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7/16/25

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
	S0397	A. BUILDING: _____ B. WING _____	C 06/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANSEN HOUSE HARLAN	703 DYE STREET HARLAN, IA 51537

(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 type of population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive impairment: 32 Number of tenants with cognitive impairment: 21 Total census: 53 The following regulatory insufficiencies were cited during the investigation of Complaints #125149-C & #127934-C.	A 000	See attached POC 8/1/25	
A 180	481-67.3(6) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(6) To associate and communicate privately and without restriction with persons and groups of the tenant's choice, including the tenant advocate, on the tenant's initiative or on the initiative of the persons or groups at any reasonable hour. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure tenants were always able to meet with persons of their choice. This affected 1 of 1 tenants reviewed who was denied visitors (Tenant #1) and potentially affected future tenants. Findings include: On 6/02/25 at 10:58 a.m. interview with the	A 180		

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A 180	Continued From page 1 Director revealed when a tenant moved into the memory care unit, a short time of visitor restrictions was typical in order to allow the tenant to transition to their new home. Visits were slowly added as the individual adjusted. The Director said the restriction was noted in the Residency Agreement. On 6/03/25 review of the Residency Agreement revealed under Rights and Responsibilities section 10, it was noted the Program specialized in caring for seniors with Alzheimer's and other related diseases. A transition period may be utilized upon move-in to take time for the tenant to form a routine. (The transition period was not defined). On 6/03/25 at 2:38 p.m. interview with Tenant #2 revealed her two sisters had driven from Omaha to visit her but the Program turned them away. She said she told the Director she did not think that was fair for her sisters to drive all that way just to have to go back home. They had already waited a couple of weeks to see her. Tenant #2 thought this occurred when she first moved in back in November. On 6/04/25 at 10:57 a.m. interview with Staff B revealed she worked in the memory care unit as a Universal Worker. Staff B said there was an adjustment period for some of the tenants like Tenant #2 who did not want to be there. She recalled Tenant #2 wasn't allowed to see a couple of her daughters or grandchildren for a while but wasn't sure for how long. The Program had no policy or written directives in place documenting what a transition period entailed. In addition, there were no written guidelines for staff to follow regarding restrictions	A 180		

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A 180	Continued From page 2 on visitors. On 6/05/25 at 12:14 p.m. the Director denied knowledge of the daughters or granddaughters being denied visitation and agreed the visitor restrictions should be clarified to ensure continuity of care from shift to shift. Visitor restrictions should be spelled out in the tenant's service plan to ensure consistency.	A 180		
A 220	481-69.24(1)b Involuntary Transfer from Program 69.24(1) Program initiation of transfer. If a program initiates the involuntary transfer of a tenant and the action is not the result of a monitoring, including a complaint investigation or program-reported incident investigation, by the department and if the tenant or tenant's legal representative contests the transfer, the following procedures shall apply: b. The program shall immediately provide to the office of long-term care ombudsman, by certified mail, a copy of the notification and notify the tenant's treating physician, if any. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide the office of long-term care ombudsman a copy of the notice of involuntary transfer for 1 of 1 former tenants reviewed (Tenant C-1) Findings include: On 6/02/25 at 1:10 p.m. the Director emailed a list of former tenants that identified Tenant C-1 was given an involuntary discharge on 4/08/25. Tenant C-1 moved to skilled care on 4/21/25. Tenant C-1	A 220		

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A 220	Continued From page 3 had no guardian in place or an enacted Power of Attorney at the time of her discharge from the Program. On 6/02/25 at 4:45 p.m. the Director confirmed a copy of the notification of discharge was not provided to the Ombudsman. She stated she was not aware of this requirement. On 6/03/25 at 12:54 p.m. interview with Tenant C-1 revealed she was given an involuntary discharge notice because the Program was no longer able to meet her care needs. She said she made it clear she did not want to move. She had been at the Program for two years. On 6/03/25 at 1:38 p.m. the Director confirmed Tenant C-1 had not wanted to move to a higher level of care and reconfirmed the Program had not provided a notification of discharge to the office of the long-term care ombudsman.	A 220		
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 visitor restrictions were included in the service plans of 2 of 2 tenants reviewed with known restrictions (Tenants #1, #2). Findings include:	A 395		

