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
	S0243	A. BUILDING: _____ B. WING _____	C 08/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF CLINTON	1701 13TH AVENUE NORTH CLINTON, IA 52732

(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: 48 Tenants with cognitive impairment: 17 Total census: 65 No regulatory insufficiencies were cited during the investigation of Incident #132184-I, Incident #132216-I, Complaint #132529-C, Complaint #132215-C. Regulatory insufficiencies were cited during the investigation of Complaint #132037-C, Complaint 132284-C, and Complaint #132214-C.	A 000	See attached POC 9/26/26	
A 116	481-67.2(2) Program Policies and Procedures 67.2(2) 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 policies related to medication storage for potentially all tenants residing on the 400 and 500 halls that receive medication administration and policies related to incident reports for 1 staff (Staff H) and 1 out of 4 discharged tenants reviewed (Tenant C1). Findings follow: 1. During an observation of a medication pass on 7/30/26 at 12:01 p.m., Staff E left the staff lounge where the two medication carts were housed.	A 116	**Tag 116 481-67.2(2)** **Program Policies and Procedures** **Corrective Action: DHW, ADHW or designee will re-educate Med Techs on medication policies to ensure that they follow policies and procedures on proper medication pass. Additionally, staff will be educated on communication between care team and nurse in regards to current incidents and allegations to ensure required reporting, investigation, protections, notifications, and documentation are complete.** **Prevention: Staff will be re-educated on incident reporting, and immediate communication and notification requirements.** **Monitoring: ED, DHW or designee will audit 100% of incidents weekly for 6 weeks, then monthly until 12/31/2026.** **Correction Date: 9/26/2026**	

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A 116	Continued From page 1	A 116		

Staff E left the lounge door open and left the medication cart unlocked that stored tenants' medication from the 400 and 500 wings. Staff E passed medications to a tenant who resided on the 200 wing of the Program.

When interviewed on 7/30/26 at 12:06 p.m., Staff E confirmed she should not have left the medication cart unlocked.

Record review on 8/06/26 revealed a Program policy titled: Medication Storage: Centrally Stored Medications, indicated all medications, including over the counter (OTC) medications were kept in locked storage at all times.

2. When interviewed on 7/30/26 at 10:46 a.m., Staff L confirmed she worked with Tenant C1. Staff L believed staff failed to toilet Tenant C1 when they should have. Staff L reported there were staff that failed to assist her to the restroom all day. Staff L indicated because Tenant C1 was not toileted frequently enough, Tenant C1 had open sores and diaper rash on her buttocks. Staff L confirmed Tenant C1's buttocks were raw all of the time.

When interviewed on 7/30/26 at 1:13 p.m., Staff E confirmed she worked with Tenant C1. Staff E noticed on one occasion Tenant C1 was left in the same outfit for three days. Staff E also marked Tenant C1's brief at 2:15 p.m. on one occasion and returned at 10:00 p.m. the same day to find Tenant C1 still in the same wet brief. Staff E confirmed Tenant C1 had red and sore buttocks.

Record review on 8/06/26 revealed a Program policy titled: Incident Reports directed staff to complete an incident report on all unusual occurrences, injuries of unknown origin, and

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A 116	Continued From page 2 incidents. When interviewed on 8/06/26 at 9:27 a.m., the Director of Health and Wellness reported she had no knowledge of Tenant C1 having any open areas on her buttocks. The Director of Health and Wellness indicated she received no communication or incident reports regarding any open areas. When interviewed on 8/10/26 at 12:30 p.m., the Executive Director and Director of Health and Wellness confirmed the above finding.	A 116		
A 121	481-67.3(1) Tenant Rights 481-67.3(231B,231C,231D) 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 observation and interview, the Program failed to treat tenants with consideration, respect, and full recognition of personal dignity. This affected 7 out of 16 tenants (Tenant #7, Tenant #11, Tenant #12, Tenant #13, Tenant #14, Tenant #15, and Tenant #16). Findings follow: Observation of a medication pass on 8/03/26 at 12:00 p.m. revealed, postings of tenant care information taped on the wall beside the medication cart. The medication cart was placed in the common sitting area adjacent to the dining room where both tenants and visitors spent time.	A 121	**Tag 121 481-67.3(1)** **Tenants Rights** **Corrective Action: ED, DHW, ADHW, or designee will audit the building to ensure that resident postings are not found on med cart, walls, or throughout the building.** **Prevention: Staff will be re-educated on resident rights and privacy.** **Monitoring: ED, DHW, ADHW, or designee will audit the building weekly for 6 weeks, then monthly until 12/31/2026.** **Correction Date: 9/26/2026**	

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A 121	Continued From page 3 The two postings observed revealed the following: 1. Attention: Tenant #14 schedule: Wake up between 7:00-8:00 am. Go to the restroom and provide peri care. Go to breakfast. Please ensure he comes to breakfast. Please toilet after breakfast (peri-care). Please ensure he gets to dinner and toileted with peri care after. He does not sleep in a shirt or socks. He wishes to go to bed at 10:00 p.m., not sooner. Please put in pajamas. Please toilet before bed and provide peri care. 2. Attention: In addition to every hour's safety checks, the following tenants are on a two hour check and change schedule: Tenant #7, Tenant #11, Tenant #12, Tenant #13, Tenant #15, Tenant #16. Please be sure to provide utmost care when changing and toileting tenants. Please be sure we are checking them for wet/soiled briefs and toileting needs every 2 hours. When interviewed on 8/06/26 at 9:27 a.m., the Director of Health and Wellness stated she would remove the postings immediately. When interviewed on 8/10/26 at 12:30 p.m., the Executive Director and Director of Health and Wellness confirmed the above finding.	A 121	**Tag 122 481-67.3(2)** **Tenant Rights** **Corrective Action: DHW will review current resident care, supervision, treatment, and visitation needs and correct any identified deficiencies. Service plans and assigned tasks will be updated as needed.** **Prevention: Nurses, Med Techs, and Care Staff will be re-educated on providing and charting assessed services, all cares completed, service plans up to date, required safety checks, timely response to resident needs, and resident rights.** **Monitoring: DHW/designee will audit 5 resident records weekly for 6 weeks, then monthly until 12/31/2026.** **Correction Date: 9/26/26**	
A 122	481-67.3(2) Tenant Rights 481-67.3(231B,231C,231D) Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services that are adequate and appropriate.	A 122		

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A 122	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to provide care, treatment, and services that were adequate and appropriate for 2 out of 6 discharged tenants reviewed (Tenant C1, Tenant C4). Findings follow: 1. Record review on 8/04/26, revealed Tenant C1 resided at the Program from 4/03/26 through 5/29/26. Tenant C1's diagnoses were Alzheimer's disease, hypertension, osteoporosis, repeated falls, and dizziness/giddiness. Tenant C1's evaluations completed on 4/02/26 and service plan completed on 4/03/26 revealed Tenant C1 had a global deterioration score (GDS) of six which indicated severe cognitive decline. The Tenant Assessment indicated Tenant C1 was a Level 3 on the Morse Fall Screen which indicated Tenant C1 required high risk fall reduction interventions on the service plan. A review of Tenant C1's service plan dated 4/03/26 revealed no fall reduction interventions identified. Tenant C1's record revealed she was found on the floor by her recliner on 4/14/26 and 4/18/26. On 5/26/26 Tenant C1 was found sitting on the floor in her apartment on 5/22/26 by staff. Tenant C1's service plan lacked any information regarding the supervision levels staff were to provide. Tenant C1's service plan showed Tenant C1 required full assistance with bathing, physical assistance with dressing and grooming, assistance with oral cares, one-staff assistance with transfers, four toileting assists daily which included transferring and assistance with changing incontinence products, physical	A 122		

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A 122	Continued From page 5 assistance with eating, and three daily prompts for activities participation. A review of care task sheets revealed the following gaps in service documentation: 4/03/26 through 5/29/26 - tenant had no showers as documented as completed. 5/08/26, 5/10/26, 5/11/26, 5/13/26, 5/14/26, 5/15/26, 5/16/26, 5/21/26, 5/24/26, 5/28/26 - No documentation of cares tasks the entire day. 5/04/26 - tenant refused toileting assist twice and no other toileting assists documented, no assist with dressing or grooming, no prompting for activities, tenant refused to be transferred once and on other transfers documented, no assistance with eating documented. 5/07/26 - no toileting documented at dinner time, no toileting documented on first shift or third shift, no dressing assist at bedtime, no oral care assist, no transfer assist at bedtime. 5/18/26 - Toileting assistance documented once for the day, 1 transfer assist documented, no oral cares documented, no assistance with eating documented. 5/19/25 - Toileting assistance documented once for the day, no transfers documented, no assistance with eating documented. 5/20/26 - Toileting assistance documented twice for the day, 1 transfer assist documented. 5/22/26 - Toileting assistance documented once for the day, 1 transfer assist documented, no oral cares documented, no assistance with eating	A 122		

