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
	S0448	A. BUILDING: _____ B. WING _____	C 09/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLAND FARMS SENIOR LIVING	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 visit. Tenants without cognitive impairment: 41 Tenants with cognitive impairment: 4 Total census: 45 The following regulatory insufficiencies were cited during the investigations of Complaints #127567-C and #130336-C and the recertification visit conducted to determine compliance with certification of an Assisted Living Program.	A 000	See attached POC 1/14/26	
A 150	481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the program failed to follow established policy regarding accountability for narcotic medication for 1 of 2 current and former tenants reviewed with narcotic medication (Tenant C1). Finding follows: Record review on 9/18/25 revealed Tenant C1 passed away at the program on 4/22/25, while under hospice care. She was 85 years of age with diagnosis including chronic kidney disease, chronic obstructive pulmonary disease, edema, cardiomegaly and essential hypertension. Review of Tenant C1's Medication Administration	A 150		

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A 150	Continued From page 1	A 150		

Records (MARs), pharmacy records and Hydrocodone-Apap medication count log for the months of February, March and April 2025 revealed discrepancies, as follows:

February 2025:
a. The MAR indicated Tenant C1 received Hydrocodone-Acetaminophen (APAP) 5-325 milligrams (mg) three times per day from the morning of 2/01/25 through the morning of 2/10/25.

b. The dosage was increased to 7.5-325 mg as of 2:00 p.m. 2/10/25, which the tenant continued to receive three times per day, other than a hospitalization from 2/18/25 to 2/25/25.

c. The pharmacy records indicated the program received 90 tablets of Hydrocodone-APAP 7.5-325 mg on 2/10/25, which was a 30 day supply. A program staff signed for the 90 tablets.

d. The Hydrocodone-APAP 7.5-325 mg count log noted 69 tablets were added to the count on 2/10/25 by Registered Nurse (RN) C. There was no documented explanation as to why the pharmacy delivery slip showed 90 tablets received but only 69 tablets added to the count sheet.

e. The pharmacy records revealed another 90 tablets requested by the program and delivered on 2/25/25, signed by the ALP/D Manager. The 90 tablets were not added to the count log, with no documented explanation as to why they were not added.

March 2025:
a. The pharmacy records indicated requests from the program for refills for the Hydrocodone-APAP

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7.5-325 mg on 3/13/25 and 3/19/25, which were denied by the primary care provider (PCP) because it was too early for refills. The pharmacy didn't send any Hydrocodone-APAP for Tenant C1 during the month of March.

b. The MAR revealed Tenant C1 did not receive the 8:00 a.m. or 2:00 p.m. dose of medication on 3/19/25 because the medication was unavailable.

c. The medication count sheet indicated the last remaining tablet was given at the 8:00 p.m. dose on 3/18/25. RN B added 30 tablets to the count sheet on the afternoon of 3/19/25. There was no documentation indicating where the 30 tablets came from.

April 2025:
a. The MAR indicated the tenant received the Hydrocodone-APAP 7.5-325 mg three times per day until it was discontinued on 4/16/25.

b. The count sheet indicated only two tablets remained after the 8:00 a.m. dose on 4/02/25, but RN B added 30 tablets on the morning of 4/02/25, bringing the count up to 32.

c. Pharmacy records revealed the program requested a refill of 90 tablets on 4/02/25, but the medication was not delivered until 4/04/25.

d. RN B added 90 tablets to the count sheet on the morning of 4/05/35. There was no documentation regarding where the 30 tablets added on 4/02/25 came from.

At the time of the DIAL visit, RN A and RN B no longer worked at the program. The program was without a director of nursing and used corporate and contract nursing staff to cover.

