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
	S0344	A. BUILDING: _____ B. WING _____	C 08/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMELIA SENIOR LIVING	**57 WEST FERNDALE DRIVE CO BLUFFS, IA 51503**

(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: 24 Tenants with cognitive impairment: 11 Total census: 35 No regulatory insufficiencies were cited during the investigation of Complaint #132165-C. The following regulatory insufficiencies were cited during the investigation of Incident #132064-I, Incident #132680-I, Complaint #132198-C, and the recertification visit conducted to determine compliance with certification of an Assisted Living Program for People with Dementia.	A 000		
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 interviews and record review the Program failed to follow established policies and procedures which affected 1 of 4 current tenants reviewed (Tenant #1) with the potential to affect all 35 tenants at the Program. Findings follow: 1. Record review on 8/12/26 revealed the Program procedure, Senior Living Post Fall Procedure, dated 12/25, directed a fall huddle must be completed and the resident must be discussed with the interdisciplinary team at the weekly risk meeting.	A 116		

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A 116	Continued From page 1 Continued record review revealed a. Tenant #1's incident reports for falls dated 5/5/26, 5/14/26, 5/14/26, 5/20/26, 5/24/26, 6/29/26, 7/3/26 and 7/8/26. b. Post fall huddle forms dated 6/29/26, 7/3/26 and 7/8/26. Post fall huddle forms could not be located for falls on 5/5/26, 5/14/26, 5/20/26, and 5/24/26. c. Weekly risk meeting documentation could not be located. When interviewed on 8/12/26 at 4:06 p.m. the Executive Director indicated risk meetings were not a regulation. When interviewed on 8/17/26 at 1:17 p.m. the Regional Nurse confirmed weekly risk meetings were not held. 2. Record review on 8/13/26 revealed the Program policy Senior Living Service Plan, dated 6/26, directed the service plan will clearly identify how the community will meet the resident's assessed needs and staff responsible for resident care will have access to relevant portions of the service plan. When interviewed on 8/12/26 at 2:25 p.m. Staff B indicated he didn't have access to service plans but the Director of Nursing would tell them changes or needs before someone moved in. When interviewed on 8/13/26 at 11:20 a.m. Staff D indicated the service plans were at the desk and the nurse lets us know if there is an update. When interviewed on 8/13/26 at 10:56 a.m. Staff	A 116		

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A 116	Continued From page 2	A 116		

C indicated there's a book by the office with care plans in it.

When interviewed on 8/13/26 at 11:10 a.m. Staff G indicated there wasn't a book which contained service plans at the desk. The surveyor requested the book if located.

When interviewed on 8/17/26 at 2:05 p.m. the Director of Nursing wasn't aware of any service plan training for staff and she verbally instructed staff on changes.

When interviewed on 8/17/26 at 3:13 p.m. the Executive Director (ED) indicated there's a service plan binder at the desk and the Regional Nurse completed the training.

When interviewed on 8/17/26 at 4:19 p.m. Staff G confirmed the service plan book was not located.

When interviewed on 8/17/26 at 4:23 p.m. Staff H stated she never saw a service plan and she didn't have access to service plans.

On 8/18/26 at 10:30 a.m. the Executive Director (ED) produced a binder of tenant service plans; all included a printed date of 8/17/26. The service plans in the binder failed to include service plan dates and intervention dates.

During an interview on 8/17/26 at 1:20 p.m., the ED acknowledged the concern with service plans being unsigned and stated it was a frustration, but indicated she could not pinpoint a reason why the service plans were unsigned, as the Regional Nurse "trains and trains on that."

On 8/18/26 at 1:06 p.m., the Executive Director confirmed the above findings.

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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. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to provide care and services which were adequate and appropriate for 1 of 1 former tenants reviewed (Tenant #C2). Findings follow: Record review on 8/12/26 revealed Tenant #C2 originally admitted to the program on 2/25/26 with diagnoses of muscle weakness, spinal stenosis, gastro-esophageal reflux disease, and urinary tract infection. Review of incident reports for Tenant #C2 revealed: 1. An incident dated 7/17/26 noted Tenant #C2 was observed sitting on the floor on her buttocks at the end of the bed. Tenant #C2 stated she was sitting on the edge at the foot of the bed while attempting to pull up her pants when she slid off the bed onto the floor. Tenant #C2 sustained a bruise to the back of her right hand. 2. An incident dated 8/2/26 noted Tenant #C2 was observed lying on the floor in the hallway. Tenant #C2 reported left hip pain following the incident and stated she became dizzy, lost her balance, and fell. A progress note dated 8/3/26 noted Tenant #C2 was subsequently admitted to the hospital with a diagnosis of left trochanteric hip	A 122		

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A 122	Continued From page 4	A 122		

fracture.