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A 122	Continued From page 6 documented. 5/23/26 - Toileting assistance documented twice for the day. 5/25/26 - Toileting assistance documented once for the day, 1 transfer assist documented. 5/26/26 - Toileting assistance documented once for the day and the tenant refused toileting assistance once, 1 transfer assist documented. 5/27/26 - No toileting assistance documented, no transfer assists documented, no oral cares. 5/29/26 - Tenant C1's family moved her to a new home. When interviewed on 7/30/26 at 10:46 a.m., Staff L confirmed she worked with Tenant C1. Staff L believed Tenant C1 was neglected. Staff L found many staff would not take Tenant C1 out to the dining room to eat so she missed meals. Tenant C1 fell a lot. Staff L believed staff failed to toilet Tenant C1 when they should have. Staff L reported there were staff that failed to assist her to the restroom all day. She stated because Tenant C1 was not toileted frequently enough, Tenant C1 had open sores and diaper rash on her buttocks. Staff L confirmed Tenant C1's buttocks were raw all of the time. Staff L went back in the memory care area to assist staff and she found Tenant C1 on the floor with her wet brief around her ankles. Staff L indicated the staff that were in memory care during these times no longer worked at the Program. Staff L confirmed Tenant C1's daughter was livid. Tenant C1's daughter wanted to move her mother to a new home because Tenant C1 was neglected at the Program. Staff L confirmed staff called the	A 122		

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Corporate Office regarding their concerns on Tenant C1's care. Staff L stated the Director of Health and Wellness knew about the concerns of care. Staff L observed Tenant C1's daughter in her apartment one day crying because the Director of Health and Wellness failed to do anything about her concerns.

When interviewed on 7/30/26 at 1:13 p.m., Staff E confirmed she worked with Tenant C1. Staff E noticed on one occasion Tenant C1 was left in the same outfit for three days. Staff E also marked Tenant C1's brief at 2:15 p.m. on one occasion then returned later that night at 10:00 p.m. and found Tenant C1 still in the same wet brief. Staff E came in on some of her shifts and found Tenant C1 soaking wet in urine. Staff E confirmed Tenant C1 had red and sore buttocks. Staff E confirmed staff physically fed Tenant C1 and she knew many staff failed to do so. So Tenant C1 would not eat meals. Tenant C1 fell a lot because she would attempt to get up on her own. Staff were supposed to do safety checks on her to prevent this, as all tenants at least get hourly checks. Staff E shared her concerns with the Director of Health and Wellness but she never responded right away when you approached her.

When interviewed on 8/06/26 at 9:27 a.m., the Director of Health and Wellness reported she had no knowledge of Tenant C1 having any open areas on her buttocks. The Director of Health and Wellness stated she received no communication or incident reports regarding any open areas. She confirmed she received some concerns via text message from Tenant C1's daughter but when she looked into the issues there were no concerns found.

2. Record review on 8/04/26, revealed Tenant

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C4's diagnoses were obesity, major depressive disorder, anxiety disorder, adjustment disorder, Parkinson's disease, restless legs syndrome, mild cognitive impairment, migraine, insomnia, tinnitus, hypertension, calculus of kidney and ureter, and prostatic hyperpiesia. Tenant C4 passed away on 6/15/26 at the Program. Tenant C4's evaluations dated 5/27/26 showed Tenant C4 had a GDS of three which indicated mild cognitive impairment. Tenant C4's service plan dated 5/27/26 revealed he required assistance with bathing, dressing, oral cares, 2 transfer assists daily, and incontinence cares four times daily. A review of care task sheets revealed the following gaps in service documentation during the last 2 weeks he resided at the Program:

6/01/26 through 6/11/26 - tenant had no showers documented as completed.
6/02/26 - Toileting assistance documented twice, 1 transfer assist documented, no oral cares documented.
6/03/26 - No documentation of cares tasks the entire day.
6/05/26 - Toileting assistance documented twice, 1 transfer assist documented.
6/9/26 - toileting assistance documented twice, 1 transfer assist documented.
6/10/26 - Toileting assistance documented once, 1 transfer assist documented, no dressing/grooming assistance documented.
6/11/26 - Toileting assistance documented twice, 1 transfer assist documented.

When interviewed on 7/29/26 at 1:44 p.m., Staff H confirmed he had concerns about Tenant C4's end of life care. Staff H reported he believed Tenant C4 was not changed and checked for incontinence enough. Staff H confirmed he knew staff on all three shifts were not changing him

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when he was incontinent like they should have. Staff H added he knows staff did not complete the toileting cares but would document they did anyway. Staff H confirmed Tenant C4 was on hospice during this time.

Further record review of Tenant C4's physician's orders in conjunction with medication administration records for June 2026 revealed the following:

a. Therapeutic-M tablet - one tablet by mouth daily. The medication was not given on the following days because it was unavailable in the medication cart or no reason was given: 6/01/26, 6/02/26, 6/03/26, 6/05/26, 6/07/26.

b. Azelastine spray 0.1% - one spray in each nostril twice daily. The medication was not given on the following days because it was unavailable in the medication cart or no reason was given: 6/01/26 twice, 6/02/26 twice, 6/03/26 once, 6/05/26 once, 6/07/26 once.

c. Haloperidol 0.5 ml - twice daily for anxiety. The medication was not given on the following days because it was unavailable in the medication cart or no reason was given: 6/02/26 once, 6/03/26 twice, 6/04/26 twice, 6/05/26 once, 6/06/26 twice, 6/7/26 twice, 6/08/26 twice, 6/09/26 twice, 6/10/26 twice.

Further record review revealed Tenant C4 ' s incident report dated 6/06/26 regarding a fall that required sutures to an abrasion on his forehead above the right eye. A physician's order dated 6/06/26 revealed an order for ibuprofen 400 milligrams (mg) for pain from the fall. One tablet to be given orally twice daily as needed. Tenant C4's medication administration record for June

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2026 was not updated with the new prescription for ibuprofin, therefore the tenant was not given the chance to take the medication for pain.

Tenant C4's medications were stopped due to a decline in health after 6/10/26 per physician's orders.

When interviewed on 7/30/26 at 10:46 a.m., Staff L reported she did not believe Tenant C4's needs were met. Staff L confirmed Tenant C4 yelled all day long in his last weeks due to anxiety. Tenant C4 wanted someone to come sit with him for 10 minutes and reassure him. Staff L confirmed she would sit with him, but believed other staff would not.

When interviewed on 7/29/26 at 1:44 p.m., Staff H reported the Director of Health and Wellness had not filled empty medications in the medication cart or she would put it off until the last minute. Staff H confirmed it was mainly liquid medications as she was the person who was supposed to fill syringes for staff. Staff H noticed hospice put in orders before but the Director of Health and Wellness would fail to put the new order on the medication administration record. Staff H confirmed he had concerns regarding Tenant C4's end of life care.

When interviewed on 8/05/26 at 10:27 a.m., Staff N confirmed on 8/01/26 when she passed medications for the 8:00 a.m. pass, she found she could not give many medications to tenants that day because they were not available in the medication cart. Staff N asked Staff A about this concern and Staff A told her it was always that way.

When interviewed on 8/06/26 at 9:27 a.m., the

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A 122	Continued From page 11 Director of Health and Wellness indicated staff were pretty good about letting her know when medications had run out. The Director of Health and Wellness reported she was surprised the medication administration records had gaps due to the unavailability of medications. When interviewed on 8/10/26 at 12:30 p.m., the Executive Director and Director of Health and Wellness confirmed the above finding.	A 122		
A 152	481-67.5(2)e(3) Medications 481-67.5(231B,231C,231D) Medications. 67.5(2)?Each program shall follow its own written medication policy, including the following: e. When medications are administered traditionally by the program: (3) Medications and treatments will be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or PA. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to follow physician's orders as directed for 4 out of 8 tenants reviewed (Tenant #10, Tenant #12, Tenant #13, Tenant C4). Findings follow: 1. Record review on 8/05/26 revealed Tenant #10's physician's orders in conjunction with medication administration records for July 2026 revealed the following:	A 152	**A 152 481-67.5(2)E(3) Medications** **Corrective Action: DHW or designee will complete a 100% medication order-to-MAR reconciliation and correct discrepancies of orders and medications, missing medications, and discontinued medications.** **Prevention: Medication staff will be re-educated on following provider orders, refill management, and new/discontinued orders.** **Monitoring: DHW or designee will audit Med Carts and MARs weekly for 4 weeks, then monthly until 12/31/2026. Pharmacy will audit med carts quarterly.** **Correct Date: 9/26/2026**	

