

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0387</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/31/2025</b>
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NAME OF PROVIDER OR SUPPLIER **MORNINGSTAR AT JORDAN CREEK AL**  
STREET ADDRESS, CITY, STATE, ZIP CODE **525 S 60TH STREET WEST DES MOINES, IA 50266**

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A 000	<p><b>Initial Comments</b></p> <p>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.</p> <p>Tenants without cognitive impairment: 46 Tenants with cognitive impairment: 5 Total census: 51</p> <p>No regulatory insufficiencies were cited during the investigation of Complaint #103246-C. The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program.</p>	A 000	<p>See attached POC 2/17/26</p>	
A 350	<p><b>481-69.26(1) Service Plans</b></p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to update the service plan to reflect a significant change to hospice services for 2 of 5 tenants reviewed (Tenant #1 and Tenant #3). Findings follow:</p>	A 350	<p>All resident charts will be audited to ensure any outside providers are coordinating with WD and what services they provide will be listed in the ISP. The providers will be clearly listed. Any Change in condition will warrant a new full evaluation including the addition of any outside providers such as hospice to ISP.</p>	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Phula Spalding*

*Executive Director* TITLE

(X6) DATE

*2/17/26*

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A 350	<p>Continued From page 1</p> <p>Record review on 12/30/25 revealed the Program entrance form identified the following tenants received hospice services:</p> <p>1. A review of Tenant #1's file indicated admission to the Program on 12/04/24. The most recent service plan dated 11/05/25 revealed a change of condition plan. The Additional Nursing Services and Outside Services section, noted "resident does not require coordination of care with outside providers." The plan failed to reflect Tenant #1 received the support of hospice services, identified a hospice provider, or what service assistance hospice personnel provided to Tenant #1.</p> <p>On 12/31/25 the Program provided a copy of the physician orders signed and dated 12/04/25 to evaluate and admit Tenant #1 to hospice services. The Program provided a copy of the most recent service plan on file, signed and dated 11/05/25. No service plan based on the significant change of needing hospice services was provided which reflected Tenant #1 began hospice services, listed a hospice provider, or what service assistance hospice personnel provided to Tenant #1.</p> <p>2. A review of Tenant #3's file indicated admission to the Program on 4/02/21. The most recent service plan dated 11/12/25 revealed a quarterly plan. The Additional Nursing Services and Outside Services section noted "resident does not require coordination of care with outside providers." The plan failed to reflect Tenant #3 received the support of hospice services, identified a hospice provider, or what service assistance hospice personnel provided to Tenant #3.</p> <p>On 12/31/25 the Program provided a copy of the</p>	A 350		

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A 350	<p>Continued From page 2</p> <p>physician orders signed and dated 12/12/25 to refer to hospice to eval and admit Tenant #3 to hospice services. The Program provided a copy of the most recent service plan on file, signed and dated 11/12/25. No service plan based on the significant change of needing hospice services was provided which reflected Tenant #3 began hospice services, listed a hospice provider, or what service assistance hospice personnel provided to Tenant #3.</p> <p>When interviewed on 12/31/25 at 8:25 a.m., the Registered Nurse (RN) Wellness Director confirmed both Tenant #1 and Tenant #3 received hospice services, confirmed the provided service plans were the most recent on file, and acknowledged the service plans failed to identify hospice services.</p> <p>On 12/31/25 at 3:30 p.m. the Executive Director and RN Wellness Director confirmed the above findings.</p>	A 350		
A 370	<p>481-69.26(3)a Service Plans</p> <p>69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually.</p> <p>a. If a significant change triggers the review and update of the service plan, the updated service plan shall be signed and dated by all parties.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the</p>	A 370	<p>All ISP's will be signed by the POA or responsible party. If they are unable to sign we will mail out the ISP with a self addressed stamped envelop for return. They may choose to send an email stating they approve care plan dated ----- which will be printed and added to the chart.</p>	

