On 9/12/25, x-rays were completed and Tenant C1 had a fracture to the right proximal humerus.

-On 9/16/25, a progress note from orthopedics indicated to follow up in three weeks and wear an immobilizer except during bathing.

-On 10/07/25, Tenant C1 returned from an orthopedics appointment and was ordered to wear the immobilizer for two more weeks, to start therapy and if could do passive and assistive in two weeks she would discontinue the immobilizer and increase therapy. She could start to bear weight in six to eight weeks with her walker.

-On 11/05/25, an after visit summary (AVS) from orthopedics was received and indicated to continue to work with therapy and weight bearing as tolerated with her walker.

-On 11/28/25, Tenant C1 vomited on and off, seemed dehydrated and had loose stools. She was sent to the hospital and kept for observation over the weekend.

-On 11/30/25, she returned from the hospital with new orders which included to provide one assist with feeding. Family requested a hospice referral.

-On 12/23/25, staff called concerned about Tenant C1. Her face was red, watery eyes, weak

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A 350	Continued From page 30	A 350		

and she kept throwing her head back. She acted like she might pass out or vomit. Hospice visited Tenant C1 and a new order for Zofran was received.

-On 12/23/25, a new order was received for Nystatin swish and spit five milliliters (ml), four times daily for 14 days.

-On 1/06/26, new orders were received for morphine concentrate 20 mg/ml, 5 milligram (mg), every four hours as needed for dyspnea.

-On 1/06/26, acetaminophen, docusate sodium, naproxen, sertraline and trazodone were discontinued.

-On 1/07/26, an order was received for Nystatin swish and spit five milliliters (ml), four times daily for 14 days.

-On 1/08/26, Tenant C1 passed away.

When interviewed on 2/12/26 at 3:04 p.m. the Corporate Nurse indicated she started consistently at the Program on 12/18/25 and started taking on-call on 12/19/25 when the Former Healthcare Coordinator left. The Corporate Nurse reported Tenant C1 was bed bound the last couple of days. Staff repositioned her every two hours. Regarding her orders for the Nystatin swish and spit, she said Tenant C1 complained her mouth hurt.

Continued record review revealed Tenant C1's service plans were completed on 9/16/25 and 12/05/25. The service plan was not updated with an improvement in Tenant C1's condition, discontinuation of the immobilizer, return to weight bearing as tolerated with her walker after

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A 350	Continued From page 31 the fracture. Additionally, Tenant C1's service plan was not updated when staff reported concerns with her condition, morphine was ordered, several oral medications were discontinued, Tenant C1 was bed bound and required repositioning. When interviewed on 2/25/26 at 10:00 a.m. the Executive Director confirmed there were not service plans completed as a change of condition for Tenant #1 and Tenant C1.	A 350		
A 545	481-69.30(1) Dementia Specific Education for 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 eight hours of dementia specific training within 30 days of hire. This pertained to 1 of 1 staff reviewed and hired in 2024 (Staff F). Finding follows: Record review on 2/12/26 and 2/17/26 of Staff F's training documents revealed a hire date of 8/13/24. Staff F was terminated on 9/23/25. Staff F did not have eight hours of dementia-specific training completed within 30 days of hire. When interviewed on 2/25/26 at 10:00 a.m. the Executive Director confirmed there was not eight	A 545		

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A 545	Continued From page 32 hours of dementia training completed within 30 days for the staff reviewed.	A 545		
A 556	481-69.30(3)b Dementia-Specific Education for Personnel 69.30(3) Dementia-specific continuing education b. Direct-contact personnel employed by or contracting with a dementia-specific program or employed by a contracting agency providing staff to a dementia-specific program shall receive a minimum of eight hours of dementia-specific continuing education annually. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure staff completed eight hours of dementia-specific education annually. This pertained to 4 of 6 staff reviewed (Staff E, F, G and H). Findings follow: 1. Record review 2/12/26 and 2/17/26 of Staff E's training documents revealed a hire date of 12/06/23. Staff E was terminated on 9/23/25. Staff E did not have eight hours of dementia-specific training completed annually in 2024 or 2025. 2. Record review on 2/12/26 and 2/17/26 of Staff F's training documents revealed a hire date of 8/13/24. Staff F was terminated on 9/23/25. Staff F did not have eight hours of dementia-specific training completed annually in 2025. 3. Record review on 2/12/26 and 2/17/26 of Staff	A 556		

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A 556	Continued From page 33 G's training documents revealed a hire date of 2/17/23. Staff G was terminated on 9/23/25. Staff G did not have eight hours of dementia-specific training completed annually in 2024 or 2025. 4. Record review on 2/12/26 and 2/17/26 of Staff H's training documents revealed a hire date of 7/31/23. Staff H was terminated on 9/23/25. Staff H did not have eight hours of dementia-specific training completed annually in 2024 or 2025. When interviewed on 2/25/26 at 10:00 a.m. the Executive Director confirmed there was not eight hours of dementia training in 2024 and 2025 for the staff reviewed.	A 556		