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
	S0433	A. BUILDING: _____ B. WING _____	C 08/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRIENDLY HORIZONS, LLC	645 1ST AVENUE SW SIOUX CENTER, IA 51250

(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. Number of tenants without cognitive impairment: 0 Number of tenants with cognitive impairment: 16 Total census: 16 The following regulatory insufficiencies were cited during the investigation of Complaint #128765-C.	A 000		
A 635	481-69.32(2) Life Safety - Emergency Policies / Structure 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 observation and interview, the program failed to ensure an operating alarm system was connected to each exit door in the dementia-specific program with the potential to affect all 16 tenants with cognitive impairment residing at the program. Findings follow: Observations throughout 8/25/25 to 8/26/25 revealed the following exit doors had no operating alarm system: *one exterior exit door on south end of the building, leading from the living room area to the courtyard *one exterior exit door on south end of the	A 635		

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

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
	S0433	A. BUILDING: _____ B. WING _____	C 08/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRIENDLY HORIZONS, LLC	**645 1ST AVENUE SW SIOUX CENTER, IA 51250**

(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 635	Continued From page 1 building, leading from the dining room area to the courtyard *two interior exit doors on the north end of the building, leading from the hallway into separate exit/entrance vestibules *one exterior exit door facing west (from the vestibule on NW side) *one exterior exit door facing east (from the vestibule on NE side) During an interview on 8/26/25 at 1pm, the Program Administrator stated he was unaware of the regulation regarding a required operating alarm system on exit doors. He confirmed the program had no operating alarm system in place for all exit doors but would work to correct the concern. On 8/26/25 at 2:30pm, the Program Administrator confirmed the above findings.	A 635		