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A 150	Continued From page 3 During an interview on 9/23/25 at 4:00 p.m. the Pharmacist Chief Operating Officer (COO) verified the dates and amounts of Hydrocodone-APAP 7.5-325 mg sent to the program for Tenant C1 from February to April 2025. She confirmed the pharmacy sent no Hydrocodone-APAP for the tenant between 2/25/25 and 4/05/25. During a follow up interview on 9/24/25 at 5:45 p.m. the Pharmacist COO acknowledged the pharmacy delivery slip for 2/25/25 didn't indicate the number of Hydrocodone-APAP 7.5-325 mg sent, but she checked and verified the pharmacy sent 90 tabs on 2/25/25. During an interview on 9/24/25 at 4:25 p.m. the Assisted Living Program (ALP) Manager reviewed the MARs, pharmacy records and Hydrocodone-APAP 7.5-325 mg count log with the surveyor. The Manager was unable to explain the discrepancies between the documents, other than to suggest the pharmacy might have made a mistake regarding the amount of medication delivered. She suggested the ALP/D Manager might have more information because she was the assistant Wellness Director during the period of time in question. During a follow up interview on 9/25/25 at 9:30 a.m. the ALP Manager indicated she began working at the program in July 2025. After her arrival, she informed staff they must save the pharmacy delivery slips. To her knowledge, the delivery slips were not retained prior to July. The ALP Manager didn't know of any program documentation to indicate the amount of narcotic medication received prior to July, other than the narcotic count logs. She confirmed the program	A 150		

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A 150	Continued From page 4 failed to follow their policy to thoroughly document information regarding narcotic medication received. During an interview on 9/25/25 at 11:00 a.m. the ALP/D Manager explained staff who signed the pharmacy delivery slip were responsible for looking over the medication delivered to ensure it matched the slip before signing it. After signing for delivered medication, staff took it to the nurse or locked it in the medication cart if the nurse was not present. Narcotic medication was double locked. The staff notified the nurse regarding medication delivery. The ALP/D Manager stated RN B and RN C sometimes kept tenants' narcotic medications in their office then added them to the medication cart and count sheet as needed. The Program policy "Narcotic Accountability - IA", dated 11/13/20 indicated when the Program received narcotic medications a record would be made to include the resident's name, name and strength of the medication, prescription number, amount of medication received, signatures of witness(es) verifying the amount of medication received and the date and time of receipt.	A 150		
A 340	481-67.9(4)a Staffing 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: a. The program's newly hired registered nurse shall within 60 days of beginning employment as the program's registered nurse document a review to ensure that staff are sufficiently trained	A 340		

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A 340	Continued From page 5 and competent in all tasks that are assigned or delegated. This REQUIREMENT is not met as evidenced by: Based on interviews and record review the Program failed to ensure the newly hired registered nurse completed nurse delegation duties for staff within 60 days of hire. This affected 6 of 6 caregivers and medication managers reviewed (Staff A, Staff B, Staff C, Staff D, Staff E and Staff F). Finding follows: During an interview on 9/18/25 at 8:50 a.m. the Executive Director (ED) explained Registered Nurse (RN) A worked at the program as the Director of Nursing/Health and Wellness Director from 7/08/25 to 9/09/25. The ED indicated RN A abruptly resigned on 9/09/25 after the ED verbally reprimanded her regarding an incident. RN A worked at the program for over 60 days. The ED talked with RN A approximately a week before she left regarding completing the nurse delegations with the staff and she indicated at that time she had not completed any of them. The ED didn't know whether RN A completed any of the nurse delegations before she resigned. During an interview on 9/18/25 at 10:35 a.m. Staff D indicated she did not receive nurse delegation training/competency check by RN A. During an interview on 9/18/25 at 10:50 a.m. Staff B reported she did not receive nurse delegation training/competency check by RN A. Review of staff records on 9/18/25 revealed no	A 340		

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A 340	Continued From page 6 documentation of nurse delegation by RN A to ensure competency for tenant care for Staff A, Staff B, Staff C, Staff D, Staff E and Staff F. The staff were caregivers and/or medication managers.	A 340		
A 145	481-69.22(3) Evaluation of Tenant 69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interviews and record review the Program failed to adequately evaluate health and functional status for 1 of 4 sample tenants reviewed (Tenant #3). Finding follows: 1. During an interview on 9/17/25 at 3:50 p.m. Staff I reported Tenant #3 usually needed assistance from two staff during his showers. During an interview on 9/18/25 at 10:35 a.m. Staff D explained Tenant #3 often needed assistance	A 145		

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from two staff for transfers and sometimes two staff for shower assistance.

During an interview on 9/18/25 at 10:50 a.m. Staff E indicated Tenant #3 sometimes required two staff for assistance. She pointed out it was difficult to assist him with showers.

During an interview on 9/23/25 at 2:15 p.m. Tenant #3's wife stated staff assisted the tenant with showers, which sometimes included assisting him with transferring from his electric scooter to the shower chair.