Continued record review revealed a progress note dated 8/6/26 noted Tenant #C2 was re-admitted to the program following her hospital stay and subsequent surgical repair with insertion of an intramedullary nail to the left femur and began hospice services. The progress note further indicated Tenant #C2 was bedbound due to her left femur fracture and overall decline in condition.

A change of condition evaluation dated 8/6/26 noted Tenant #C2 was bedfast-confined to bed. Tenant #C2 required the assistance of two people for transfers. Tenant #C2 was chairfast/bedfast related to the left femur fracture.

The Executive Director informed the survey team on site on 8/11/26 Tenant #C2 passed away on 8/8/26.

Record review on 8/12/26 revealed Tenant #C2's hospice checklist for reporting death form, dated 8/8/26, noted Tenant #C2's manner of death as natural, with cause of death as cardiopulmonary failure, with recent trauma marked yes related to falls within the previous six weeks which may have contributed to death, with examples listed which included hip fracture.

Continued record review revealed Tenant #C2 's service plan, dated 8/6/26, indicated the following (but not limited to) resolved (cancelled) activity of daily living (ADL) tasks and level of assistance needed at the time of both incidents:

a. Dressing/Undressing: Intervention: Supervision and/or cues with dressing/undressing. Date initiated 2/27/26

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A 122	Continued From page 5 b. Mobility: Interventions: Requires SBA (Stand-by Assistance) with mobility with walker. Date initiated: 2/27/26 c. Requires assistance with wheelchair for long distances. Date initiated: 2/27/26. The service plan noted no further revisions in these areas until 8/6/26 when Tenant #C2 returned to the program post-fall with fracture and on hospice services. During an interview on 8/12/26 at 2:25 p.m., Staff B indicated Tenant #C2 required stand-by assistance when she first arrived at the program, but liked to do a lot of things by herself and staff checked on her every two hours. Staff B believed at some point therapy cleared her and removed the stand-by assist, but couldn't recall when. Staff B indicated he was not aware Tenant #C2's service plan required stand by assistance for Tenant #C2. During an interview on 8/13/26 at 10:55 a.m., Staff C stated Tenant #C2 was independent and would be halfway up the hallway on her own, but she didn't want Tenant #C2 to lose her balance and staff were to walk her to and from meals as it was a long walk from her room, but then heard therapy signed off on her to walk to meals, but couldn't recall when. Staff C thought therapy released Tenant #C2 from those assistance levels need for supervision/cueing for dressing, as well as stand-by assist for mobility, and felt both therapy and the former Director of Nursing told staff this information. During an interview on 8/13/26 at 11:20 a.m., Staff D stated Tenant #2 used a walker, moved	A 122		

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A 122	Continued From page 6	A 122		

very slowly and resisted a lot of help. She stated Tenant #2 always stated she could do it and would bring herself down to meals. Staff D stated sometimes she would ask Tenant #C2 if she could walk with her, but sometimes Tenant #C2 would let staff, and sometimes she would not, as Tenant #C2 never wanted to trouble staff. Staff D indicated due to Tenant #C2's falls she probably did need supervision/cueing for dressing. Staff D acknowledged Tenant #C2 ' s service plan noted staff were to stand-by assist, but stated at some point therapy had stated she could walk by herself, but could not recall when. During a tour of the area/distance where Tenant #C2 was located during her 8/2/26 fall in relation to her room, Staff D agreed Tenant #C2's room was a long distance from the dining room. Staff D explained she offered assistance to Tenant #C2 to walk with her, but Tenant #C2 told her not to worry about it. Staff D stated she recalled coming around the corner of the hallway where Tenant #C2 was located after the fall and remembered thinking to herself, "I knew it! I just knew it!". Staff D stated Tenant #C2 was wearing appropriate footwear at the time of the fall.