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A 395	Continued From page 4 1. On 6/02/25 at 10:58 a.m. interview with the Director revealed Tenant #1 had visitor restrictions put in place by his Power of Attorney (POA). On 6/4/25 review of Tenant #1's file revealed he was admitted to the Program on 4/17/25 with diagnoses of dementia and Alzheimer's disease. His 30 day assessment completed on 5/16/25 revealed a GDS (Global Deterioration Scale) score of 5 indicating moderately severe cognitive decline. A review of his initial service plan dated 4/17/25 and 30 day service plan dated 6/30/25 contained no information regarding this restriction, including who the person(s) not allowed to visit the tenant. 2. On 6/03/25 record review revealed Tenant #2 was admitted to the program on 11/06/24 with a diagnosis of dementia, depression and anxiety. The tenant's 30 day assessment dated 12/01/24 revealed she had a GDS score of 2 indicating very mild cognitive decline. Tenant #2 was alert and oriented at times. There were days or evenings where she becomes confused and occasionally delusional. On 6/04/25 at 10:57 a.m. interview with Staff B revealed she worked in the memory care unit as a Universal Worker. Staff B said there was an adjustment period for some of the tenants like Tenant #2 who did not want to be there. Tenant #2 wasn't allowed to see a couple of her daughters or grandchildren for a while but wasn't sure for how long. On 6/02/25 at 10:58 a.m. interview with the Director revealed when a tenant moved into the memory care unit, a short time of visitor	A 395		

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A 395	Continued From page 5 restrictions was typical in order to allow the tenant to transition to their new home. Visits were slowly added as the individual adjusted. The Director said the restriction was noted in the Residency Agreement. On 6/03/25 review of the Residency Agreement revealed under Rights and Responsibilities section 10, it was noted the Program specialized in caring for seniors with Alzheimer's and other related diseases. A transition period may be utilized upon move-in to take time for the tenant to form a routine. (The transition period was not defined) On 6/03/25 review of Tenant #2's initial service plan dated 11/02/24 revealed there were no restrictions on visitation. On 6/05/25 at 12:14 the Director denied knowledge of the daughters or granddaughters being denied visitation and agreed the visitor restrictions should be spelled out in the tenant's service plan.	A 395		

ok
7/16/25

Hansen House
Senior Living
703 Dye St. Harlan, IA 51537
833-870-5182

July 10, 2025

Department of Inspections and Appeals

Attn: Catie Campbell

6200 Park Ave. Suite 100

Des Moines, Iowa 50321

Dear Ms. Campbell,

On behalf of Hansen House Harlan Residence in Harlan, I respectfully submit our Plan of Correction for your approval. Our response is specific to the report dated 07-01-2025. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of facts alleged or conclusion set forth in the Statement of Deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provision of state law.

Compliant # 125149-C

481-67.3(6) Tenant Rights

481-67.3 Tenant rights. All tenants have the following rights:

67.3(6) To associate and communicate privately and without restriction with persons and groups of the tenant's choice, including the tenant advocate, on the tenant's initiative or on the initiative of the persons or groups at any reasonable hour.

What measures will be taken to ensure the problem does not reoccur.

- Meeting provided to staff on 6-15-25 to discuss changes with transition program in details according to new admitting tenants. The tenant agreement has been updated to provide more detail about what a transition plan is. It includes provisions to allow for individualization on a case-by-case basis. The service plan will indicate what the tenant, tenant's medical power of attorney, residence director, and the health services coordinator have agreed to.

How the Program plans to monitor performance to ensure compliance.

- The Residence Director will audit each service plan for the next three months to assure the new systems implemented address tenant transitions should any be agreed to.

The date by which the regulatory insufficiency will be corrected.

- This regulatory insufficiency will be corrected by 08/01/2025.

481-69.24(1)b Involuntary Transfer from Program

69.24(1) Program initiation of transfer. If a program initiates the involuntary transfer of a

tenant and the action is not the result of a monitoring, including a complaint investigation or program-reported incident investigation, by the department and if the tenant or tenant's legal representative contests the transfer, the following procedures shall apply:

b. The program shall immediately provide to the office of long-term care ombudsman, by certified mail, a copy of the notification and notify the tenant's treating physician, if any.

What measures will be taken to ensure the problem does not reoccur.

- A certified letter of involuntary transfer from program will be sent to long-term care ombudsman.

How the Program plans to monitor performance to ensure compliance.

- Residential Director and Health Care Coordinator will keep receipt of certified letter. A nurse’s note will be added to the tenant file.

The date by which the regulatory insufficiency will be corrected.

- This regulatory insufficiency will be corrected by 08/01/2025.

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

What measures will be taken to ensure the problem does not reoccur.

- The service plan format within the electronic record has been updated to add a specific section for tenants’ transition to assisted living. If a transition plan is agreed to it will be detailed in this section. At any time, the parties involved may alter the plan. The service plan will be adjusted should that occur.
- Staff have been educated on the new section implemented within the service plan.

How the Program plans to monitor performance to ensure compliance.

- For the next three months the Residence Director will review service plans to assure the new prepopulated transition section appears on the service plan.

The date by which the regulatory insufficiency will be corrected.

- This regulatory insufficiency will be corrected by 08/01/2025.

If you have any questions regarding this plan of correction, please feel free to reach out to me at the contact information below.

Sincerely,

Mindy Shaffer, Residence Director

Hansen House Harlan

703 Dye St. Suite 142

Harlan, IA 51537

Phone: 833-870-5182