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A 370	<p>Continued From page 3</p> <p>Program failed to ensure the service plans related to significant change were signed and dated by all parties for 1 of 5 tenants reviewed (Tenant #1). Finding follows:</p> <p>Record review on 12/30/25 revealed a change of condition service plan for Tenant #1 dated 11/05/25. The signature page of the service plan was signed and dated by Program staff, however failed to include a written signature of the resident or resident's responsible party and instead included a handwritten notation "verbal (name) 11/7/25" under the resident/responsible party signature line.</p> <p>When interviewed on 12/31/25 at 2:00 p.m., the Registered Nurse (RN) Wellness Director acknowledged the service plan failed to include a written signature of the resident or resident's responsible party and had noticed several service plans were signed in this manner and discussed the expectation with her care plan team about the need to obtain written signatures.</p> <p>On 12/31/25 at 3:30 p.m. the Executive Director and RN Wellness Director confirmed the above findings.</p>	A 370		
A 390	<p>481-69.26(3)e Service Plans</p> <p>69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually.</p> <p>e. The service plan shall be reviewed, updated if necessary, and signed and dated by all parties at least annually.</p>	A 390		

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A 390	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to ensure service plans were signed and dated by all parties at least annually for 3 of 5 tenants reviewed (Tenant #2, Tenant #3, and Tenant #5). Findings follow:</p> <p>Record review on 12/30/25 revealed the following:</p> <ol style="list-style-type: none"> <li>1) Tenant #2's service plan dated 8/30/25, reflected the signature page was signed and dated by program staff. The page failed to include a written signature of the resident or resident's responsible party and instead included a handwritten notation "(name) Verbal 9/1/25".</li> <li>2) Tenant #3's service plan dated 11/12/25, reflected the signature page was signed and dated by program staff. The page failed to include a written signature of the resident or resident's responsible party and instead included a handwritten notation "verbal by (name) 11/14/25."</li> <li>3) Tenant #5's service plan dated 11/12/25, reflected the signature page was signed and dated by program staff. The page failed to include a written signature of the resident or resident's responsible party and instead included a handwritten notation "verbal per (name) 11/14/25."</li> </ol> <p>No other service plans with a written signature from the resident or resident representative were provided for Tenant #2, Tenant #3 or Tenant #5 to indicate the resident or resident's representative provided written signatures at least annually.</p> <p>When interviewed on 12/31/25 at 2:00 p.m., the Registered Nurse (RN) Wellness Director acknowledged the service plans failed to include</p>	A 390		

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A 390	Continued From page 5  a written signature of the resident or resident's responsible party and had noticed several service plans were signed in this manner and discussed the expectation with her care plan team about the need to obtain written signatures.  On 12/31/25 at 3:30 p.m. the Executive Director and RN Wellness Director confirmed the above findings.	A 390		
A 395	481-69.26(4)a Service Plans  69.26(4) The service plan shall be individualized and shall indicate, at a minimum:  a. The tenant's identified needs and preferences for assistance  This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to ensure the service plan was individualized and accurately addressed needs for 1 of 5 tenants reviewed (Tenant #1). Finding follows:  Record review on 12/30/25 revealed a change of condition service plan for Tenant #1 dated 11/05/25, identified a need with Tenant #1's diabetes, the staff were to assist with the insulin injection three times per day.  When interviewed on 12/31/25 at 8:25 a.m., the Registered Nurse (RN) Wellness Director confirmed Tenant #1 no longer required insulin injections, was not on any form on insulin, and acknowledged the service plan for Tenant #1 had	A 395	All insulin changes will be discussed during daily clinical meetings so entire team is alerted and ISP can be updated to the change.	

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A 395	<p>Continued From page 6</p> <p>not been updated following the discontinuation of insulin injections.</p> <p>On 12/31/25 at 3:30 p.m. the Executive Director and RN Wellness Director confirmed the above findings.</p>	A 395		