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
	S0435	A. BUILDING: _____ B. WING _____	C 02/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK PARK ESTATES AL MEMORY CARE	3212 GREENHILL CIRCLE CEDAR FALLS, IA 50613

(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: 7 Tenants with cognitive impairment: 26 Total census: 33 No regulatory insufficiency was cited during the investigation of Incident #130460-I. The following regulatory insufficiency were cited during the investigation of Incident #131437-I.	A 000	see attached POC 2/18/26	
A 638	481-69.32(4)b Life Safety - Emergency Policies / Structure 69.32(4) A program serving a person(s) with cognitive disorder or dementia shall have: b. Written procedures regarding appropriate staff response when a tenant's service plan indicates a risk of elopement or when a tenant exhibits wandering behavior. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to develop and implement written procedures addressing appropriate staff response when a tenant's service plan indicated a risk of elopement or when a tenant exhibited wandering behavior for 1 of 3 tenants reviewed (Tenant #3) with the potential to affect other tenants residing at the Program. Findings follow: Record review on 2/17/26 revealed Tenant #3 admitted to the Program on 1/13/26. A progress note dated 1/15/26 revealed Tenant #3 exhibited wandering behavior, "pushing on the doors" and	A 638	Oak Park Estates has developed and implemented written procedures addressing appropriate staff response when a tenants exhibits wandering behavior. Oak Park has developed written procedures for maglocks and keypads. A wander gaurd system was installed on the exit doors. A wander gaurd band was placed on resident #3 wrist. Staff checks placement of wanderguard throughout thei shift as instructed on the medication administratoin record.	3/2026 2/18/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0435	A. BUILDING: _____ B. WING _____	C 02/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK PARK ESTATES AL MEMORY CARE	3212 GREENHILL CIRCLE CEDAR FALLS, IA 50613

(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 638	Continued From page 1	A 638		

"threatening to break the glass entry door." The note indicated the Program Registered Nurse (RN) escorted Tenant #3 outside and walked with him while attempting to redirect Tenant #3 back into the building, but Tenant #3 was "insistent that he is walking home." Attempts to redirect Tenant #3 back to the building were unsuccessful and after walking two blocks the RN "called the Cedar Falls police department to request assistance." A progress note dated 1/21/26 indicated Tenant #3 continued to "insist on leaving the building." An incident report dated 2/07/26 noted Tenant #3 successfully exited the building after a staff member mistakenly allowed him to exit the building. Following the exit, the RN revised Tenant #3's service plan dated 2/10/26 at the 30-day assessment and identified Tenant #3's elopement risk and initiated a Wandergard bracelet for Tenant #3.

Review on 2/17/26 of the program's policy entitled "Life Safety Requirements for a Dementia-Specific Program" with a revision date of May 2022 noted a program serving a person(s) with cognitive disorder or dementia, whether in a general or dementia-specific setting, shall have: "Written procedures regarding mag lock systems and appropriate staff response when a Resident's service plan indicates a risk of elopement or a tenant exhibits wandering behavior."

When interviewed on 2/18/26 about written procedures regarding appropriate staff response when a tenant's service plan indicates a risk of elopement or a tenant exhibits wandering behavior, the Director/RN indicated she looked through the program's policies and could not locate a policy.

On 2/19/26 at 11:15 a.m., the Director/RN

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
	S0435	A. BUILDING: _____ B. WING _____	C 02/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK PARK ESTATES AL MEMORY CARE	3212 GREENHILL CIRCLE CEDAR FALLS, IA 50613

(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 638	Continued From page 2 confirmed the above findings.	A 638		