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A 152	Continued From page 12 a. Aspirin low dose 81 milligram (mg) Ec - one tablet twice daily with meals. The medication was not given on the following days because it was unavailable in the medication cart or no reason was given: 7/02/26, 7/03/26, 7/04/26, 7/05/26 twice, 7/13/26, 7/14/26 twice, 7/15/26, 7/16/26, 7/17/26, 7/18/26, 7/19/26, 7/20/26 twice, 7/21/26, 7/22/26, 7/23/26, 7/24/26, 7/25/25 twice, 7/27/26, 7/28/26 twice. b. Adult 50+ multivitamin - one tablet at noon daily. The medication was not given on the following days because it was unavailable in the medication cart or no reason was given: 7/04/26, 7/05/26, 7/08/26, 7/09/26, 7/14/26, 7/20/26, 7/22/26, 7/23/26, 7/25/26, 7/27/26, 7/28/26, 7/30/26, 7/31/26. 2. Record review on 8/05/26 revealed Tenant #12's physician's orders in conjunction with the August 1-5, 2026 medication administration records revealed the following medication was not given because it was unavailable in the medication cart or no reason was given: a. Prasugrel 10 mg - one tablet daily not given 8/02/26, 8/03/26, 8/04/26. b. Triamcinolon cream 0.1% apply topically to upper and lower back twice daily not given: 8/02/26, 8/04/26. c. Risperidone 0.5 mg - one tablet twice daily not given: 8/01/26, 8/02/26. d. Aspercream Lidocane 4% - Apply topically to back and area of pain three times daily not given: 8/01/26, 8/02/26, 8/04/26.	A 152		

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A 152	Continued From page 13 e. Acetaminophen 325 mg - Take two tablets three times a day not given: 8/01/26, 8/02/26. 3. During the observation of a medication pass on 8/03/26 at 12:01 p.m., Staff A prepared Tenant #13's noon medication for administration. Staff A crushed Tenant #12's Midodrine 10 mg tablet and placed it into applesauce for ingestion. Record review on 8/05/26, revealed Tenant #13's physician's order dated 7/30/26 showed Midodrine had no order to be crushed. Further review on 8/05/26 revealed Tenant #13's physician's orders in conjunction with medication administration records for August 1-5, 2026 revealed the following: a. Polyethylene Glycol Powder - one capful in 8 0z of liquid once daily. The medication was not given on the following days because it was unavailable in the medication cart or no reason was given: 8/01/26. b. Clotrimazole Cream 1% - Apply topically to groin folds daily. The medication was not given on the following days because it was unavailable in the medication cart or no reason was given: 8/01/26. c. Midodrine 10 mg - one tablet three times daily. The medication was not given on the following days because it was unavailable in the medication cart or no reason was given: 8/02/26. d. Quetiapine 25 mg - one tablet every morning. The medication was not given on the following days because it was unavailable in the medication cart or no reason was given: 8/03/26, 8/04/26, 8/05/26.	A 152		

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A 152	Continued From page 14 4. Record review on 8/05/26 revealed Tenant C4's physician's orders in conjunction with June 2026 medication administration records indicated the following medication was not given on the following days because it was unavailable in the medication cart or no reason was given: a. Therapeutic-M tablet - one tablet by mouth daily not given: 6/01/26, 6/02/26, 6/03/26, 6/05/26, 6/07/26. b. Azelastine spray 0.1% - one spray in each nostril twice daily not given: 6/01/26 twice, 6/02/26 twice, 6/03/26, 6/05/26, 6/07/26. c. Haloperidol 0.5 ml - orally twice daily for anxiety not given: 6/02/26, 6/03/26 twice, 6/04/26 twice, 6/05/26, 6/06/26 twice, 6/7/26 twice, 6/08/26 twice, 6/09/26 twice, 6/10/26 twice. Further record review revealed Tenant C4 ' s incident report dated 6/6/26 regarding a fall that required sutures to an abrasion on his forehead above the right eye. A physician's order dated 6/06/26 revealed an order for ibuprofen 400 mg for pain from the fall. One tablet to be given orally twice daily as needed. Tenant C4's medication administration record for June 2026 was not updated with the new prescription for ibuprofin, therefore the tenant was not given the chance to take the medication for pain. Tenant C4's medications were stopped due to a decline in health after 6/10/26. When interviewed on 7/30/26 at 10:46 a.m., Staff L reported she did not believe Tenant C4's needs were met. Staff L confirmed Tenant C4 yelled all day long in his last weeks due to anxiety. Tenant	A 152		

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A 152	Continued From page 15 C4 wanted someone to come sit with him for 10 minutes and reassure him. Staff L confirmed she would sit with him, but believed other staff would not. When interviewed on 7/29/26 at 1:44 p.m., Staff H reported the Director of Health and Wellness had not filled empty medications in the medication cart or put it off until the last minute. Staff H confirmed it was mainly liquid medications as she was the person who was supposed to fill syringes for staff. Staff H noticed hospice put in orders in the past but the Director of Health and Wellness failed to put the new order on the medication administration record right away. When interviewed on 8/05/26 at 10:27 a.m., Staff N confirmed on 8/01/26 when she passed medications for the 8:00 a.m. pass, she found she could not give many medications to tenants that day because they were not available in the medication cart. Staff N asked Staff A about this concern and Staff A told her it was always that way. When interviewed on 8/06/26 at 9:27 a.m., the Director of Health and Wellness indicated staff were pretty good about letting her know when medications ran out. The Director of Health and Wellness reported she was surprised the medication administration records had gaps due to the unavailability of medications. When interviewed on 8/10/26 at 12:30 p.m., the Executive Director and Director of Health and Wellness confirmed the above findings.	A 152		
A 191	481-67.9(1) Staffing	A 191		

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A 191	Continued From page 16 481-67.9(231B,231C,231D) Staffing. 67.9(1) Number of staff. A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to ensure a sufficient number of trained staff were available at all times to meet the needs of 6 out of 12 tenants reviewed (Tenant C1, Tenant C2, Tenant C4, Tenant C5, Tenant #7, Tenant #12). Findings follow: 1. Record review on 8/04/26, revealed Tenant C1 resided at the Program from 4/03/26 through 5/29/26. Tenant C1's diagnoses were Alzheimer's disease, hypertension, osteoporosis, repeated falls, and dizziness/giddiness. Tenant C1's evaluations completed on 4/02/26 and service plan completed on 4/03/26 revealed Tenant C1 had a global deterioration score (GDS) of six which indicated severe cognitive decline. Tenant C1's service plan showed Tenant C1 required full assistance with bathing, physical assistance with dressing and grooming, assistance with oral cares, one-staff assistance with transfers, four toileting assists daily which included transferring and assistance with changing incontinence products, physical assistance with eating, and three daily prompts for activities participation. A review of care task sheets revealed the following gaps in service documentation: 4/03/26 through 5/29/26 - tenant had no showers as documented as completed. 5/08/26, 5/10/26, 5/11/26, 5/13/26, 5/14/26,	A 191	**A 191 481-67.9(1)** **Staffing** **Corrective Action: ED, DHW, or designee will review census, acuity, service needs, and staffing and adjust schedules as needed to meet resident needs.** **Prevention: Staffing levels will be reviewed routinely and with changes in census, acuity, or resident needs.** **Monitoring: ED, DHW, or designee will review staffing and missed/delayed cares weekly for 6 weeks, then monthly until 12/31/2026.** **Correct Date: 9/26/26**	

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A 191	Continued From page 17 5/15/26, 5/16/26, 5/21/26, 5/24/26, 5/28/26 - No documentation of cares tasks the entire day. 5/04/26 - tenant refused toileting assist twice and no other toileting assists documented, no assist with dressing or grooming, no prompting for activities, tenant refused to be transferred once and on other transfers documented, no assistance with eating documented. 5/07/26 - no toileting documented at dinner time, no toileting documented on first shift or third shift, no dressing assist at bedtime, no oral care assist, no transfer assist at bedtime. 5/18/26 - Toileting assistance documented once for the day, 1 transfer assist documented, no oral cares documented, no assistance with eating documented. 5/19/25 - Toileting assistance documented once for the day, no transfers documented, no assistance with eating documented. 5/20/26 - Toileting assistance documented twice for the day, 1 transfer assist documented. 5/22/26 - Toileting assistance documented once for the day, 1 transfer assist documented, no oral cares documented, no assistance with eating documented. 5/23/26 - Toileting assistance documented twice for the day. 5/25/26 - Toileting assistance documented once for the day, 1 transfer assist documented. 5/26/26 - Toileting assistance documented once for the day and the tenant refused toileting	A 191		

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A 191	Continued From page 18 assistance once, 1 transfer assist documented. 5/27/26 - No toileting assistance documented, no transfer assists documented, no oral cares. 5/29/26 - Tenant C1's family moved her to a new home. When interviewed on 7/30/26 at 10:46 a.m., Staff L confirmed she worked with Tenant C1. Staff L believed staff failed to toilet Tenant C1 when they should have. Staff L reported there were staff that failed to assist her to the restroom all day. Staff L stated because she was not toileted frequently enough, Tenant C1 had open sores and diaper rash on her buttocks. Staff L confirmed Tenant C1's buttocks were raw all of the time. When interviewed on 7/30/26 at 1:13 p.m., Staff E confirmed she worked with Tenant C1. Staff E noticed on one occasion Tenant C1 was left in the same outfit for three days. Staff E also marked Tenant C1's brief at 2:15 p.m. on one occasion and returned at 10:00 p.m. to find Tenant C1 still in the same wet brief. Staff E confirmed Tenant C1 had red and sore buttocks. 2. Record review on 8/04/26, revealed Tenant C2 resided at the Program from 6/01/26 through 7/13/26. Tenant C2's diagnoses were anxiety disorder, migraines, sleep apnea, polyneuropathy, chronic fatigue, heart disease, aortic stenosis, missing parts of digestive tract, atrial fibrillation, osteoarthritis, urinary incontinence, pacemaker, prosthetic heart valve, fibromyalgia, ventricle premature depolarization. Tenant C2's evaluations completed on 5/26/26 and 7/01/26 revealed Tenant C2 had no cognitive decline and managed her own medications.	A 191		

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Tenant C2's service plans dated 5/26/26 and 7/01/26 revealed she required assistance with three safety checks daily, physical assistance with bathing, toileting assistance four times daily, assistance with oral cares, two transfer assists daily, and physical assist with dressing/grooming.