Record review on 9/23/25 revealed Tenant #3's current health and functional assessment dated 9/03/25. According to the assessment, Tenant #3 transferred himself independently. The assessment indicated Tenant #3 needed no staff assistance for transfers.

During interview on 9/23/25 at 3:10 p.m. the Assisted Living Program (ALP) Manager verified Tenant #3's assessment was incorrect in indicating he was independent with transfers. The Manager confirmed Tenant #3 occasionally needed staff assistance with transfers.

2. Review of Tenant #3's current assessment dated 9/03/25 indicated his wife managed his medications and he was independent in managing chronic health conditions, such as lymphedema in his legs. According to the assessment, no staff support needed related to his medication or management of chronic illness.

During interview on 9/23/25 at 2:15 p.m. Tenant #3's wife stated the tenant had a history of wounds on his right lower leg. She explained Tenant #3 developed blisters on his leg, which

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A 145	Continued From page 8 sometimes popped and left open areas. Tenant #3's wife indicated the tenant might currently have an open wound on his leg, which opened "a while back". She said program staff applied antibiotic ointment to the wound, bandaged it and wrapped it. Tenant #3's wife also explained the staff applied the tenant's wraps to both legs in the morning for his lymphedema and removed the wraps at night. During interview on 9/23/25 at 3:10 p.m. the ALP Manager confirmed program staff applied and removed the leg wraps for Tenant #3's lymphedema, but she didn't know whether staff provided treatment for wound care. The ALP Manager confirmed the program had no documentation of program staff providing treatment to Tenant #3's leg wound. Staff H (medication manager) joined the interview with the ALP Manager on 9/23/25 at 3:15 p.m. She stated she and other staff applied a topical antibiotic ointment, non-adhesive bandage and gauze wrap to Tenant #3's leg wound every morning, but they didn't document it. Staff H also verified staff applied wraps to Tenant #3's legs in the mornings, due to his lymphedema.	A 145		
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	A 395		

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A 395	Continued From page 9 by: Based on interview and record review the program failed to include all service needs in the service plan for 1 of 4 sample tenants reviewed (Tenant #3). Finding follows: 1. During an interview on 9/17/25 at 3:50 p.m. Staff I reported Tenant #3 usually needed assistance from two staff during his showers. During an interview on 9/18/25 at 10:35 a.m. Staff D explained Tenant #3 often needed assistance from two staff for his transfers and sometimes two staff for shower assistance. During an interview on 9/18/25 at 10:50 a.m. Staff E indicated Tenant #3 sometimes required 2 staff for assistance. She pointed out it was difficult to assist him with showers. During an interview on 9/23/25 at 2:15 p.m. Tenant #3's wife stated staff assisted the tenant with showers, which sometimes included assisting him with transferring from his electric scooter to the shower chair. Record review on 9/23/25 revealed Tenant #3's current service plan dated 9/03/25 indicated he was independent with transfers. During an interview on 9/23/25 at 3:10 p.m. the Assisted Living Program (ALP) Manager verified Tenant #3's service plan was incorrect in indicating he was independent with transfers. The Manager confirmed Tenant #3 occasionally needed staff assistance with transfers. 2. Review of Tenant #3's current service plan dated 9/03/25 indicated his wife managed his medications and he was independent in	A 395		

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A 395	Continued From page 10	A 395		

managing chronic health conditions, such as lymphedema in his legs. According to the assessment and service plan, no staff support needed related to his medication or management of chronic illness.

During an interview on 9/23/25 at 2:15 p.m. Tenant #3's wife indicated the tenant had a history of wounds on his right lower leg. She explained Tenant #3 developed blisters on his leg, which sometimes popped and left open areas. Tenant #3's wife said the tenant might currently have an open wound on his leg, which opened "a while back". She said program staff applied antibiotic ointment to the wound, bandaged it and wrapped it. Tenant #3's wife also explained the staff applied the tenant's wraps to both legs in the morning for his lymphedema and removed the wraps at night.

During an interview on 9/23/25 at 3:10 p.m. the ALP Manager said program staff applied and removed the leg wraps for Tenant #3's lymphedema, but she didn't know whether staff provided treatment for wound care. The ALP Manager confirmed the program had no documentation of program staff providing treatment to Tenant #3's leg wound. These services were not listed in the tenant's current service plan.

