

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0448	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/31/2023
NAME OF PROVIDER OR SUPPLIER HOLLAND FARMS SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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 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 disorder: 36 Number of tenants with cognitive disorder: 2 TOTAL census of Assisted Living Program: 38 No regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program or during the investigation of Complaints #115536-C, #113478-C, #111868-C, and #111772-C. A revisit for complaint #111304-C (3/3/23) was also completed and determined to be MET. The following regulatory insufficiencies were cited during the investigation of Complaint #111922-C.	A 000		
A 107	231C.5 2 Occupancy Agreement 231C.5 Written occupancy agreement required. 2. An assisted living program occupancy agreement shall clearly describe the rights and responsibilities of the tenant and the program. The occupancy agreement shall also include but is not limited to inclusion of all of the following information in the body of the agreement or in the supporting documents and attachments: a. A description of all fees, charges, and rates describing tenancy and basic services covered, and any additional and optional services and their related costs.	A 107		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 107	Continued From page 1 b. (1) A statement regarding the impact of the fee structure on third-party payments, and whether third-party payments and resources are accepted by the assisted living program. (2) The occupancy agreement shall specifically include a statement regarding each of the following: (a) Whether the program requires disclosure of a tenant's personal financial information for occupancy or continued occupancy. (b) The program's policy regarding the continued tenancy of a tenant following exhaustion of private resources. (c) Contact information for the department of human services and the senior health insurance information program to assist tenants in accessing third-party payment sources. c. The procedure followed for nonpayment of fees. d. Identification of the party responsible for payment of fees and identification of the tenant's legal representative, if any. e. The term of the occupancy agreement. f. A statement that the assisted living program shall notify the tenant or the tenant's legal representative, as applicable, in writing at least thirty days prior to any change being made in the occupancy agreement with the following exceptions: (1) When the tenant's health status or behavior constitutes a substantial threat to the health or safety of the tenant, other tenants, or others, including when the tenant refuses to consent to relocation. (2) When an emergency or a significant change in the tenant's condition results in the need for the provision of services that exceed the type or level of services included in the	A 107		

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A 107	Continued From page 2 occupancy agreement and the necessary services cannot be safely provided by the assisted living program. g. A statement that all tenant information shall be maintained in a confidential manner to the extent required under state and federal law. h. Occupancy, involuntary transfer, and transfer criteria and procedures, which ensure a safe and orderly transfer. i. The internal appeals process provided relative to an involuntary transfer. j. The program's policies and procedures for addressing grievances between the assisted living program and the tenants, including grievances relating to transfer and occupancy. k. A statement of the prohibition against retaliation as prescribed in section 231C.13. l. The emergency response policy. m. The staffing policy which specifies if nurse delegation will be used, and how staffing will be adapted to meet changing tenant needs. n. In dementia-specific assisted living programs, a description of the services and programming provided to meet the life skills and social activities of tenants. o. The refund policy. p. A statement regarding billing and payment procedures. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to include a list of fees charges, and rates describing basic services covered and additional services and their related costs. This pertained to 2 of 5 discharged tenants reviewed (Tenants C1 and C2). Findings follow: Record review on 10/26/23 revealed the following:	A 107		

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A 107	Continued From page 3 1. The Tenant Occupancy Agreement for Tenant C1 was signed 6/11/23 and agreed to pay \$3250.00 a month for room and board with no level of care needed. Invoices for the months of February, March, and April of 2023 noted several changes in level of care and the cost associated with each level. No document describing the fee schedule for each level of care could be located. 2. The Tenant Occupancy Agreement for Tenant C2 was signed 1/2/23 and agreed to pay \$4400.00 a month for room and board plus a level of care fee of \$525.00. Invoices for the month of July 2023 noted an increase of the level of care fee to \$875.00. No document describing the fee schedule for the level of care could be located. When interviewed on 10/26/23 the Director of Nursing stated after she completed and assessment of a tenant, she entered the information into the computer program and it computed the level of care and the amount to be charged. She confirmed families were not provided information outlining what each level of care included and the cost associated with it.	A 107		