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
	S0339	A. BUILDING: _____ B. WING _____	C 07/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STORYPOINT RIVERWOODS	2210 EAST PARK AVENUE DES MOINES, IA 50320

(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: 18 Tenants with cognitive impairment: 11 Total census: 29 No regulatory insufficiencies were cited during the investigation of Complaint #131754-C and Complaint #132504-C. The following regulatory insufficiencies were cited during the investigation of Complaint #132562-C and the recertification visit conducted to determine compliance with certification of an Assisted Living Program for People with Dementia.	A 000	See attached POC 10/12/26	
A 230	481-69.22(1) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(1) Evaluation prior to occupancy. A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the GDS shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored	A 230		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 230	Continued From page 1 cognitive screening tool. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to appropriately identify and evaluate wound care needs with a comprehensive evaluation prior to occupancy for 1 of 4 tenants reviewed (Tenant #1). Findings follow: Record review on 7/20/26 revealed Tenant #1 admitted to the program on 7/31/25, and included a diagnosis of Cellulitis with an onset date of 7/31/25. Record review on 7/23/26 revealed an initial comprehensive evaluation dated 7/30/25. The Skin Monitoring section of the initial admission evaluation noted "Level of Assistance needed for skin issues that need to be monitored", the program noted no skin issues needed monitoring. When prompted on "Level of Assistance needed for wound care", the program noted no wounds needed monitoring. When interviewed on 7/21/26 at 10:45am Staff A recalled Tenant #1 had been admitted to the program with wounds on both of her legs. When interviewed on 7/21/26 at 10:58am Staff B recalled Tenant #1 had been admitted to the program with wounds on her legs. When interviewed on 7/21/26 at 11:14am Staff C recalled Tenant #1 had been admitted to the program with leg wounds and recalled staff had been told Tenant #1 had just gotten out of the	A 230		

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A 230	Continued From page 2 hospital after "a bug or something had laid eggs" in the wounds and Tenant #1 was at the program as staff "needed to help her take care of it and heal." When interviewed on 7/23/26 at 4:00pm the Executive Director confirmed the initial and 30-day evaluations failed to identify Tenant #1's skin/wound needs.	A 230		
A 231	481-69.22(2) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to appropriately identify and evaluate wound care needs on a comprehensive evaluation within 30 days of occupancy for 1 of 4 tenants reviewed (Tenant #1). Findings follow: Record review on 7/20/26 revealed Tenant #1 admitted to the program on 7/31/25, and included diagnosis of Cellulitis with an onset date of 7/31/25, unspecified dementia with an onset date of 8/5/25, edema with an onset date of 8/1/25, and embolism and thrombosis of unspecified vein with an onset date of 8/1/25.	A 231		

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A 231	Continued From page 3 When interviewed on 7/21/26 at 10:45am Staff A recalled Tenant #1 had been admitted to the program with wounds on both of her legs. When interviewed on 7/21/26 at 10:58am Staff B recalled Tenant #1 had been admitted to the program with wounds on her legs. When interviewed on 7/21/26 at 11:14am Staff C recalled Tenant #1 had been admitted to the program with leg wounds and recalled staff had been told Tenant #1 had just gotten out of the hospital after "a bug or something had laid eggs" in the wounds and Tenant #1 was at the program as staff "needed to help her take care of it and heal." Record review on 7/23/26 revealed a progress note dated 8/5/25 noted "wound care referral". A progress note dated 8/7/25 noted "wound care ARNP notes from visit on 8/6/25 with new orders." Review of a 30-day comprehensive evaluation dated 8/30/25, revealed the Skin Monitoring section, included "Level of Assistance needed for skin issues that need to be monitored", the program noted no skin issues needed monitoring. When prompted on "Level of Assistance needed for wound care", the program noted no wounds needed monitoring. When interviewed on 7/23/26 at 12:45pm with the Executive Director acknowledged the 30-day evaluation dated 8/30/25 failed to identify Tenant #1's skin/wound needs, and stated she was aware Tenant #1 had been admitted to the program after being hospitalized due to a self-neglect concern while she resided at home.	A 231		

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A 231	Continued From page 4 The Executive Director could not provide an explanation on Tenant #1's wounds at the time of admission or initial months of residency due to not being employed at the time.	A 231		
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 update a 30-day service plan for 1 of 2 memory care tenants reviewed (Tenant #3), and failed to update a service plan after significant change for 1 of 2 memory care tenants reviewed (Tenant #C1). Findings follow: 1. Record review on 7/20/16 revealed Tenant #3 admitted to the program on 4/16/26 and resided in the memory care unit. Review of the program's provided service plans for Tenant #3 revealed no 30-day service plan was on file. 2. Record review on 7/20/16 revealed Tenant #C1 admitted to the program on 4/15/25 and resided in the memory care unit. The program completed a comprehensive evaluation dated 5/7/26 due to a significant change of condition, but no corresponding service plan related to the	A 282		