Staff H (medication manager) joined the interview with the ALP Manager on 9/23/25 at 3:15 p.m. She stated she and other staff applied a topical antibiotic ointment, non-adhesive bandage and gauze wrap to Tenant #3's leg wound every morning, but they didn't document it. Staff H also verified staff applied wraps to Tenant #3's legs in the mornings, due to his lymphedema.

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A 405	Continued From page 11	A 405		
A 405	481-69.26(4)c Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: c. The service provider(s), if other than the program, including but not limited to providers of hospice care, home health care, occupational therapy, and physical therapy This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the program failed to include information regarding outside services in service plans for 1 of 2 sample tenants reviewed who received outside services (Tenant #3). Finding follows: Record review on 9/23/25 revealed Tenant #3's current service plan dated 9/03/25, which made no mention of occupational therapy (OT) services. The annual nurse review dated 9/03/25 indicated OT worked with the tenant regarding showering. During an interview on 9/23/25 at 2:15 p.m. Tenant #3's wife stated occupational therapy worked with Tenant #3 regarding showering. The tenant's wife indicated OT staff were training staff on the most effective way to assist Tenant #3 with transfers and seating during showers. During an interview on 9/23/25 at 3:10 p.m. the ALP Manager confirmed Tenant #3 received OT services, but it was not included in his service plan.	A 405		

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A 420	Continued From page 12	A 420		
A 420	481-69.27(1)a Nurse Review 69.27(1) If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse: a. To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the program failed to include review of medications in nurse reviews for 2 of 2 sample tenants reviewed whose medication was managed by the program (Tenant #1 and Tenant #4). Findings follow: 1. Record review on 9/23/25 for Tenant #1 revealed a nurse review dated 7/29/25, upon the tenant's return from a hospitalization. The nurse review failed to indicate a review of the tenant's medications, including any adverse effects, ensuring the medication orders were current and medications were given according to physician's orders. Tenant #1's current service plan dated 7/29/25 indicated the program provided medication management services. During an interview on 9/23/25 at 2:55 p.m. the ALP Manager confirmed Tenant #1's nurse	A 420		

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A 420	Continued From page 13 review lacked information regarding medication review. 2. Record review on 9/24/25 for Tenant #4 revealed a nurse review dated 9/02/25, which noted "medication reviewed", but did not include information regarding any adverse effects, ensuring the medication orders were current and medications were given according to physician's orders. Additional review of Tenant #4's PRN (as needed) Tramadol revealed the program maintained a daily inventory/count log for the medication. The count sheets for August and September 2025 revealed multiple discrepancies. During interview on 9/24/25 at 10:40 a.m. the former assistant Wellness Director/current ALP/D Manager confirmed the discrepancies on Tenant #4's Tramadol count sheets for August and September and had no explanation for it. She also verified the nurse review lacked information regarding medication review.	A 420		
A 430	481-69.27(1)c Nurse Review 69.27(1) If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse: c. To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status;	A 430		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0448	A. BUILDING: _____ B. WING _____	C 09/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLAND FARMS SENIOR LIVING	2800 SUNSET DRIVE NORWALK, IA 50211

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A 430	Continued From page 14 This REQUIREMENT is not met as evidenced by: Based on interviews and record review the program failed to ensure the registered nurse (RN) assessed, monitored and documented health status of tenants for 2 of 4 sample tenants reviewed (Tenant #1 and Tenant #3). Findings follow: 1. Record review on 9/23/25 for Tenant #1 revealed an observation note on 9/11/25 by Staff G indicated the tenant refused her medications and had been refusing them for a week or more. No additional documentation regarding medication refusal, follow up or interventions could be located. Tenant #1's September 2025 medication administration record (MAR) revealed she refused 20 of 22 doses of her 8:00 p.m. medications of Gabapentin, Buspirone, Memantine and Melatonin between 9/01/25 and 9/22/25. According to her service plan dated 7/29/25, Tenant #1 had a Global Deteriorate Scale (GDS) score of 4, which indicated moderate cognitive decline. During an interview on 9/23/25 at 2:55 p.m. the Assisted Living Program (ALP) Manager confirmed Tenant #1 recently began refusing her 8:00 p.m. medications. She said the Program notified Tenant #1's doctor, who planned to talk with her next week about it. The ALP Manager confirmed the lack of documented follow up or interventions in Tenant #1's record related to this issue. 2. Record review on 9/23/25 for Tenant #3 revealed a Wound Treatment Plan by his medical provider dated 9/08/25, which indicated a new	A 430		

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A 430	Continued From page 15	A 430		

problem added to the diagnostic list of a non-pressure chronic ulcer on the right lower leg. The treatment plan indicated to clean with wound cleanser, apply calcium alginate to open/draining wounds, and wrap with gauze roll. Change three times per week and as needed.

