

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 03/06/2025
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 impairment: 45 Number of tenants with cognitive impairment: 6 Total census: 51 The following regulatory insufficiencies were cited during the investigation of Complaint #121215-C.	A 000	The Plan of Correction is attached	
A 215	481-69.24(1)a 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: a. The program shall notify the tenant or tenant's legal representative, in accordance with the occupancy agreement, of the need to transfer the tenant and of the reason for the transfer and shall include the contact information for the office of long-term care ombudsman. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to notify the legal representative of the need to involuntarily transfer a tenant. This pertained to 1 of 2 former tenants reviewed (Tenant C1). Finding follows:	A 215		

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: S0448	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 03/06/2025
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 215	Continued From page 1 Record review on 3/6/25 revealed an email from the Program to Tenant C1's Power of Attorney (POA) dated 5/28/24. The email informed the POA Tenant C1 would need to move to memory care by 6/7/24. The POA was not willing to move Tenant C1 to the memory care and expressed this in a return email. When interviewed on 3/6/25 the Director confirmed the Program failed to provide involuntary transfer notice per regulations.	A 215			
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 notify the office of the long-term care ombudsman of the need to involuntarily transfer a tenant. This pertained to 1 of 2 former tenants reviewed (Tenant C1). Finding follows: Record review on 3/6/25 revealed an email from the Program to Tenant C1's Power of Attorney	A 220			

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 03/06/2025
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 220	Continued From page 2 (POA) dated 5/28/24. The email informed the POA Tenant C1 would need to move to memory care by 6/7/24. The POA was not willing to move Tenant C1 and expressed this in a return email. When interviewed on 3/6/25 the Director confirmed the Program failed to provide involuntary transfer notice to the office of long-term care ombudsman per regulations.	A 220		
A 340	481-69.25(2) Tenant Documents 69.25(2) The program records relating to a tenant shall be retained for a minimum of three years after the transfer or death of the tenant. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure tenant documents were kept for a minimum of three years for 1 of 2 former tenants reviewed (Tenant C1). Findings follow: On 3/5/25 record review revealed Tenant C1 was admitted to the program on 3/21/24. Her Occupancy Agreement (OA) was requested on that date. At 1:45 p.m. the Executive Director (ED) said he could not locate Tenant C1's OA but would provide once located. On 3/6/25 at 1:25 p.m. the ED confirmed the Program could not locate Tenant C1's OA.	A 340		

A 215 Involuntary Transfer from Program

Leadership training on 4/4/25 regarding Occupancy Agreement, and proper discharge per regulations.

Communication will be had with ED regarding all possible transfers/discharges. ED will be the one to issue 30-day notice if necessary.

A 220 Involuntary Transfer from Program

Leadership training on 4/4/25 regarding Occupancy Agreement, and proper discharge per regulations.

ED will be the one to issue a letter, with a copy of 30-day notice to the ombudsman if notice is given to tenant.

A 340 Tenant Documents

Effective 04/01/25 All Occupancy Agreements have been scanned into our electronic charting system to ensure we have a digital copy, as well as the hard copy on file for a minimum of 3 years. New occupancy agreements will be scanned into our electronic charting system at the time of move in/transfer.