A review of care task sheets revealed the following gaps in service documentation:

6/01/26 through 7/13/26 - tenant had no showers documented as completed.

6/03/26 - No documentation of cares tasks the entire day.
6/10/26 - Toileting assistance documented once.
6/14/26 - Toileting assistance documented once.
6/15/26 - Toileting assistance documented once.
6/19/26 - No toileting assistance documented, no transfers documented, no oral cares documented, no grooming/dressing documented.
6/20/26 - Toileting assistance documented twice.
6/21/26 - Toileting assistance documented twice.
6/22/26 - no toileting documented, no transfers documented, no oral cares documented, no grooming/dressing documented.
6/28/26 - Toileting assistance documented twice.

When interviewed on 7/30/26 at 10:46 a.m., Staff L reported she assisted Tenant C2 with transferring to the toilet and she would undress there. Staff L confirmed Tenant C2 preferred sponge baths and she would do this while Tenant C2 was on the toilet. Staff L added, she did not believe other staff were always assisting her with her bathing. Staff L believed some staff skipped her cares. Staff L confirmed Tenant C2 had concerns with rash under her folds of skin.

3. Record review on 8/04/26, revealed Tenant

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C4's diagnoses were obesity, major depressive disorder, anxiety disorder, adjustment disorder, Parkinson's disease, restless legs syndrome, mild cognitive impairment, migraine, insomnia, tinnitus, hypertension, calculus of kidney and ureter, prostatic hyperpiesia. Tenant C4 passed away on 6/15/26 at the Program. Tenant C4's evaluations dated 5/27/26 showed Tenant C4 had a GDS of 3 which indicated mild cognitive impairment. Tenant C4's service plan dated 5/27/26 revealed he required assistance with bathing, dressing, oral cares, two transfer assists daily, and incontinence cares four times daily. A review of care task sheets revealed the following gaps in service documentation during the last two weeks he resided at the Program:

6/01/26 through 6/11/26 - no documentation of shower assistance.

6/02/26 - Toileting assistance documented twice, one transfer assist documented, no oral cares documented.
6/03/26 - No documentation of cares tasks the entire day.
6/05/26 - Toileting assistance documented twice, one transfer assist documented.
6/9/26 - toileting assistance documented twice, one transfer assist documented.
6/10/26 - Toileting assistance documented once, one transfer assist documented, no dressing/grooming assistance documented.
6/11/26 - Toileting assistance documented twice, one transfer assist documented.

When interviewed on 7/29/26 at 1:44 p.m., Staff H confirmed he had concerns about Tenant C4's end of life care. Staff H reported he believed Tenant C4 was not changed and checked for incontinence enough. Staff H confirmed he knew

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staff on all three shifts were not changing him when he was incontinent like they should have. Staff H added he knew staff did not complete the toileting cares but would document they did anyway. Staff H confirmed Tenant C4 was on hospice during this time.

When interviewed on 7/30/26 at 10:46 a.m., Staff L reported she did not believe Tenant C4's needs were met. Staff L confirmed Tenant C4 yelled all day long in his last weeks due to anxiety. Tenant C4 wanted someone to come sit with him for 10 minutes and reassure him. Staff L confirmed she sat with him, but believed other staff would not.

4. Record review on 8/04/26, revealed Tenant C5's diagnoses were Alzheimer's disease, hypothyroidism, depression, anxiety, insomnia, myasthenia gravis, heart disease, and osteoarthritis. Tenant C5 lived at the Program from 7/13/26 through 7/26/26. Tenant C5's evaluations completed on 7/10/26 revealed Tenant C5 had a GDS of five. Tenant C5's service plan dated 7/10/26 revealed Tenant C5 required assistance with bathing, stand-by assist with dressing, stand-by assist with oral cares, and four verbal reminders a day for toileting. A review of care task sheets revealed the following gaps in service documentation:

7/13/26 through 7/26/26 - no documentation of shower assistance.

5. Record review on 8/04/26, revealed Tenant #7's diagnoses were diabetes type II, long-term anticoagulant therapy, fall risk, wander risk, Alzheimer's disease, and Crohn's disease. Tenant #7's evaluations completed on 5/01/26 revealed she had a GDS of six. Tenant #7's service plan dated 5/01/26 revealed she required assistance

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with bathing, dressing, oral cares, and toileting assistance five times daily. A review of care task sheets revealed the following gaps in service documentation:

6/01/26 through 8/03/26 - no documentation of shower assistance

6/01/26 - Toileting assistance documented once, no dressing assistance documented, no oral care assistance documented.

6. Record review on 8/04/26, revealed Tenant #12's diagnoses were anemia, type II diabetes, dementia, hypermetropia, presbyopia, chronic kidney disease, arteriosclerotic heart disease, mitral valve insufficiency, sick sinus syndrome, cervicalgia, and cystocele. Tenant #12's evaluations dated 4/10/26 revealed a GDS of five. Tenant #12's service plan dated 4/21/26 revealed Tenant #12 required assistance with bathing, dressing, oral cares, two transfer assists daily, four reminders for toileting daily. A review of care task sheets revealed the following gaps in service documentation:

6/01/26 through 8/03/26 - no documentation of shower assistance.

6/01/26 - one toileting reminder documented, no dressing assistance documented, no oral cares documented, no transfers documented.
6/07/26 - No oral cares documented, no transfers documented, no dressing assistance documented.
6/12/26 - No dressing assistance documented, no oral cares documented, no transfers documented.
6/16/26 - Toileting reminders documented twice, no oral cares documented, no transfers

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documented, no dressing assistance documented.
8/03/26 - one toileting reminder documented, no oral cares documented, no transfers documented, no dressing assistance documented.

When interviewed on 7/29/26 at 12:43 p.m., Staff A confirmed she had skipped taking out the tenant's trash when they were busy due to being short-staffed.

When interviewed on 7/29/26 at 2:17 p.m., Staff D reported she believed the staffing was ridiculous. Staff D confirmed tenants in the memory care barely get showered. Staff D confirmed there was often only one staff in the memory care unit with around 10 tenants who frequently have cognition deficits. Staff D reported there was no way the one staff in the memory care could give a shower and leave the other nine tenants alone. The two staff in the general population area do not have time to come and help in the memory care.

When interviewed on 7/30/26 at 9:26 a.m., Staff K confirmed the Program was very short staffed. Staff K admitted the staffing ratio was unsafe for tenants and unfair to staff. Staff K confirmed there have been times when there was only one staff in the memory care with approximately 10 tenants and two staff in the general population area with over 50 tenants. Staff K indicated she asked the Director of Health and Wellness many times to assist with cares because she could not keep up but she stated she did not have time. Staff K indicated the second shift in the general population area was hard too. Staff on the floor with 50 plus tenants struggled to answer call lights, assist with toileting, and assist with

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showers.

When interviewed on 7/30/26 at 10:46 a.m., Staff L confirmed some staff did not answer call lights in a timely manner. Staff L answered call lights that were on for over an hour. Staff L confirmed she worked in the memory care alone many times. Staff L admitted she had skipped showers and laundry when she was the only one working. She admitted she tried to call staff in the general population area to come back and assist but often they were too busy.

When interviewed on 7/30/26 at 1:13 p.m., Staff H confirmed she worked in the memory care alone many times. Staff H reported she had skipped showers when she worked alone because one staff could not assist with a shower and leave all the other tenants alone unsupervised.

When interviewed on 8/05/26 at 10:27 a.m., Staff N confirmed she had worked alone in the memory care area. Staff N confirmed it was impossible to get tasks done when alone in the memory care.

When interviewed on 8/03/26 at 2:00 p.m., Tenant #1 confirmed she waited for at least an hour for her pendant to be answered and other times the response was quick.