A Wound Treatment Plan dated 9/22/25 indicated treatment of cleaning with wound cleaner, application of skin prep to intact blisters and periwounds, then application of calcium alginate to open/draining wounds and wrap with gauze roll. Change three times per week and as needed.

Review of observation notes revealed an entry by staff on 8/22/25 indicating Tenant #3 showed the staff person two "pretty good sized blisters" on his right leg. The staff person suggested he see his doctor. An entry by Registered Nurse (RN) A on 8/27/25 noted the tenant had open sores to right leg and she sent a referral to the wound care nurse practitioner. The nurse practitioner set up a visit to assess the wounds on 9/08/25. RN A noted the open areas would be covered with antibiotic ointment and Telfa until orders were received from the nurse practitioner.

The annual nurse review dated 9/03/25 indicated RN A noted Tenant #3 had areas to his leg with a referral out to a wound nurse practitioner to see on the next visit. According to the nurse review, Tenant #3's wife covered the area with Telfa and wrap.

Tenant #3's current assessment and service plan, dated 9/03/25 indicated the program did not provide medication management services. The tenant's wife managed his medications. The service plan also indicated Tenant #3

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A 430	Continued From page 16	A 430		

independently managed his chronic illness, which included lymphedema in both lower extremities. The service plan failed to include any information regarding chronic wounds to his lower right leg. According to the assessment and service plan, no staff support needed related to his medication or management of chronic illness.

During an interview on 9/23/25 at 2:15 p.m. Tenant #3's wife indicated the tenant had a history of wounds on his right lower leg. She explained Tenant #3 developed blisters on his leg, which sometimes popped and left open areas. Tenant #3's wife said the tenant might currently have an open wound on his leg, which opened "a while back". She said program staff applied antibiotic ointment to the wound, bandaged it and wrapped it. Tenant #3's wife also explained the staff applied the tenant's wraps to both legs in the morning for his lymphedema and removed the wraps at night.

During an interview on 9/23/25 at 3:10 p.m. the ALP Manager stated the wound care medical provider assessed Tenant #3 at the program and determined treatment for the wound on his right lower leg. The program made a referral on 9/23/25 to an outside provider for treatment, after getting an order from the medical provider. The ALP Manager explained program staff applied and removed the leg wraps for Tenant #3's lymphedema, but she didn't know whether staff provided treatment for wound care. She reported the program didn't have a medication administration record (MAR) for Tenant #3 because his wife managed his medications. The ALP Manager confirmed the program had no documentation of program staff providing treatment to Tenant #3's leg wound.

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A 430	Continued From page 17 Staff H (medication manager) joined the interview with the ALP Manager on 9/23/25 at 3:15 p.m. She explained she and other staff applied a topical antibiotic ointment, non-adhesive bandage and gauze wrap to Tenant #3's leg wound every morning, but they didn't document it. Staff H indicated Registered Nurse (RN) A knew of the wound and of staff providing treatment, but didn't provide follow-up or indicate how/where staff should document the treatment. RN A left the program on 9/09/25. Staff H also verified staff applied wraps to Tenant #3's legs in the mornings, due to his lymphedema.	A 430		

1/PLAN OF CORRECTION (POC)