No therapy notes were provided by the program, despite requests on 8/13/26 and 8/17/26.

During an interview on 8/18/26 at 10:11 a.m. the Director of Nursing (DON) confirmed while she could not locate Tenant #C2's service plan from February of 2026 in the program's electronic health records system, but confirmed Tenant #C2's 8/6/26 service plan resolved ADL tasks with initiation dates of 2/27/26 which indicated Tenant #C2 required supervision/cues for dressing and stand-by assistance for mobility and acknowledged the assistance levels would have been in place at the time of Tenant #C2 ' s

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A 122	Continued From page 7 incidents on 7/17/26 and 8/2/26. On 8/18/26 at 1:06 p.m., the Executive Director confirmed the above findings.	A 122		
A 136	481-67.4(4) Program Notification to the Department 481-67.4 (231B,231C,231D) Program notification to the department. The director or the director's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available: 67.4(4) When a tenant elopes from a program. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to report an elopement. This affected 1 of 1 tenant who eloped (Tenant #3). Finding follows: Record review on 8/11/26 revealed the Department of Inspections, Appeals and Licensing Adult Services Monitoring Entrance Form, completed by the facility's Executive Director, indicated zero tenants eloped in the last three months. When interviewed on 8/12/26 at 2:25 p.m. Staff B stated he heard Tenant #3 went out the kitchen door one day when he wasn't at work. Record review on 8/13/26 revealed: a. An incident report, witness statements or progress notes related to Tenant #3's elopement could not be located.	A 136		

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A 136	Continued From page 8 b. Tenant #3's service plan, dated 7/30/26, indicated on 1/29/26 identified as at risk for elopement. The goal, dated 1/29/26, directed Tenant #3 will not leave the community unattended. c. Tenant #3's 30-day post move in assessment, dated 2/22/26, indicated he had a Brief Interview for Mental Status (BIMS) score of zero. d. Tenant #3's factsheet indicated he was 86 years old and diagnoses included unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, anxiety and carcinoma in situ of prostate. When interviewed on 8/13/26 at 11:20 a.m. Staff D reported an unrelated family member let Tenant #3 out the front door and nothing alarmed because he didn't have a wander guard. When interviewed on 8/12/26 at 2:50 p.m. Staff E stated when she took the trash out, she observed Tenant #3 getting into her car. Staff E could not recall what day it happened. Staff E stated someone let Tenant #3 out the front door. When interviewed on 8/13/26 at 10:56 a.m. Staff C indicated she heard Tenant #3 went out the front door with other people. When interviewed on 8/17/26 at 3:13 p.m. the Executive Director indicated in May an unrelated family member let Tenant #3 outside and he went around the building. She confirmed an incident report wasn't completed and it wasn't reported to the Department. She added the tenants don't need permission to leave and it's not an	A 136		

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A 136	Continued From page 9 elopement if they want to go for a walk. On 8/18/26 at 1:06 p.m., the Executive Director confirmed the above findings.	A 136		
A 309	481-67.18(3)b Record Checks 481-67.18(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks. 67.18(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall complete the background check requirements set forth below. b. Conducting a background check. The program will either request that the department of public safety perform a criminal history check and that HHS perform child and dependent adult abuse record checks of the person in this state or access the single contact repository (SING) to perform the required background check. If SING is used, the program will submit the person's maiden name, if applicable, with the background check request. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to complete background checks prior to hire for 1 of 7 employee personnel files reviewed (Staff A). Findings follow: Record review on 8/11/26 revealed employee files indicated Staff A was hired on 9/18/25. On 8/12/26 the program provided a Single Contact	A 309		

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A 309	Continued From page 10 License & Background Check (SING) for Staff A processed on 8/11/26 as documentation. When interviewed on 8/12/26 at 10:53 p.m., the Director of Nursing (DON) acknowledged the program could not locate the original background check for Staff A but re-processed the background check on 8/11/26 once identified. On 8/18/26 at 1:06 p.m., the Executive Director confirmed the above findings.	A 309		
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 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:	A 230		

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A 230	Continued From page 11	A 230		

Based on interview and record review, the program failed to complete evaluations prior to occupancy for 2 of 7 tenants reviewed (Tenant # C2 and Tenant #4). Findings follow:

1. Record review on 8/12/26 revealed Tenant #C2 admitted to the program on 2/25/26.

Continued record review revealed Tenant #C2's comprehensive evaluation indicated an effective date of 3/2/26 and was signed as completed by the program's former Director of Nursing on 3/11/26.