When interviewed on 8/03/26 at 3:08 p.m., Tenant #6 confirmed she had waited a long time for her pendant to be answered and other times it was fast.

When interviewed on 8/04/26 at 10:45 p.m., Tenant #2 reported she and her husband have had to wait a long time for staff to respond to their

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pendant call before. Tenant #2's husband confirmed once they waited for four hours but it was not an emergency.

7. Record review revealed Program pendant alert reports on 8/06/26 reflected response times in a seven day sample with the following sample tenants:

a. 5/31/26 at 6:11 p.m. - Tenant C3 - 44 minutes 35 seconds response.

b. 6/02/26 at 9:42 a.m. - Tenant C2 - 27 minutes 27 seconds response.

c. 6/03/26 at 6:13 a.m. - Tenant #8 - 26 minutes 43 seconds response.
6/03/26 at 9:19 a.m. - Tenant C3 - 59 minutes 32 seconds response.
6/03/26 at 12:02 p.m. - Tenant C4 - 41 minutes 59 seconds response.
6/03/26 at 1:32 p.m. - Tenant C3 - 43 minutes 42 seconds response.
6/03/26 at 1:39 p.m. - Tenant C4 - 41 minutes 33 seconds response.
6/03/26 at 4:30 p.m. - Tenant C4 - 27 minutes 48 seconds response.
6/03/26 at 10:45 p.m. - Tenant #8 - 29 minutes 29 seconds response.

d. 7/27/26 at 12:19 p.m. - Tenant #10 - 20 minutes 32 seconds response.
7/27/26 at 9:55 a.m. - Tenant #3 - 24 minutes 4 seconds response.
7/27/26 at 8:44 a.m. - Tenant #1 - 23 minutes 1 second response.

e. 7/29/26 at 9:41 p.m. - Tenant #3 - 20 minutes 45 seconds response.
7/29/26 at 4:35 p.m. - Tenant #10 - 22 minutes 8

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A 191	Continued From page 26 seconds response. f. 7/30/26 at 5:12 p.m. - Tenant #10 - 26 minutes 19 seconds response. g. 7/31/26 at 7:52 p.m. - Tenant #8 - 20 minutes 8 seconds response. 7/31/26 at 10:06 a.m. - Tenant #10 - 28 minutes 49 seconds response. 8. Meeting minutes provided by the Director of Health and Wellness contained the following topics addressed with staff: a. Meeting minutes dated 6/24/26 1. Showers were not getting done. Tenants pay a lot of money to stay here and showers are a necessity, not a luxury . b. Meeting minutes dated 7/08/26 1. Trash is still not being picked up, there are enough care managers that trash can be collected. 2. Memory Care unit is in a horrid state and needs attention and compassion. It is being reported that laundry is not getting done and neither are showers. 3. Showers: Showers are not getting done in the general population area or the memory care area. We are monitoring this and talking with the tenants. Failure to provide cares will result in disciplinary action. When interviewed on 7/29/26 at 4:25 p.m., the Lead Care Manager reported the Program was in a staffing crisis. The Lead Care Manager indicated new staff were hired and she was training them. The Lead Care Manager confirmed staff have admitted they skipped showers with one staff in the memory care. The Lead Care	A 191		

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A 191	Continued From page 27 Manager confirmed the building always had at least three staff, one in memory care and two in the general population. When interviewed on 8/06/26 at 9:27 a.m., the Director of Health and Wellness confirmed her, the Executive Director, and the Lead Care Manager had all come on to the floor to assist when they were in the building. When interviewed on 8/06/26 at 1:53 p.m., the Executive Director confirmed he and the Director of Health and Wellness have assisted on the floor. He recalled a weekend prior to Easter of 2026 where they both came in to assist staff. When interviewed on 8/10/26 at 12:30 p.m., the Executive Director and Director of Health and Wellness confirmed the above finding.	A 191		
A 195	481-67.9(4)a Staffing 481-67.9(231B,231C,231D) 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 include the following: a. The program's newly hired nurse will within 60 days of beginning employment as the program's nurse document a review to ensure that staff are sufficiently trained and competent in all tasks that are assigned or delegated. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the	A 195	**A 195 481-67.9(4)a Staffing** **Corrective Action: DHW or designee will audit all current staff delegation and competency records and complete missing requirements.** **Prevention: A tracking system will be maintained for staff training, competency, delegation, and renewal dates.** **Monitoring: DHW or designee will review the tracker weekly for 6 weeks, then monthly until 12/31/2026.** **Correction Date: 9/26/26**	

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Program failed to ensure 9 out of 9 staff reviewed were sufficiently trained and competent in all tasks that were assigned or delegated by the newly hired nurse (Staff E, H, K, N, O, P, Q, R, S). Findings follow:

1. When interviewed on 8/06/26 at 12:44 p.m., Staff H reported on 6/06/26, he was asked by the Director of Health and Wellness to destroy some medications. Staff H confirmed he opened up the Drug Buster container and a vapor blew up into Staff H's face. Staff H indicated he felt dizzy and coughed. Management told him to sit down and drink water which he did. Staff H confirmed his symptoms continued so the Business Manager drove him to the hospital. Staff H reported he received IV fluids and charcoal to induce vomiting. Staff H was assisted in completing Workman's Compensation Documentation. Staff H confirmed he was never delegated by the Director of Health and Wellness on how to properly destroy medications.

When interviewed on 8/06/26 at 9:27 a.m., the Director of Health and Wellness believed she had not delegated staff on how to destroy medications.

2. Record review revealed Program incident reports and medication error reports indicated a medication error on 8/01/26. On 8/01/26, Staff N prepared Tenant #12's 8:00 a.m. medications which included: one tablet Ibesartan 150 milligram (mg), one tablet Isosorb Mono 60 mg, one tablet Risperidone 0.5 mg, one capsule Venlafaxine 75 mg ER, and two tablets Acetaminophen 325 mg. Staff N gave Tenant #12's cup of medications to Tenant #11. Administration was notified immediately. Tenant #11's physician was consulted and Tenant #11

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was monitored closely for two days including hourly vitals after the error. Tenant #11 experienced nausea, tiredness, and vomited once.

When interviewed on 8/05/26 at 10:27 a.m., Staff N confirmed she only worked at the Program for approximately three weeks. Staff N stated the morning of 8/01/26 was the first time she did a med pass on her own. She reported the Lead Care Manager reviewed some things with her before her pass and showed her where certain medications were kept. Staff N believed the Lead Care Manager pulled out the middle drawer of the medication cart and indicated those were Tenant #11's medications. So when Staff N got to Tenant #11, she used those medications. Staff N admitted the error was due to her not reading the medication cards like she should have. Staff N realized the error after she gave Tenant #11 the wrong medications and notified the Lead Care Manager immediately. Staff N confirmed Tenant #11 displayed symptoms of feeling nauseated and lower blood pressure. Tenant #11 was monitored the rest of her shift. Staff N confirmed someone was supposed to train her on passing medications earlier in the week, but no one did. Staff N confirmed she worked at the Program before and had her medication manager certificate from her first time being employed. Staff N confirmed the current Director of Health and Wellness had not delegated her. Staff N confirmed she was delegated on cares but not on medication administration.

When interviewed on 8/5/26 at 3:12 p.m., the Lead Care Manager confirmed she arrived to work on the morning of 8/01/26 and was told to refresh Staff N on medication administration. The Lead Care Manager confirmed she was a

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medication manager. The Lead Care Manager indicated they passed several tenants together and she also showed Staff N how Tenant #12's medications were different from everyone else's. The Lead Care Manager confirmed she talked about Tenant #11's medications right before she explained the differences of where Tenant #12's medications were and wondered if Staff N did not confuse the two. The Lead Care Manager confirmed Staff N contacted her immediately upon discovering the medication error.

When interviewed on 8/06/26 at 9:27 a.m., the Director of Health and Wellness reported she indeed delegated Staff N in her office and if Staff N stated she was not delegated by her she was lying.

3. Record review of personnel records on 8/05/26, revealed the Director of Health and Wellness was hired on 11/06/25 as the Assistant Director of Health and Wellness. On 5/08/26, the Director of Health and Wellness took over her current role as director.

Record review of nurse delegations for certified and noncertified staff on 8/06/26 revealed the following:

a. Staff E was delegated on 5/04/26, 5/24/26, 6/11/26, and 6/22/26. Staff E's nurse delegations included a signed delegation form indicating she was trained on how to document tenant tasks on Point Click Care software.
b. Staff H was delegated on 5/01/26, 5/25/26 and 6/03/26. Staff H's nurse delegations included a signed delegation form indicating he was trained on how to document tenant tasks on Point Click Care software.
c. Staff K was delegated on 6/03/26 and 6/24/26.

