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
	S0371	A. BUILDING: _____ B. WING _____	C 12/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSTAR AT JORDAN CREEK ALP/D	525 SOUTH 60TH STREET WEST DES MOINES, IA 50266

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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: 1 Tenants with cognitive impairment: 22 Total census: 23 No regulatory insufficiencies were cited during the investigation of Complaint #130543-C. The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program for People with Dementia.	A 000		
A 350	481-69.26(1) Service Plans 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to update the service plan to reflect a significant change to hospice services for 1 of 4 tenants reviewed (Tenant #4). Finding	A 350		

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

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A 350	Continued From page 1 follows: Record review on 12/31/25 revealed Tenant #4 admitted to the program on 6/08/23. An entrance form provided by the program identified Tenant #4 received hospice services. The program provided a copy at 2:00 p.m. on 12/31/25 of the physician orders signed and dated 4/11/24 to refer to hospice to eval and admit Tenant #4 to hospice services. Review of Tenant #4's service plan, labeled as a quarterly service plan and dated 11/05/25, noted under the section of Additional Nursing Services and Outside Services, "resident does not require coordination of care with outside providers." The Service Plan failed to reflect Tenant #4 received the support of hospice services, identify a hospice provider, or what service assistance hospice personnel provided to Tenant #4. When interviewed on 12/31/25 at 2:00 p.m., the Registered Nurse (RN) Wellness Director confirmed Tenant #4 received hospice services and acknowledged the service plan failed to identify hospice services, a hospice provider or what service assistance hospice personnel provided to Tenant #4. On 12/31/25 at 3:30 p.m. the Executive Director and RN Wellness Director confirmed the above findings.	A 350		
A 390	481-69.26(3)e 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	A 390		

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A 390	Continued From page 2	A 390		

less than annually.

e. The service plan shall be reviewed, updated if necessary, and signed and dated by all parties at least annually.

This REQUIREMENT is not met as evidenced by:
Based on interview and record review, the Program failed to ensure service plans were signed and dated by all parties at least annually for 3 of 4 tenants reviewed (Tenant #1, Tenant #2, and Tenant #3). Findings follow:

Record review on 12/31/25 revealed the following:
1. Tenant #1's service plan, dated 10/09/25, Included a signature page signed and dated by program staff, but failed to include a written signature of the tenant or tenant's responsible party and instead included a handwritten notation "verbal by (name) 10/09/25".

2. Tenant #2's service plan, dated 12/14/25, included a signature page signed and dated by program staff, but failed to include a written signature of the tenant or tenant's responsible party and instead included a handwritten notation "verbal by (name) 12/29/25."

3. Tenant #3's service plan, dated 10/03/25, included a signature page signed and dated by program staff, but failed to include any written signature of the tenant or tenant's responsible party.

No other service plans with a written signature from the resident or residents' representatives were provided for Tenant #1, Tenant #2, or Tenant #3 to indicate the resident or residents'

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A 390	Continued From page 3 representatives provided written signatures at least annually. When interviewed on 12/31/25 at 2:00 p.m., the Registered Nurse (RN) Wellness Director acknowledged the service plans failed to include a written signature of the resident or resident's responsible party. She explained she noticed several service plans were signed in this manner and discussed the expectation with her care plan team about the need to obtain written signatures. On 12/31/25 at 3:30 p.m. the Executive Director and RN Wellness Director confirmed the above findings.	A 390		
A 395	481-69.26(4)a Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to ensure service plans were individualized and accurately addressed tenant needs for 2 of 4 tenants reviewed (Tenant #2 and Tenant #3). Findings follow: 1. Record review on 12/31/25 for Tenant #2 revealed: a. An entrance form provided by the Program identified Tenant #2 as having wandering behaviors.	A 395		

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A 395	Continued From page 4 b. A progress note dated 10/20/25 indicated Tenant #2 engaged in wandering behavior. Progress notes dated 10/31/25, 11/17/25, 12/9/25, and 12/13/25 indicated behavioral expressions of unclothing. c. Review of Tenant #2's most recent service plan on file dated 12/14/25 noted under the Psychosocial section, "Resident does not wander or exit seek" and "Resident does not show any behavior expressions." 2) Record review on 12/31/25 for Tenant #3 revealed: a. A review of Progress Notes dated 7/03/25, 10/08/25, 10/09/25, 10/10/25, 10/13/25, 10/18/25, 10/19/25, 10/20/25, 10/22/25, 11/17/25, 12/12/25, 12/21/25 noted Tenant #3 had behavioral expressions of putting herself on the ground. b. A progress notes dated 10/03/25 indicated Tenant #3 fed herself mostly with finger foods. c. Progress notes dated 10/22/25, 10/23/25, 11/01/25, 11/03/25, 11/04/25 revealed Tenant #3 wandered as she ate, attempted to grab food items from the refrigerator, or attempted to wander and grab food items from other tenants' plates. d. A review of Tenant #3's service plan dated 10/03/25 failed to identify the behavioral expression of placing herself on the ground, the tenant's preference for finger foods, the behavioral expressions of wandering as she ate, grabbing food from the refrigerator, or wandering and grabbing food from other tenant's plates.	A 395		

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A 395	Continued From page 5 On 12/31/25 at 3:30 p.m. the Executive Director and Registered Nurse (RN) Wellness Director confirmed the above findings.	A 395		
A 410	481-69.26(4)d Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: 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 ability and personal interests or preferences for 3 of 4 tenants reviewed (Tenant #1, Tenant #2, and Tenant #3). Findings follow: Record review on 12/31/25 revealed the service plans for Tenants #1, #2, and #3 noted the following under the Activities section: "enjoys activities by themselves, in his/her own room, enjoys large group, small group, spending time outside the community for activities". 1) Tenant #1's service plan dated 10/09/25 noted Preferred Activity as "N/A" (not applicable). 2) Tenant #2's service plan dated 12/14/25 noted Preferred Activity as "N/A". 3) Tenant #3's service plan dated 10/03/25 noted	A 410		

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A 410	Continued From page 6 Preferred Activity as "N/A". On 12/31/25 at 3:30 p.m. the Executive Director and Registered Nurse (RN) Wellness Director confirmed the above findings.	A 410		