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A 282	Continued From page 5 significant change could be located. Tenant # C1's last service plan on file was dated 12/31/25. 3. When interviewed on 7/21/26, the Executive Director (ED) confirmed via email response at 8:04pm no 30-day service plan was on file for Tenant #3 and no service plan was on file related to the significant change for Tenant #C1.	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 identified needs and preferences for assistance for 1 of 4 tenants reviewed (Tenant #1). Findings follow: Record review on 7/20/26 revealed Tenant #1 admitted to the program on 7/31/25 diagnoses including Cellulitis with an onset date of 7/31/25, unspecified dementia with an onset date of 8/5/25, edema with an onset date of 8/1/25, and embolism and thrombosis of unspecified vein with an onset date of 8/1/25. A progress note dated 7/16/26 noted Tenant #1 had been admitted to the hospital for possible sepsis. When interviewed on 7/21/26 at 10:45am Staff A recalled Tenant #1 had been admitted to the	A 285		

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A 285	Continued From page 6	A 285		

program with wounds on both of her legs. When questioned on Tenant #1's current wounds and wound care needs, Staff A confirmed staff were required to clean and wrap the wounds. Staff A stated Tenant #1 had wounds on both legs and Tenant #1's legs had a smell to them and would sometimes be "watery", but were not open wounds.

When interviewed on 7/21/26 at 10:58am Staff B recalled Tenant #1 had been admitted to the program with wounds on her legs. When questioned on Tenant #1's current wounds and wound care needs, Staff B confirmed staff provided wound care to Tenant #1 and stated Tenant #1's legs looked big and bruised, were sometimes red in color but then sometimes were not, but did not recall Tenant #1's legs/wounds having an odor. Staff B stated she didn't feel Tenant #1's weren't any better or worse since admission, but were "in the middle."

When interviewed on 7/21/26 at 11:14am Staff C recalled Tenant #1 had been admitted to the program with leg wounds and recalled staff had been told Tenant #1 had just gotten out of the hospital after "a bug or something had laid eggs" in the wounds and Tenant #1 was at the program as staff "needed to help her take care of it and heal." When questioned on Tenant #1's current wounds and wound care needs, Staff C stated Tenant #1's leg wounds were "open and oozing" and they were "somewhat white, bright red" and "stunk so bad" and were "sometimes oozing clear and sometimes yellow". Staff C stated program staff were required to wrap the legs every three days. Staff C stated she felt Tenant #1's wounds got worse since residing at the program, and "it didn't help that she stopped taking her meds and showers" and "it also didn't help that she washed

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A 285	Continued From page 7	A 285		

her clothes and wraps in mouthwash."

Record review on 7/20/26 revealed Tenant #1 had been evaluated by an outside provider on 5/11/26 for her bilateral lower extremities, noted dry skin with discoloration and instructed program staff to clean with VASHE wash every day, cover with xeroform gauze, and wrap with compression every day. An encounter note from the outside provider dated 5/14/26 noted Tenant #1 was evaluated for acute follow-up for bilateral lower extremities (BLLE) edema and wounds. The encounter notes revealed Tenant #1 had "4+ edema" and "wounds to both lower legs with appearance of fungal versus maceration and hyperkeratotic". The Skin Inspection area of the encounter note revealed Tenant #1 was noted to have "BLLE Hyperkeratotic macerated wounds entire calves of both legs - lipodermatosclerosis serous drainage - large amount" and noted wound care should continue. An encounter note dated 5/28/26 noted Tenant #1 was evaluated for acute follow-up for BLLE edema and wounds. The encounter notes revealed Tenant #1 continued "with weeping of wounds, but improved. Edema is improved but continues at 3+. Wounds to both lower legs had been macerated appearance with atypical fungal. Improved." The Skin Inspection area of the encounter note revealed Tenant #1 was noted to have "BLLE Hyperkeratotic macerated wounds entire calves of both legs - lipodermatosclerosis serous drainage - large amount" and noted wound care should continue.

Record review on 7/22/26 revealed Tenant #1 had been evaluated by an outside provider on 6/25/26 for her bilateral lower extremities, noted Tenant #1 "does continue with significant Lymphedema/peripheral edema. Present of

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A 285	Continued From page 8	A 285		

hyperkeratotic tissue" and "today much improved without further candidiasis. No open wounds present" and "discussed wounds and wound care is resolving and only require for dressing change 3x/week as needed."