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A 195	Continued From page 31 Staff K's nurse delegations included a signed delegation form indicating she was trained on how to document tenant tasks on Point Click Care software. d. Staff N was delegated on 7/06/26. Staff N's nurse delegations included a signed delegation form indicating she was trained on how to document tenant tasks on Point Click Care software. e. Staff O was delegated on 6/24/26. Staff O's nurse delegations included a signed delegation form indicating she was trained on how to document tenant tasks on Point Click Care software. f. Staff P was delegated on 4/30/26. Staff P's nurse delegations included a signed delegation form indicating she was trained on how to document tenant tasks on Point Click Care software. g. Staff Q was delegated on 6/23/26. Staff Q's nurse delegations included a signed delegation form indicating she was trained on how to document tenant tasks on Point Click Care software. h. Staff R was delegated on 6/30/26, 7/08/26, 7/16/26-7/17/26. Staff R's nurse delegations included a signed delegation form indicating she was trained on how to document tenant tasks on Point Click Care software. i. Staff S was delegated on 7/1/26. Staff S's nurse delegations included a signed delegation form indicating she was trained on how to document tenant tasks on Point Click Care software. When information was requested via email on 8/10/26 to the Executive Director, the Executive Director responded at 9:28 a.m., that the Program began using the documentation software Extended Care Professional (ECP) in August of 2025. Point Click Care was not a	A 195		

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system the Program had used for a year.

When interviewed on 8/06/26 at 9:27 a.m., the Director of Health and Wellness confirmed she had not realized the delegations on how to document tenant cares were versed on Point, Click, Care (PCC) software and not Extended Care Professional (ECP) software. The Director of Health and Wellness confirmed she signed off on the training of PCC for the staff reviewed.

When interviewed on 7/29/26 at 12:43 p.m., Staff A reported she was not delegated correctly by the Director of Health and Wellness. Staff A confirmed she was told to sign the packet of delegations but was not trained on them.

When interviewed on 7/29/26 at 3:55 p.m., Staff I reported training was terrible. The Program's training was not very good.

When interviewed on 7/30/26 at 9:26 a.m., Staff K reported new staff have not received good training and then they leave right away. Staff K confirmed the Director of Health and Wellness never delegated her. Staff K signed the papers but was not fully trained on everything.

When interviewed on 7/30/26 at 10:46 a.m., Staff P reported the Director of Health and Wellness never delegated her properly. Staff P reported she was instructed to sign the delegation packet but no one read through it with her or trained her on the tasks.

When interviewed on 7/30/26 at 1:13 p.m., Staff E reported the Director of Health and Wellness handed her the packet of delegations and told her to sign it or else she would be suspended as the packet needed to be signed before she worked.

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A 195	Continued From page 33 See Iowa Administrative Code 481 Chapter 67.9(4)e for additional information. When interviewed on 8/6/26 at 9:27 a.m., the Director of Health and Wellness reported staff were lying when asked about the surveyor's concern that some staff believed they were not delegated by the Director of Health and Wellness. When interviewed on 8/10/26 at 12:30 p.m., the Executive Director and Director of Health and Wellness confirmed the above finding.	A 195		
A 199	481-67.9(4)e Staffing 481-67.9(231B,231C,231D) 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 include the following: e. The program's nurse(s) will provide direct or indirect supervision of all direct care staff as necessary in the professional judgment of the program's nurse(s) and in accordance with the needs of the tenants and staff. This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews, the Program's nurse failed to provide direct or indirect supervision of all direct care staff in accordance with the needs of the tenants and staff for 6 out of 12 tenants reviewed (Tenant C1, Tenant C2, Tenant C4, Tenant C5, Tenant #7, Tenant #12). Findings follow:	A 199	**A 199 481-67.9(4)e Staffing** **Corrective Action: DHW, ADHW, or designee will verify staff performing specialized treatments are properly trained and competent.** **Prevention: Nurses, Med Techs, and Care Managers will receive education on delegated services. Staff will not perform delegated or specialized services without documented nurse training and competency.** **Monitoring: DHW, ADHW, or designee will audit 5 delegated services weekly for 6 weeks, then monthly until 12/31/2026.** **Correct Date: 9/26/26**	

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A 199	Continued From page 34 1. Record review on 8/04/26, revealed Tenant C1 resided at the Program from 4/03/26 through 5/29/26. Tenant C1's diagnoses were Alzheimer's disease, hypertension, osteoporosis, repeated falls, and dizziness/giddiness. Tenant C1's evaluations completed on 4/02/26 and service plan completed on 4/03/26 revealed Tenant C1 had a global deterioration score (GDS) of six which indicated severe cognitive decline. Tenant C1's service plan showed Tenant C1 required full assistance with bathing, physical assistance with dressing and grooming, assistance with oral cares, one-staff assistance with transfers, four toileting assists daily which included transferring and assistance with changing incontinence products, physical assistance with eating, and three daily prompts for activities participation. A review of care task sheets revealed the following gaps in service documentation: 4/03/26 through 5/29/26 - tenant had no showers as documented as completed. 5/08/26, 5/10/26, 5/11/26, 5/13/26, 5/14/26, 5/15/26, 5/16/26, 5/28/26- No documentation of cares tasks the entire day. 5/04/26 - tenant refused toileting assist twice and no other toileting assists documented, no assist with dressing or grooming, no prompting for activities, tenant refused to be transferred once and on other transfers documented, no assistance with eating documented. 5/07/26 - no toileting documented at dinner time, no toileting documented on first shift or third shift, no dressing assist at bedtime, no oral care assist, no transfer assist at bedtime. 5/18/26 - Toileting assistance documented once for the day, one transfer assist documented, no	A 199		

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oral cares documented, no assistance with eating documented.
5/19/25 - Toileting assistance documented once for the day, no transfers documented, no assistance with eating documented.
5/20/26 - Toileting assistance documented twice for the day, one transfer assist documented.
5/21/26 - No documentation of cares tasks the entire day.
5/22/26 - Toileting assistance documented once for the day, one transfer assist documented, no oral cares documented, no assistance with eating documented.
5/23/26 - Toileting assistance documented twice for the day.
5/24/26 - No documentation of cares tasks the entire day.
5/25/26 - Toileting assistance documented once for the day, one transfer assist documented.
5/26/26 - Toileting assistance documented once for the day and the tenant refused toileting assistance once, one transfer assist documented.
5/27/26 - No toileting assistance documented, no transfer assists documented, no oral cares.

When interviewed on 7/30/26 at 10:46 a.m., Staff L confirmed she worked with Tenant C1. Staff L believed staff failed to toilet Tenant C1 when they should have. Staff L reported there were staff that failed to assist her to the restroom all day. Staff L stated because she was not toileted frequently enough, Tenant C1 had open sores and diaper rash on her buttocks. Staff L confirmed Tenant C1's buttocks were raw all of the time.

When interviewed on 7/30/26 at 1:13 p.m., Staff E confirmed she worked with Tenant C1. Staff E noticed on one occasion Tenant C1 was left in the

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same outfit for three days. Staff E also marked Tenant C1's brief at 2:15 p.m. on one occasion and returned at 10:00 p.m. to find Tenant C1 still in the same wet brief. Staff E confirmed Tenant C1 had sore red buttocks.

2. Record review on 8/4/26, revealed Tenant C2 resided at the Program from 6/01/26 through 7/13/26. Tenant C2's diagnoses were anxiety disorder, migraines, sleep apnea, polyneuropathy, chronic fatigue, heart disease, aortic stenosis, missing parts of digestive tract, atrial fibrillation, osteoarthritis, urinary incontinence, pacemaker, prosthetic heart valve, fibromyalgia, ventricle premature depolarization. Tenant C2's evaluations completed on 5/26/26 and 7/01/26 revealed Tenant C2 had no cognitive decline and managed her own medications. Tenant C2's service plans dated 5/26/26 and 7/01/26 revealed she required assistance with three safety checks daily, physical assistance with bathing, toileting assistance four times daily, assistance with oral cares, two transfer assists daily, and physical assist with dressing/grooming.

A review of care task sheets revealed the following gaps in service documentation:

6/01/26 through 7/13/26 - tenant had no showers documented as completed
6/03/26 - No documentation of cares tasks the entire day.
6/10/26 - Toileting assistance documented once.
6/14/26 - Toileting assistance documented once.
6/15/26 - Toileting assistance documented once.
6/19/26 - No toileting assistance documented, no transfers documented, no oral cares documented, no grooming/dressing documented.
6/20/26 - Toileting assistance documented twice.
6/21/26 - Toileting assistance documented twice.