During an interview on 8/12/26 at 10:50 a.m. the current Director of Nursing (DON), confirmed the evaluation was the initial admission evaluation and confirmed the date of Tenant #C2's evaluation by the program's former DON was after the tenant's admission.

2. Record review on 8/18/26 revealed Tenant #C3 admitted to the program on 5/9/26.

Continued record review revealed the program provided a document noted to be a service assessment, a question-prompting tool used to determine the tenant's service needs, with effective date of 4/27/26 and was signed as completed by the program's former Director of Nursing on 5/11/26. The program failed to provide or locate an initial comprehensive evaluation for Tenant #C3's functional, cognitive, and health status.

During an interview on 8/17/26 at 1:20 p.m. the Regional Nurse indicated the service assessment document was the assessment used to determine level of care and served as the functional part of the evaluation, even though the document title did

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A 230	Continued From page 12 not list evaluation as the title of the form. During an interview on 8/18/26 at 10:11 a.m. the current DON, confirmed she could not locate Tenant #3's initial comprehensive evaluation in the program's electronic health records system. Record review on 8/13/26 revealed the program's Resident Evaluations Policy, dated 6/2026, directed the program to complete comprehensive evaluations for each resident's functional, cognitive, and health status prior to admission, every six months, and whenever a resident experiences a change in condition to determine whether current services remain appropriate, additional services are needed, and if the service plan requires revision. Following each evaluation, an individualized service plan shall be developed or updated and reflect the assessed needs and preferences of the resident. When interviewed on 8/18/26 at 1:06 p.m., the Executive Director confirmed the above findings.	A 230		
A 232	481-69.22(3) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation.	A 232		

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A 232	Continued From page 13 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to complete evaluations annually and with significant change for 2 of 7 tenants reviewed (Tenant #C1 and Tenant #3). Findings follow: 1. Record review on 8/12/26 revealed Tenant #C1 admitted to the program 5/1/24. Continued record review revealed Tenant #C1's service plan, dated 10/27/25, failed to reveal a comprehensive evaluation for the 2025 annual review. 2. Record review on 8/12/26 revealed Tenant #3 admitted to the program 1/23/26. Record review on 8/13/26 revealed Tenant #3 began hospice services on 6/13/26. The program failed to provide or locate Tenant #3's significant change evaluation related to hospice services as of 6/13/26. During an interview on 8/17/26 at 2:05 p.m., the current Director of Nursing acknowledged there was no significant change evaluation for Tenant #3 in the program's electronic health records system and stated it likely just got missed, as she had noticed some evaluations were outdated when she began employment. Record review on 8/13/26 revealed the program's Resident Evaluations Policy, dated 6/2026, directed the program to completed comprehensive evaluations for each resident's functional, cognitive, and health status prior to admission, every six months, and whenever a resident experiences a change in condition to	A 232		

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A 232	Continued From page 14 determine whether current services remain appropriate, additional services are needed, and if the service plan requires revision. Following each evaluation, an individualized service plan shall be developed or updated and reflect the assessed needs and preferences of the resident. When interviewed on 8/18/26 at 1:06 p.m., the Executive Director confirmed the above findings.	A 232		
A 235	481-69.23(1)a Criteria for Admission and Retention 481-69.23(231C) Criteria for admission and retention of tenants. 69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who: a. Is bed-bound; or This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program retained 1 of 7 tenants reviewed who was bed-bound and routinely required two staff to assist with transfers (Tenant #C2). Findings follow: Record review on 8/12/26 revealed Tenant #C2 originally admitted to the program on 2/25/26 with diagnoses of muscle weakness, spinal stenosis, gastro-esophageal reflux disease, and urinary tract infection. Continued record review revealed the following: a. An incident report, dated 8/2/26 noted Tenant	A 235		

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A 235	Continued From page 15	A 235		

#C2 was observed lying on the floor in the hallway and reported left hip pain following the incident. The report noted range of motion assessment was attempted, but Tenant #C2 was unable to tolerate range of motion to the left hip due to pain, and she was sent to the hospital for further evaluation.