Record review on 7/23/26 revealed an additional encounter visit note dated 6/4/26 provided by Tenant #1's outside provider for wounds noted Tenant #1 had been seen for an acute visit for follow-up BLLE edema and wounds and noted Tenant #1 "has been with weeping wounds, continues to improve. Edema is stable" and noted weekly follow-up. The Skin Inspection section of the encounter visit note revealed Tenant #1 had "BLLE Hyperkeratotic macerated wounds - improving entire calves of both legs - lipodermatosclerosis serous drainage minimal" and noted follow-up on one week.

Further record review on 7/23/26 of Tenant #1's initial admission undated service plan (as determined by the creation date of 7/31/25 of the individual Activities of Daily living (ADL) service tasks) failed to identify Tenant #1's leg/wound care needs at the time of admission.

Review on 7/20/26 of Tenant #1's last service plan on file at the program dated 9/9/25 and listed as a 30-day service plan failed to identify Tenant #1's leg/wound care needs.

The program failed to revise/update Tenant #1's service plan to identify leg/wound care needs or identify Tenant #1 was being followed by an outside provider for wound care once the outside provider became involved in May of 2026.

When interviewed on 7/23/26 at 12:45pm the Executive Director acknowledged the 9/9/25

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A 285	Continued From page 9 service plan failed to identify Tenant #1's skin/wound needs. The ED stated she was aware Tenant #1 had been admitted to the program after being hospitalized due to a self-neglect concern while she resided at home, but could not provide an explanation on why former program staff failed to identify Tenant #1's wounds on the service plan, as she had not been employed at the time. The ED further acknowledged wound care conditions would need to be on a service plan.	A 285		
A 288	481-69.26(4)d Service Plans 481-69.26(231C) Service plans. 69.26(4)The service plan shall be individualized and indicate: d. For tenants who are unable to plan their own activities, including tenants with dementia, a list of person-centered planned and spontaneous activities based on the tenant's abilities and personal interests; 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 a list of person-centered planned and spontaneous activities based on the tenant's abilities and personal interests or preferences for 1 of 2 memory care tenants reviewed (Tenant #3). Findings follow: Record review on 7/20/26 revealed Tenant #3 admitted to the program 4/16/26. Review of the tenant's facesheet and Global Deterioration Scale (GDS) Evaluation History report revealed Tenant	A 288		

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A 288	Continued From page 10 #3 resided in the memory care unit and had a GDS score of 6, indicating severe cognitive decline. A 4/14/26 pre-admission service plan listed a Life Enrichment section and identified Tenant #3 required assistance in activities and escorts to activities, but failed to include a list of person-centered planned and spontaneous activities based on the tenant's abilities and personal interests or preferences. When interviewed on 7/23/26 at 12:45pm the Executive Director reviewed the 4/14/26 service plan for Tenant #3 and acknowledged the service plan failed to include a list of person-centered planned and spontaneous activities based on the tenant's abilities and personal interests or preferences.	A 288		
A 293	481-69.27(2)c Nurse Review 481-69.27(231C) Nurse review. 69.27(2) If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation: c. To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status; This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to complete nurse reviews at least	A 293		

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every 90 days for 2 of 4 tenants reviewed (Tenant #1 and Tenant #3). Findings follow:

1. Record review on 7/20/26 revealed Tenant #1 admitted to the program on 7/31/25. The program last completed a comprehensive 30-day evaluation on 8/30/25 and Tenant #1 should have been due for a 90-day quarterly reviews on or around the date of 11/30/25, but the nurse review could not be located. Record review further revealed no quarterly nurse reviews were on file from November 2025, February 2026, or May 2026 or with any possible change of condition since the 30-day evaluation on 8/30/25.

Record review on 7/20/26 revealed Tenant #1 had been evaluated by an outside provider on 5/11/26 for her bilateral lower extremities, noted dry skin with discoloration and instructed program staff to clean with VASHE wash every day, cover with xeroform gauze, and wrap with compression every day. An encounter note from the outside provider dated 5/14/26 noted Tenant #1 was evaluated for acute follow-up for bilateral lower extremities (BLLE) edema and wounds. The encounter notes revealed Tenant #1 had "4+ edema" and "wounds to both lower legs with appearance of fungal versus maceration and hyperkeratotic". The Skin Inspection area of the encounter note revealed Tenant #1 was noted to have "BLLE Hyperkeratotic macerated wounds entire calves of both legs - lipodermatosclerosis serous drainage - large amount" and noted wound care should continue. An encounter note dated 5/28/26 noted Tenant #1 was evaluated for acute follow-up for BLLE edema and wounds. The encounter notes revealed Tenant #1 continued "with weeping of wounds, but improved. Edema is improved but continues at

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3+. Wounds to both lower legs had been macerated appearance with atypical fungal. Improved." The Skin Inspection area of the encounter note revealed Tenant #1 was noted to have "BLLE Hyperkeratotic macerated wounds entire calves of both legs - lipodermatosclerosis serous drainage - large amount" and noted wound care should continue.