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A 199	Continued From page 37 6/22/26 - no toileting documented, no transfers documented, no oral cares documented, no grooming/dressing documented. 6/28/26 - Toileting assistance documented twice. When interviewed on 7/30/26 at 10:46 a.m., Staff L reported she assisted Tenant C2 with transferring to the toilet and she would undress there. Staff L confirmed Tenant C2 preferred sponge baths and she would do this while Tenant C2 was on the toilet. Staff L added, she did not believe other staff were always assisting her with her bathing. Staff L believed some staff skipped her cares. Staff L confirmed Tenant C2 had concerns with rash under her folds of skin. 3. Record review on 8/4/26, revealed Tenant C4's diagnoses were obesity, major depressive disorder, anxiety disorder, adjustment disorder, Parkinson's disease, restless legs syndrome, mild cognitive impairment, migraine, insomnia, tinnitus, hypertension, calculus of kidney and ureter, prostatic hyperpiesia. Tenant C4 passed away on 6/15/26 at the Program. Tenant C4's evaluations dated 5/27/26 showed Tenant C4 had a GDS of three which indicated mild cognitive impairment. Tenant C4's service plan dated 5/27/26 revealed he required assistance with bathing, dressing, oral cares, two transfer assists daily, and incontinence cares four times daily. A review of care task sheets revealed the following gaps in service documentation during the last two weeks he resided at the Program: 6/01/26 through 6/11/26 - tenant had no showers documented as completed. 6/02/26 - Toileting assistance documented twice, one transfer assist documented, no oral cares documented.	A 199		

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A 199	Continued From page 38	A 199		

6/03/26 - No documentation of cares tasks the entire day.
6/05/26 - Toileting assistance documented twice, one transfer assist documented.
6/9/26 - toileting assistance documented twice, one transfer assist documented.
6/10/26 - Toileting assistance documented once, one transfer assist documented, no dressing/grooming assistance documented.
6/11/26 - Toileting assistance documented twice, one transfer assist documented.

When interviewed on 7/29/26 at 1:44 p.m., Staff H confirmed he had concerns about Tenant C4's end of life care. Staff H reported he believed Tenant C4 was not changed and checked for incontinence enough. Staff H confirmed he knew staff on all three shifts were not changing him when he was incontinent like they should have. Staff H added he knows staff did not complete the toileting cares but would document they did anyway. Staff H confirmed Tenant C4 was on hospice during this time.

When interviewed on 7/30/26 at 10:46 a.m., Staff L reported she did not believe Tenant C4's needs were met. Staff L confirmed Tenant C4 yelled all day long in his last weeks due to anxiety. Tenant C4 wanted someone to come sit with him for 10 minutes and reassure him. Staff L confirmed she sat with him, but believed other staff would not.

4. Record review on 8/04/26, revealed Tenant C5's diagnoses were Alzheimer's disease, hypothyroidism, depression, anxiety, insomnia, myasthenia gravis, heart disease, and osteoarthritis. Tenant C5 lived at the Program from 7/13/26 through 7/26/26. Tenant C5's evaluations completed on 7/10/26 revealed Tenant C5 had a GDS of five. Tenant C5's service

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A 199	Continued From page 39	A 199		

plan dated 7/10/26 revealed Tenant C5 required assistance with bathing, stand-by assist with dressing, stand-by assist with oral cares, and four verbal reminders a day for toileting. A review of care task sheets revealed the following gaps in service documentation:

7/13/26 through 7/26/26 - no documentation of shower assistance.

5. Record review on 8/04/26, revealed Tenant #7's diagnoses were diabetes type II, long-term anticoagulant therapy, fall risk, wander risk, Alzheimer's disease, and Crohn's disease. Tenant #7's evaluations completed on 5/01/26 revealed she had a GDS of six. Tenant #7's service plan dated 5/01/26 revealed she required assistance with bathing, dressing, oral cares, and toileting assistance five times daily. A review of care task sheets revealed the following gaps in service documentation:

6/01/26 through 8/03/26 - no documentation of shower assistance

6/01/26 - Toileting assistance documented once, no dressing assistance documented, no oral care assistance documented.

6. Record review on 8/04/26, revealed Tenant #12's diagnoses were anemia, type II diabetes, dementia, hypermetropia, presbyopia, chronic kidney disease, arteriosclerotic heart disease, mitral valve insufficiency, sick sinus syndrome, cervicalgia, and cystocele. Tenant #12's evaluations dated 4/10/26 revealed a GDS of five. Tenant #12's service plan dated 4/21/26 revealed Tenant #12 required assistance with bathing, dressing, oral cares, two transfer assists daily, four reminders for toileting daily. A review of care

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A 199	Continued From page 40 task sheets revealed the following gaps in service documentation: 6/01/26 through 8/03/26 - no documentation of shower assistance. 6/01/26 - one toileting reminder documented, no dressing assistance documented, no oral cares documented, no transfers documented. 6/07/26 - No oral cares documented, no transfers documented, no dressing assistance documented. 6/12/26 - No dressing assistance documented, no oral cares documented, no transfers documented. 6/16/26 - Toileting reminders documented twice, no oral cares documented, no transfers documented, no dressing assistance documented. 8/03/26 - one toileting reminder documented, no oral cares documented, no transfers documented, no dressing assistance documented. When interviewed on 8/06/26 at 9:27 a.m., the Director of Health and Wellness confirmed the staff failed to document cares appropriately for tenants. The Director of Health and Wellness confirmed staff were able to check categories such as tenant refused or tenant out of the building so there should be no reason why the data would be empty. When interviewed on 8/10/26 at 12:30 p.m., the Executive Director and Director of Health and Wellness confirmed the above finding.	A 199		
A 200	481-67.9(4)f Staffing	A 200		

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A 200	Continued From page 41 481-67.9(231B,231C,231D) 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 include the following: f. Services will be provided to tenants in accordance with the training provided. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the Program failed to administer medications to 2 out of 10 tenants in accordance to training received (Tenant #9, Tenant #10). Findings follow: During the observation of a medication pass on 7/30/26 at 12:21 p.m., Staff E prepared Tenant #10's noon medications by placing them into a plastic medication cup. Tenant #10 received magnesium 250 milligram (mg) one tablet, a multivitamin one tablet, acetaminophen 500 mg two tablets. During this process, Staff E accidentally dispensed Tenant #9's medication, Levothyroxine 88 microgram (mcg) one tablet into Tenant #10's medication cup. Staff E immediately noted the mistake and removed Tenant #9's tablet from the cup and placed it into its own cup. Staff E then stacked the cups on top of each other and carried them to the opposite side of the building to dispense the medications. When interviewed at the time the medications were being carried down the hall, Staff E reported she took multiple tenant medications at once to administer because they were in the same hallway.	A 200	**A200 481-67.9(4)f** **Staffing** **Corrective Action: DHW, ADHW, or designee will verify staff performing specialized treatments are properly trained and competent.** **Prevention: Nurses, Med Techs, and Care Managers will not perform delegated or specialized services without documented nurse training and competency.** **Monitoring: DHW, ADHW, or designee will audit 5 delegated services weekly for 6 weeks, then monthly until 12/31/2026.** **Correct Date: 9/26/26**	

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A 200	Continued From page 42 When interviewed on 8/06/26 at 9:27 a.m., the Director of Health and Wellness confirmed she had not trained medication technicians to stack medication cups on top of each other or carry more than one tenant's medications down the hall at the same time. The Director of Health and Wellness indicated she trained staff to take the medication carts with them down the halls to avoid carrying the medications so far. A review of Staff E's nurse delegations on 8/03/26 revealed a completion date of 6/22/26 and were completed by the Regional Director of Resident Care. The medication administration delegations indicated staff was to handle and administer one tenant's medications at a time. When interviewed on 8/10/26 at 12:30 p.m., the Executive Director and Director of Health and Wellness confirmed the above findings. When interviewed on 8/10/26 at 12:30 p.m., the Executive Director and Director of Health and Wellness confirmed the above findings.	A 200		
A 201	481-67.9(4)g Staffing 481-67.9(231B,231C,231D) 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 include the following: g. The program will have in place a system by which direct care staff communicate in writing occurrences that differ from the tenant's normal health and functional and cognitive status. The program's nurse or designee will train staff on	A 201	**A201 481-67.9(4)g Staffing** **Corrective Action: DHW , ADHW, or designee will implement a process for documenting, reviewing, acting on, and retaining staff change-of-condition reports.** **Prevention: Staff will be educated on what must be reported, documented, and submitted to nursing.** **Monitoring: DHW, ADHW, or designee will audit reports weekly for 6 weeks, then monthly until 12/31/26.** **Correct Date: 9/26/26**	

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reporting to the program's nurse(s) or designee(s) and documenting occurrences that differ from the tenant's normal health and functional and cognitive status. The written communication required by this paragraph will be retained by the program for a period of not less than three years and be accessible to the department upon request.

This REQUIREMENT is not met as evidenced by:
Based on interview and record review, the Program failed to ensure staff had access to and used communication methods identified by the Program to report occurrences that differed from the tenant's normal health, functional, and cognitive status for 2 out of 6 discharged tenants reviewed (Tenant C1, Tenant C2). Findings follow:

1. Record review on 8/04/26, revealed nurse's notes for Tenant C1 revealed no concerns regarding open sore areas on Tenant C1's skin. Tenant C1's service plan dated 4/03/26 revealed Tenant C1 required staff assistance with toileting 4 times daily.