b. A progress note, dated 8/3/26 indicated Tenant #C2 admitted to the hospital with a diagnosis of left trochanteric hip fracture.

c. A progress note, dated 8/6/26 indicated Tenant #C2 was re-admitted to the program following her hospital stay and subsequent surgical repair with insertion of an intramedullary nail to the left femur and began hospice services. The progress note further indicated Tenant #C2 was bedbound due to her left femur fracture and overall decline in condition.

d. A change of condition evaluation dated 8/6/26 noted Tenant #C2 was bedfast-confined to bed. Under the Mobility, Transfer, Escort section of the service assessment, it noted Tenant #C2 required the assistance of two people for transfers. Under Mobility Needs, it noted Tenant #C2 was chairfast/bedfast related to the left femur fracture.

During an interview on 8/17/26 at 2:05 p.m., the Director of Nursing (DON) indicated she was not the nurse who completed Tenant #C2's evaluation upon return from the hospital, but was aware and confirmed Tenant #C2 returned as bed-bound and required the assistance of two people for transfers.

During an interview on 8/17/26 at 3:15 p.m. the Executive Director (ED) indicated she filed a waiver of criteria for retention with the

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A 235	Continued From page 16 Department of Inspections, Appeals, and Licensing Office (DIAL) for Tenant #C2. On 8/17/26 the ED provided a copy of a completed request for waiver form, dated 8/6/26, but provided no further supporting documentation from the hospice provider or documentation the waiver request had been sent to the DIAL office. On 8/18/26 at 7:10 a.m., the DIAL office confirmed no request for waiver of criteria had been received from the program. On 8/18/26 at 10:18 a.m., the ED confirmed via email the request for waiver of criteria form was prepared, but was never submitted to the DIAL office as they were waiting on the supporting documentation from hospice, and Tenant #C2 passed on 8/8/26, prior to the hospice documentation being received. When interviewed on 8/18/26 at 1:06 p.m., the Executive Director confirmed the above findings.	A 235		
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;	A 268		

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A 268	Continued From page 17 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to document nurses' notes by exception. This affected 3 of 7 residents reviewed (Tenant #3, Tenant #C1, and Tenant #C2). Findings follow: Record review on 8/12/26 revealed: 1. Tenant #3's 6/13/26 hospice documentation indicated hospice services were initiated. Tenant #3's progress notes failed to include documentation of Tenant #3's significant change and the need for hospice services. 2. The program's discharged tenant list indicated Tenant #C1 moved out on 7/3/26. Tenant #C3's progress notes failed to include documentation of his discharge. 3. Tenant #C2's Hospice Report of Death, dated 8/8/26, indicated Tenant #C2 passed away. Tenant #C2's progress notes failed to include documentation of her death. Record review on 8/17/26 revealed the program's policy Charting and Documentation, dated 2/26, directed the program to chart all pertinent changes in the resident's condition, reaction to treatments, medications, etc., as well as routine observations. Chart as often as necessary and as need arises. The policy further provided procedures for documentation included death of a resident and discharge of a resident from the community. When interviewed on 8/17/26 at 3:13 p.m. the Executive Director confirmed documentation was not completed per policy.	A 268		

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A 276	481-69.25(1)q Tenant Document 481-69.25(231C) Tenant documents. 69.25(1) Documentation for each tenant shall be maintained by the program and include: q. When the tenant is unable to advocate on the tenant's own behalf or the tenant has multiple service providers, including hospice care providers, accurate documentation of the completion of routine personal or health-related care is required on task sheets. If tasks are doctor-ordered, the tasks will be part of the medication administration records (MARs); This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure documentation of routine personal or health related care on daily living task sheets for tenants unable to advocate for themselves or have multiple service providers, including hospice care. This affected 5 of 7 tenants reviewed (Tenant #1, Tenant #2, Tenant #3, Tenant #4, and Tenant #C2), with the potential to affect other tenants residing at the program. Findings follow: Record review on 8/12/26 and 8/13/26 revealed tasks sheets could not be located for the following: 1. Tenant #1's quarterly nursing assessment, signed 7/13/26, indicated physical therapy three times a week and occupational therapy two times a week. The assessment included a Saint Louis University Mental Status (SLUMS) score of 18 (indicating dementia). The tenant list provided by	A 276		

