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
	S0449	A. BUILDING: _____ B. WING _____	C 06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEADERS AT HOLLAND FARMS	2800 SUNSET DRIVE NORWALK, IA 50211

(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: 3 Tenants with cognitive impairment: 39 Total census: 42 No regulatory insufficiencies were cited during the investigation of Incident #132318 -I and Complaint #132122-C and 132318-C. The following regulatory insufficiencies were cited during the investigation of Complaint #132296-C.	A 000	See attached POC 8/24/26	
A 142	481-67.2 Medications 481-67.5(231B,231C,231D) Medications. 67.5(2) Each program shall follow its own written medication policy, including the following: This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to follow medication policy for medication orders. This pertained to 1 of 1 respite tenant reviewed (Tenant #1). Finding follows: When interviewed on 6/9/26 at 9:15 a.m. an Family Member A reported respite services were initiated for her family member on 5/27/26. She said she communicated to the sales staff member her mother's need to receive two types of insulin. The family member said she shared her mother's medication list and fall risk on	A 142		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 142	Continued From page 1	A 142		

5/12/26 with Program staff. She reported she reiterated several times her mom's need to receive both types of insulin. On 5/27/26 when she accompanied her mother to the Program, she said the process was rushed and felt hurried. She said she gave the Program her mother's pill case and two vials of insulin. The Program nurse informed the family member the Program could not use insulin vials they would need insulin pens. The Program offered to get the insulin pens from the network pharmacy. The family member left her mother. The Program notified the family member her mother slid out of bed the following day (5/28/26) and fell on 5/30/26. On 6/1/26 the Program notified the family their mother had vomited and appeared delirious; her blood sugar measured 639. The Program notified emergency services who transported Tenant #1 to the hospital where they admitted Tenant #1 to intensive care unit for diabetic ketoacidosis (DKA) a life-threatening emergency caused by lack of insulin. The hospital staff asked for Tenant #1's blood sugar levels for past few days. The family member contacted the Program who informed her Tenant #1 had not received her Novolog since 5/27/26 the day the Program admitted her for respite services.

Record review revealed Tenant #1 had diagnoses including diabetes and dementia. Tenant #1 had a Global Deterioration Scale score of 3, indicating mild cognitive decline. Further review revealed Tenant #1's service plan directed the Program to monitor and administer Tenant #1's medications, in addition to direction to staff to monitor Tenant #1's blood sugar three times a day and as needed.

When interviewed on 6/10/26 the Program nurse admitted the Program failed to obtain orders for

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A 142	Continued From page 2	A 142		

the Novolog. She said the pharmacy said they would obtain the order and Novolog. She admitted the pharmacy sent an email on Friday 5/29/26 that said the pharmacy had not made contact to clarify the order with Tenant #1's physician. She had left for the day when the emailed arrived. The Nurse confirmed she failed to ensure the correct order had been received and added to Tenant #1's medication administration record (MAR) so staff could administer the medication. The Program failed to administer Tenant #1's Novolog from 5/27/26 - 6/1/26.

Record review on 6/16/26 revealed email communication from the Program's pharmacy partner dated 5/29/26 at 4:04 p.m. The email noted the pharmacy did not believe they were going to receive a clarification regarding Tenant #1's Novolog and asked the nurse if they should enter the current order. The Program Nurse admitted she failed to respond to the email.

Record review revealed Tenant #1's physician's orders included the following for diabetes management: Lantus Solstar 100 Unit/ml, two units every morning; True Matrix glucose test strip, use to test blood sugar three times daily; Trueplus Super Thin 28g Lancet use to test blood sugar four times a day; Zegalogue 0.6mg.0.6mL syring, as needed for severe low blood sugar. The physician's orders were not updated to include Novolog.

Record review on 6/10/26 revealedTenant #1's medication pass history included no entry/notation for Novolog. Tenant #1 received Lantus Solostar100 Unit/ml 5/28/26, 5/29/26, 5/30/26, 5/31/26, and 6/1/26.

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A 142	Continued From page 3 Record review on 6/16/26 revealed the Program's Medication Orders policy dated 6/1/26. The policy directed if the community received an incomplete physician's order, the Program would contact the prescribing practitioner to obtain the missing information in a new written order prior to administering the medication. During the exit on 6/16/26 at 4:15 p.m. the Program acknowledged the failure to obtain required orders, follow policy and administer Tenant #1's Novolog which resulted in Diabetic ketoacidosis (DKA) a life-threatening emergency caused by lack of insulin.	A 142		

PLAN OF CORRECTION (POC)

Community Name: Holland Farms Date :8/20/2026

SECTION / TAG	VIOLATION	APPEAL?	PLAN OF CORRECTION		COMPLETED?
481-67.2 Medications 481-67.5(231B,231C,231D) Medications.	481-67.2 Medications 481-67.5(231B,231C,231D) Medications. 67.5(2) Each program shall follow its own written medication policy	☐ YES X NO	What Has Been Done to Correct?	The nurse who was in the facility at the time of the incident is no longer employed. The facility changed pharmacies after this incident and can now track medications in real time from order submission through delivery. Nursing staff have been reeducated on the facility's medication policy, admission checklist, and medication reconciliation forms including the requirement that medication orders be submitted and on hand prior to the resident being admitted.	☐ Y ES ☐ No
			How Will Recurrence Be Prevented?	The Wellness Director, Memory care director or Executive Director will use the Admission Checklist that has already been provided and review it during stand-up every weekday morning. This allows the team to identify missing paperwork early and determine whether the planned move-in date can still safely occur. This will include that the Physician's Repdoort/ Order Sheet is obtained, reviewed, and sent to the pharmacy prior to the day of move-in. The resident will not physically be admitted until orders are entered into the MAR and medications are in the community. Wellness Director or Memory Care Director will monitor the Medication Dashboard every weekday for the first three months to ensure medications are available and being given as ordered. If medications are coming from home, the Medication Reconciliation Form should be completed to accept and verify exactly what medications were received and identify anything that is still needed.	
			Person Responsible:	Wellness Director, Memory Care Director, Executive Director and or delegated person.	
			Due Date:	Reeducation on all policies will by 8/24/2026.	

		☐ YES ☐ NO	What Has Been Done to Correct?		☐ YES ☐ NO
			How Will Recurrence Be Prevented?		
			Person Responsible:		
			Due Date:		
		☐ YES ☐ NO	What Has Been Done to Correct?		☐ YES ☐ NO
			How Will Recurrence Be Prevented?		
			Person Responsible:		
			Due Date:		
SECTION / TAG	**VIOLATION**	**APPEAL?**		**PLAN OF CORRECTION**	**COMPLETE?**
		☐ YES ☐ NO	What Has Been Done to Correct?		☐ YES ☐ NO
			How Will Recurrence Be Prevented?		
			Person Responsible:		
			Due Date:		
		☐ YES ☐ NO	What Has Been Done to Correct?		☐ YES ☐ NO
			How Will Recurrence Be Prevented?		

			Person Responsible:		
			Due Date:		
		☐ YES ☐ NO	What Has Been Done to Correct?		☐ YES ☐ NO
			How Will Recurrence Be Prevented?		
			Person Responsible:		
			Due Date:		