When interviewed on 7/30/26 at 10:46 a.m., Staff L confirmed she had worked with Tenant C1. Staff L believed staff failed to toilet Tenant C1 when they should have. Staff L reported there were staff that failed to assist her to the restroom all day. Staff L stated because she was not toileted frequently enough, Tenant C1 had had open sores and diaper rash on her buttocks. Staff L confirmed Tenant C1's buttocks were raw all of the time.

When interviewed on 7/30/26 at 1:13 p.m., Staff E confirmed she had worked with Tenant C1. Staff E noticed on one occasion Tenant C1 was

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was left in the same outfit for 3 days. Staff E also marked Tenant C1's brief at 2:15 p.m. on one occasion and returned at 10:00 p.m. to find Tenant C1 still in the same wet brief. Staff E confirmed Tenant C1 had red and sore buttocks.

2. Record review on 8/04/26, revealed nurse's notes for Tenant C2 revealed no concerns regarding open sores or rash areas on Tenant C2's skin. Tenant C2's service plan in conjunction with her evaluations revealed no information regarding breakdown of skin. Tenant C2 required staff assistance with bathing and toileting.

When interviewed on 7/29/26 at 12:43 p.m., Staff A reported Tenant C2 had a yeast infection all over her body. Staff A added when she first noticed it, the rash was really bad. Staff A reported she completed a nurse communication form on the rash as it was all over her belly, legs, and under her breasts.

When interviewed on 7/30/26 at 9:26 a.m., Staff K confirmed she had worked with Tenant C2 and observed her red irritated areas. Staff K recalled one of the staff felt it was a yeast infection.

When interviewed on 7/30/26 at 10:46 a.m., Staff L confirmed she had worked with Tenant C2 and had observed her red rash.

When interviewed on 8/10/26 at 9:45 a.m., Staff H confirmed the nurse to communication forms are kept in the copy room and all staff (minus new staff that have not been fully trained) know where they are kept and use them regularly.

When interviewed on 8/06/26 at 9:27 a.m., the Director of Health and Wellness stated she was

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A 201	Continued From page 45 not aware of any open sores on Tenant C1 when she resided at he Program. The Director of Health and Wellness was aware of Staff A's concern with a rash Tenant C2 had. She told her to use powder on it, as Tenant C2 self-administered her medications. The Director of Health and Wellness reported she received no RN communication regarding Tenant C1's open areas on her buttocks or on Tenant C2's rash areas. The Director of Health and Wellness indicated Staff A was a pathological liar. The Director of Health and Wellness reported she received no nurse to communication forms for all of June or July. When interviewed on 8/10/26 at 12:30 p.m., the Executive Director and Director of Health and Wellness confirmed the above finding.	A 201		
A 268	481-69.25(1)i Tenant Documents 481-69.25(231C) Tenant documents. 69.25(1) Documentation for each tenant shall be maintained by the program and 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	A 268	**A 268 481-69.25(1)i** **Tenant Documents** **Corrective Action: Education will be given to the Nursing staff in regards to documentation of any significant changes, treatments, and cares, along with their follow ups.** **Prevention: Nursing staff will ensure all documentation and follow ups are recorded.** **Monitoring: DHW, ADHW, or designee will audit 5 resident files weekly for 6 weeks and then monthly through 12/31/2026.** **Correct Date: 9/26/2026.**	

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A 268	Continued From page 46	A 268		

exception for 2 out of 12 tenants reviewed (Tenant C2, Tenant #8). Findings follow:

1. Record review on 8/04/26, revealed Tenant C2's admission date was 6/01/26. Tenant C2's nurse's notes revealed the following entries:

a. 7/01/26 - 30 day assessment completed. Tenant C2 now used occupational therapy. Service plan reviewed with tenant.

b. 7/10/26 - Family notified staff Tenant C2 had passed away.

An incident report dated 7/01/26 at 7:00 p.m., revealed Tenant C2 had a change of condition and requested emergency services to take her to the emergency room. Tenant C2's nurse's notes contained no other documentation regarding what led up to Tenant C2 wanting to be seen at the emergency room, that she went to the emergency room, and what her status was between 7/01/26 and 7/10/26.

2. Record review on 8/04/26, revealed Tenant #8's diagnosis was osteoporosis, pain, edema, surgery on skin with aftercare, long-term use of anticoagulants, and a history of falls.

When interviewed on 7/29/26 at 12:43 p.m., Staff A reported she had worked on a Saturday and responded to a pendant call by Tenant #8. Staff A reported Tenant #8 was covered in blood. Tenant #8 recently had skin removed from his ear due to what she believed was malignant tissue. Tenant #8 told Staff A the Director of Health and Wellness bandaged his ear up for him yesterday because the bandage had fallen off and it was bleeding then. Staff A reported she called the Director of Health and Wellness to report Tenant

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A 268	Continued From page 47 #8's condition because she was on-call. Staff A confirmed she was told not to call her. Staff A indicated she then called Tenant #8's daughter and she came to the Program and took Tenant #8 to the emergency room to get his ear bandaged again. Further review of Tenant #8's record showed no documentation in nurse's notes revealing Tenant #8 had skin removed from his ear, that the Director of Health and Wellness had to re-bandage the ear due to one coming off and the ear still bleeding on a Friday, or the following Saturday when staff discovered Tenant #8 covered in blood due to the bandage falling off again with profuse bleeding. When interviewed on 8/10/26 at 12:30 p.m., the Executive Director and Director of Health and Wellness confirmed the above finding.	A 268		
A 282	481-69.26(3) Service Plans 481-69.26(231C) Service plans. 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. The service plan shall be signed by all parties, including the tenant or tenant's legal representative. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to ensure the service plan completed within 30 days of the tenant's	A 282	**A 282 481-69.26(3) Service Plans** **Corrective Action: Education will be given to the Nursing staff in regards to completion of service with signatures.** **Prevention: Nursing staff will ensure all service plans are completed within 30 days of occupancy and signed.** **Monitoring: DHW , ADHW, or designees will audit all new resident files weekly for 6 weeks and then monthly through 12/31/2026.** **Correct Date: 9/26/2026.**	

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A 282	Continued From page 48 occupancy was signed by all parties for 1 out of 12 tenants reviewed (Tenant C2). Findings follow: Record review on 8/04/26, revealed Tenant C2's admission date was 6/01/26 per nurse's notes. Nurse's notes further indicated on 7/01/26, the nurse completed the 30 day assessment and the service plan was reviewed with Tenant C2. The service plan dated 7/01/26 failed to include signatures of all parties involved with Tenant C2's care including herself and occupational therapy. When interviewed on 8/10/26 at 12:30 p.m., the Executive Director and Director of Health and Wellness confirmed the above finding.	A 282		
A 285	481-69.26(4)a Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and indicate: 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 service plans were individualized and included all assessed needs for 2 out of 12 tenants (Tenant C1, Tenant C2). Findings follow: 1. Record review on 8/04/26 revealed Tenant C1's Tenant Assessment dated 4/02/26 indicated Tenant C1 was a Level 3 on the Morse Fall Screen which indicated Tenant C1 required high risk fall reduction interventions on the service	A 285	**A 285 481-69.26(4)a Service Plans** **Corrective Action: Education will be given to the Nursing staff in regards to completion of service plans with individualized needs, such as fall risk plans.** **Prevention: Nursing staff will ensure all service plans are individualized and include fall risk plans if a need is indicated.** **Monitoring: DHW, ADHW, or designees will audit 5 resident files weekly for 6 weeks and then monthly through 12/31/2026.** **Correct Date: 9/26/2026.**	

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plan. A review of Tenant C1's service plan dated 4/03/26 revealed no fall reduction interventions identified.

Continued record review on 8/04/26 revealed a Tenant Information sheet identifying Tenant C1 had a diagnosis of generalized anxiety disorder, Alzheimer's disease, hypertension, age-related osteoporosis, repeated falls, and dizziness/giddiness. Tenant C1's service plan dated 4/03/26 identified Tenant C1 had a Global Deterioration Score (GDS) of six indicating severe cognitive decline. Tenant C1's record revealed she was found on the floor by her recliner on 4/14/26 and 4/18/26. On 5/22/26 Tenant C1 was found by staff sitting on the floor in her apartment and hit her head. Tenant C1's service plan lacked any information regarding the supervision levels staff were to provide.

2. Record review on 8/04/26 revealed Tenant C's Tenant Assessment dated 7/01/26 indicated Tenant C2 was a Level 2 on the Morse Fall Screen which indicated Tenant C2 required standard fall risk reduction interventions on the service plan. A review of Tenant C2's undated service plan attached to the Tenant Assessment revealed no fall reduction interventions identified.

When interviewed on 8/10/26 at 12:30 p.m., the Executive Director and Director of Health and Wellness confirmed the above finding.