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A 276	Continued From page 19 the Program indicated a Global Deterioration Scale score of 5 (indicating moderately severe cognitive decline). 2. Tenant #2's service plan, dated 4/21/26, indicated she admitted to hospice on 7/22/26. 3. Tenant #3's hospice documentation, dated 6/13/26, indicated hospice services were initiated. 4. Tenant #4's hospice documentation, 2/4/26, indicated hospice services were initiated. 5. Tenant #C2's hospice documentation, dated 8/6/26, indicated hospice services were initiated. When interviewed on 8/13/26 at 3:13 p.m. the Executive Director confirmed the Program did not document routine personal or health related care on daily living task sheets.	A 276		
A 280	481-69.26(1) Service Plans 481-69.26(231C) Service plans. 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with rule 481-69.22(231C) and be designed to meet the specific needs of the individual tenant. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure service plans were developed based on evaluations for 1 of 7 tenants reviewed (Tenant #3). Finding follows:	A 280		

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A 280	Continued From page 20 Record review on 8/13/26 for Tenant #3 revealed: a. An initial admission evaluation, effective date of 1/23/26 and signed/dated as completed by the former Director of Nursing on 1/29/26. No service plan could be located which corresponded with the initial admission evaluation. b. A 30-day assessment, effective date of 2/22/26 and signed/dated as completed by the former Director of Nursing on 3/1/26. No service plan could be located which corresponded with the 30-day assessment. During an interview on 8/17/26 at 2:05 p.m., the Director of Nursing (DON) acknowledged an initial admission service plan and 30-day service plan for Tenant #3 could not be located in the electronic health records system or provided upon request. The DON indicated she noted concerns with missing service plans soon after she began employment with the program. When interviewed on 8/18/26 at 1:06 p.m., the Executive Director confirmed the above findings.	A 280		
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	A 282		

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A 282	Continued From page 21 by: Based on interview and record review, the program failed to update service plans as needed with significant change or failed to ensure service plans were signed by all parties for 4 of 7 tenants reviewed (Tenant #3, Tenant #C1, Tenant #C2, and Tenant #1). Findings follow: 1. Record review on 8/12/26 revealed Tenant #3 admitted to the program 1/23/26. Record review on 8/13/26 revealed Tenant #3 began hospice services 6/13/26. No revised service plan was provided or could be located related to Tenant #3's need for hospice services as of 6/13/26. Continued record review revealed Tenant #3's service plan, dated 7/30/26 included notation of hospice services with a date initiated of 7/30/26. Record review on 8/13/26 revealed the program's Senior Living Service Plan Policy, dated 6/2026, included the service plan shall be based on the resident evaluation. The service plan will guide the delivery of care and services and be updated when the resident's needs change. 2. Record review 8/11/26 to 8/18/26 revealed the following concerns with lack of signatures related to annual and/or change of condition service plans: a. Tenant #C1's service plan, dated 10/27/25, which was signed by the tenant's spouse on 10/6/25, but failed to include signatures from program representative/s who developed the plan. The 10/27/25 service plan was the only service plan on file for the 2025 calendar year, since Tenant #C1's admit date of 5/1/24.	A 282		

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A 282	Continued From page 22 b. Tenant #C2's significant change service plan, dated 8/6/26, which failed to include signatures from all parties. c. Tenant #1's annual service plan, dated 4/18/26, which failed to include signatures from all parties. During an interview on 8/17/26 at 2:05 p.m., the current Director of Nursing (DON) acknowledged there was no updated service plan for Tenant #3 in the program's electronic health records system. The DON further acknowledged the service plans were not signed and noticed many service plans without signatures when she began employment. She indicated the expectation for service plans was upon completion of service plans, the tenant's Power of Attorney (POA) should be contacted and the service plan is reviewed with them, to answer any questions the tenant or POA may have, and then have all parties sign the service plan. When interviewed on 8/18/26 at 1:06 p.m., the Executive Director confirmed the above findings.	A 282		
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	A 293		