During a staff interview on 7/21/26 at 10:45am with Staff A, Staff A recalled Tenant #1 had been admitted to the program with wounds on both of her legs. When questioned on Tenant #1's current wounds and wound care needs, Staff A confirmed staff were required to clean and wrap the wounds. Staff A stated Tenant #1 had wounds on both legs and Tenant #1's legs had a smell to them and would sometimes be "watery", but were not open wounds.

During a staff interview on 7/21/26 at 10:58am with Staff B, Staff B recalled Tenant #1 had been admitted to the program with wounds on her legs. When questioned on Tenant #1's current wounds and wound care needs, Staff B confirmed staff provided wound care to Tenant #1 and stated Tenant #1's legs looked big and bruised, were sometimes red in color but then sometimes were not, but did not recall Tenant #1's legs/wounds having an odor. Staff B stated she didn't feel Tenant #1's weren't any better or worse since admission, but were "in the middle."

During a staff interview on 7/21/26 at 11:14am with Staff C, Staff C recalled Tenant #1 had been admitted to the program with leg wounds and recalled staff had been told Tenant #1 had just gotten out of the hospital after "a bug or something had laid eggs" in the wounds and Tenant #1 was at the program as staff "needed to

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 293	Continued From page 13	A 293		

help her take care of it and heal." When questioned on Tenant #1's current wounds and wound care needs, Staff C stated Tenant #1's leg wounds were "open and oozing" and they were "somewhat white, bright red" and "stunk so bad" and were "sometimes oozing clear and sometimes yellow". Staff C stated program staff were required to wrap the legs every three days. Staff C stated she felt Tenant #1's wounds got worse since residing at the program, and "it didn't help that she stopped taking her meds and showers" and "it also didn't help that she washed her clothes and wraps in mouthwash."

Record review on 7/22/26 revealed Tenant #1 had been evaluated by an outside provider on 6/25/26 for her bilateral lower extremities, noted Tenant #1 "does continue with significant Lymphedema/peripheral edema. Present of hyperkeratotic tissue" and "today much improved without further candidiasis. No open wounds present" and "discussed wounds and wound care is resolving and only require for dressing change 3x/week as needed."

Record review on 7/23/26 revealed an additional encounter visit note dated 6/4/26 provided by Tenant #1's outside provider for wounds noted Tenant #1 had been seen for an acute visit for follow-up BLLE edema and wounds and noted Tenant #1 "has been with weeping wounds, continues to improve. Edema is stable" and noted weekly follow-up. The Skin Inspection section of the encounter visit note revealed Tenant #1 had "BLLE Hyperkeratotic macerated wounds - improving entire calves of of both legs - lipodermatosclerosis serous drainage minimal."

Record review on 7/22/26 of hospital records revealed Tenant #1 admitted to the hospital from

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0339	A. BUILDING: _____ B. WING _____	C 07/23/2026

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STORYPOINT RIVERWOODS	2210 EAST PARK AVENUE DES MOINES, IA 50320

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A 293	Continued From page 14	A 293		

the hospital emergency department and was noted to be incontinent of urine with skin break down noted, and had arrived without oxygen with oxygen saturation at 78%. The hospital notes indicated the Registered Nurse took Tenant #1's dressings off the bilateral legs, the xeroform had been covered with gauze and the xeroform was dry and stuck to Tenant #1's legs. The note further indicated when hospital staff uncovered Tenant #1's left leg, a quarter-sized ulcer was identified and noted to have multiple maggots come out of the wound. The note further identified Tenant #1's bottom was also very red with some open areas.