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A 293	Continued From page 23 in the tenant's health status; This REQUIREMENT is not met as evidenced by: Based on interviews and record review the Program failed to assess and document the health status of each tenant. This affected 4 of 7 tenants reviewed (Tenant #1, Tenant #2, Tenant #3 and Tenant #C1. Findings follow: Record review on 8/13/26 revealed: 1. Tenant #1's quarterly nursing assessment, effective 7/10/26 indicated most recent blood pressure, most recent temperature, most recent pulse, and most recent respirations all dated 6/5/26. The Director of Nursing (DON) signed the assessment on 7/13/26. Tenant #1's nursing admission/readmission evaluation, effective 5/8/26, indicated most recent blood pressure, most recent temperature, most recent pulse, most recent oxygen saturation and most recent respirations all dated 4/2/26. The DON signed the assessment 5/26/26. Tenant #1's nursing admission/readmission evaluation, effective 11/19/25 indicated most recent blood pressure, most recent temperature, most recent pulse, and most recent respirations all dated 11/10/25. The Director of Nursing (DON) signed the assessment on 11/28/25. 2. Tenant #2's quarterly nursing assessment, effective 5/29/26, indicated most recent blood pressure, most recent temperature, most recent pulse, and most recent respirations all dated 5/10/26. The Director of Nursing (DON) signed the assessment on 5/29/26.	A 293		

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A 293	Continued From page 24	A 293		

Tenant #2's nursing admission/readmission evaluation, effective 4/27/26, indicated most recent blood pressure, most recent temperature, most recent pulse, most recent oxygen saturation and most recent respirations all dated 4/15/26. The DON signed the assessment 5/6/26.

3. Tenant #2's nursing semi-annual evaluation, effective 7/23/26, indicated most recent blood pressure, most recent temperature, most recent pulse, most recent oxygen saturation and most recent respirations all dated 7/15/26. The DON signed the assessment 7/23/26.

Tenant #3's 30-day post move in nursing assessment, effective 2/22/26, indicated most recent blood pressure, most recent temperature, most recent pulse, most recent oxygen saturation and most recent respirations all dated 2/25/26. The DON signed the assessment 1/29/26.

Tenant #3's nursing admission/readmission evaluation, effective 1/23/26, indicated most recent blood pressure, most recent temperature, most recent pulse, most recent oxygen saturation and most recent respirations dated 11/30/25 and 1/29/26. The DON signed the assessment 3/1/26.

4. Tenant #C1's nursing admission/readmission evaluation, effective 5/4/26, indicated most recent blood pressure, most recent temperature, most recent pulse, and most recent respirations dated 4/3/26. The DON signed the assessment 5/6/26.

When interviewed on 8/18/26 at 12:14 p.m. the Regional Nurse confirmed the assessments used the last set of vitals entered in the electronic record.

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A 366	Continued From page 25	A 366		
A 366	481-69.32(2) Life Safety 481-69.32(231C) Life safety-emergency policies and procedures and structural safety requirements. 69.32(2) An operating alarm system shall be connected to each exit door in a dementia-specific program. This REQUIREMENT is not met as evidenced by: Based on interviews and record review the Program failed to ensure an operating door alarm on each exit door. This potentially affected 7 of 7 tenants with impaired decision making. Finding follows: Record review on 8/11/26 revealed the Department of Inspections, Appeals and Licensing Adult Services Monitoring Entrance Form, completed by the facility's Executive Director, indicated zero tenants eloped in the last three months. When interviewed on 8/12/26 at 2:25 p.m. Staff B indicated he heard Tenant #3 went out the kitchen door one day when he wasn't at work. Staff B stated the kitchen was unattended and the exterior kitchen door didn't have an alarm. Observations on 8/12/26 at 2:50 p.m. revealed the kitchen exit door wasn't alarmed. When interviewed on 8/13/26 at 10:00 a.m. Staff F indicated he had approval from the fire marshal not to have an alarm on the kitchen exit door. Observations on 8/13/26 at 11:00 a.m. revealed	A 366		

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A 366	Continued From page 26 Staff F added a door alarm that notified staff pagers when it opened. When interviewed on 8/17/26 at 3:13 p.m. the Executive Director confirmed the kitchen exit door had not been alarmed for an undetermined amount of time. She didn't know it needed an alarm because the kitchen should be locked and it was not an evacuation route.	A 366		