When interviewed on 7/23/26 by phone at 2:35pm, the Wellness Director (WD) acknowledged she had entered a note 7/16/26 which indicated Tenant #1 had been sent out to the hospital, but acknowledged she had not entered any additional progress notes for Tenant #1 within the last three months. The WD believed that staff had reported that Tenant #1's legs were getting more swollen. She stated she had last gone down to assess Tenant #1's legs and believed this was on or around the date of 5/11/26 according to wound care supplies being ordered, but acknowledged she hadn't documented when she had completed the assessment or noted what she had observed in regards to Tenant #1's legs/wounds, and stated she should have documented it, but she gets busy with being responsible for two buildings and sometimes forgets. The WD stated she relied on encounter notes from Tenant #1's outside provider for updates regarding the status of Tenant #1's legs/wounds. The WD acknowledged the wound care visits from Tenant #1's outside provider were occurring about every other week, but not recall if any visits had occurred after the

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A 293	Continued From page 15 last visit on 6/25/26. When interviewed on 7/21/26 the Executive Director (ED) acknowledged via email response at 8:04pm no quarterly reviews appeared to have been completed for Tenant #1. 2. Tenant #3 admitted to the program on 4/16/26 and resided in the memory care unit. The program last completed a comprehensive admission evaluation on 4/16/26 and Tenant #3 should have been due for a 90-day quarterly review by 7/16/26, but the nurse review could not be located. During an interview on 7/23/26 at 12:45pm the Executive Director acknowledged a quarterly nurse review had not yet been completed for Tenant #3.	A 293		

This Plan of Correction and the individual responses to each tag are written solely to maintain certification with the program as required are submitted as credible allegation of compliance. These written responses do not constitute an admission of noncompliance with any requirement. Storypoint Riverwoods wishes to preserve our right to dispute these findings in their entirety should any remedies be imposed and in any legal or administrative proceedings.

A 230 – Evaluation of Tenant

Storypoint Riverwoods reasonably ensures that a comprehensive evaluation is completed prior to occupancy, which includes identifying wound care needs.

1. Tenant #1 – no longer resides in community
2. All residents who move into the community could be affected
3. The community began utilizing Healthcare Provider Plan of Care forms to be completed by the physician prior to move in. The form includes a section for skin and extremities.
4. The Wellness Director or designee will complete weekly audits for 8 weeks on move-ins to ensure that a Healthcare Provider Plan of Care has been completed prior to move-in.
5. Date of Compliance: 10/12/2026

A231 – Evaluation of Tenant

Storypoint Riverwood reasonably ensures that wound care needs on a comprehensive evaluation within 30 days of occupancy.

1. Tenant #1 – no longer resides in community
2. All residents who move into the community could be affected
3. The community began reassessing all residents in the community to ensure that a comprehensive evaluation was completed on each resident.
4. The Wellness Director or designee will complete weekly audits for 8 weeks to ensure that all new move-ins have a comprehensive evaluation completed within 30 days of occupancy.
5. Date of Compliance: 10/12/2026

A 282 – Service Plans

Storypoint Riverwoods reasonably ensures that service plans are updated per state regulations, which includes a 30 day service plan update and updates with significant changes.

1. Tenant #3 – service plan was updated on 10/6/2026
   Tenant #C1 – no longer resides in community
2. All residents who move into the community or have a significant change could be affected
3. The community began reassessing all residents in the community to ensure that service plans were up to date, and included significant changes.
4. The Wellness Director or designee will complete weekly audits for 8 weeks to ensure that 30 day service plans, and change of condition service plans, are completed per regulation.
5. Date of Compliance: 10/12/2026

A 285 – Service Plans

Storypoint Riverwoods reasonably ensures that service plans are individualized, which includes identifying needs and preferences for assistance.

1. Tenant #1 – no longer resides in community
2. All residents who move into the community could be affected
3. The community began reassessing all residents in the community to ensure that service plans are individualized and identify needs and preferences for assistance.
4. The Wellness Director or designee will complete weekly audits for 8 weeks to ensure that all updated service plans are individualized and resident specific.
5. Date of Compliance: 10/12/2026

A 288 – Service Plans

Storypoint Riverwoods reasonably ensures that service plans are individualized, which includes person-centered planned activities and spontaneous activities.

1. Tenant #3 – service plan was updated on 10/6/2026
2. All residents in the community could be affected
3. The community began reassessing all residents in the community which includes evaluating the resident service plan.
4. The Wellness Director or designee will complete weekly audits for 8 weeks on updated service plans to ensure person-centered planned activities and spontaneous activities are listed.
5. Date of Compliance: 10/12/2026

A 293 – Nurse Review

Storypoint Riverwoods reasonably ensures that nurse reviews are completed every 90 days

1. Tenant #1 – no longer resides in community
   Tenant #3 – was last assessed on 10/6/2026
2. All residents who reside in the community long term may be affected.
3. The community began reassessing all residents in the community to ensure that a comprehensive evaluation was completed on each resident.
4. The Wellness Director or designee will complete weekly audits for 8 weeks to ensure that all 90 day evaluations are completed per state regulation.
5. Date of Compliance: 10/12/2026