Community Name: Holland Farms Senior Living Date :12/15/25

SECTION / TAG	VIOLATION	APPEAL?		PLAN OF CORRECTION	COMPLETED?
A150	Policies and Procedures	☐ YES ☐ NO	What Has Been Done to Correct?	Implemented a new Narcotic check in policy with med managers on 10/16/25, retraining of new process for Med Managers will be completed by 1/14/26.	☐ YES ☐ NO
			How Will Recurrence Be Prevented?	Clinical leadership team monitors, and audits Narcotics 2x a week for 4 weeks, and ongoing.	
			Person Responsible:	Clinical leadership team- Health and Wellness Director, Memory Care Manager, Wellness Assistant	
			Due Date:	1/14/25	
A340	Staffing	☐ YES ☐ NO	What Has Been Done to Correct?	Previous RN is no longer with Holland Farms. New RN hired on 10/28/25. Nurse delegations are currently being conducted with all care staff.	☐ YES ☐ NO
			How Will Recurrence Be Prevented?	Nurse Delegations will be completed by 12/28/25. We will be maintaining a delegation binder and will ensure new hires will be delegated prior to working on the floor. Delegation binder will be utilized for annual re delegation of staff.	
			Person Responsible:	Clinical leadership team- Health and Wellness Director, Memory Care Manager, Wellness Assistant	
			Due Date:	12/28/25	
A145	Evaluation of Tenant	☐ YES ☐ NO	What Has Been Done to Correct?	Previous RN is no longer with Holland Farms. New RN hired on 10/28/25. Shift to shift communication binder implemented, all care staff has been trained on this process by 12/01/25. All residents with complex wound care have been outsourced to home health agencies.	☐ YES ☐ NO
			How Will Recurrence Be Prevented?	Shift to shift form is utilized to notify RN of change of condition to trigger re assessment and service planning. RN will delegate staff to conduct basic first aid by 12/28/25. Wounds requiring complex dressings will be outsourced to home health agencies. Outside Agency documentation binder will be maintained and utilized for coordination of care and accurate service planning by 1/14/25.	

			Person Responsible:	Health and Wellness Director, Executive Director	
			Due Date:	12/28/25	
SECTION / TAG	**VIOLATION**	**APPEAL?**		**PLAN OF CORRECTION**	**COMPLETE?**
A395	Service Plans	☐ YES ☐ NO	What Has Been Done to Correct?	Previous RN is no longer with Holland Farms. New RN hired on 10/28/25. Shift to shift communication binder implemented, all care staff has been trained on this process by 12/01/25. All residents with complex wound care have been outsourced to home health agencies.	☐ YES ☐ NO
			How Will Recurrence Be Prevented?	Shift to shift form is utilized to notify RN of change of condition to trigger re assessment and service planning. RN will delegate staff to conduct basic first aid by 12/28/25. Wounds requiring complex dressings will be outsourced to home health agencies. Outside Agency documentation binder will be maintained and utilized for coordination of care and accurate service planning by 1/14/25.	
			Person Responsible:	Clinical leadership team- Health and Wellness Director, Memory Care Manager, Wellness Assistant	
			Due Date:	12/28/25	
A405	Service Plans	☐ YES ☐ NO	What Has Been Done to Correct?	Previous RN is no longer with Holland Farms. New RN hired on 10/28/25. RN and clinical leadership have a weekly interdisciplinary meeting with, in house and other outsourced agencies.	☐ YES ☐ NO
			How Will Recurrence Be Prevented?	Utilizing ongoing weekly interdisciplinary meeting with, in house and other outsourced agencies. Will update the service plan to include outside agencies.	
			Person Responsible:	Health and Wellness Director, Executive Director	
			Due Date:	01/14/26	
A420	Nurse Review	☐ YES ☐ NO	What Has Been Done to Correct?	Previous RN is no longer with Holland Farms. New RN hired on 10/28/25. 90-day RN Review Form was implemented on 10/16/25. RN is currently monitoring upcoming assessments/nurse reviews on our electronic systems dashboard.	☐ YES ☐ NO

			How Will Recurrence Be Prevented?	RN will continue to monitor our electronic systems dashboard ensuring completion is done within appropriate time frame. 90-day nurse review form will ensure we are reviewing all required information.	
			Person Responsible:	Health and Wellness Director, Executive Director	
			Due Date:	01/14/26	

SECTION / TAG	VIOLATION	APPEAL?		PLAN OF CORRECTION	COMPLETED?
A430	Nurse Review	☐ YES ☐ NO	What Has Been Done to Correct?	Previous RN is no longer with Holland Farms. New RN hired on 10/28/25. Med Refusal form implemented on 10/16/25. Utilizing shift to shift forms ensuring refusals are communicated and followed up on. Reviewing shift to shift forms will trigger RN to complete a change of condition if necessary. Coordination with providers/outside agencies will be completed based on findings from assessment.	☐ YES ☐ NO
			How Will Recurrence Be Prevented?	Previous RN is no longer with Holland Farms. New RN hired on 10/28/25. Med Refusal form implemented on 10/16/25. Utilizing shift to shift forms ensuring refusals are communicated and followed up on. Reviewing shift to shift forms will trigger RN to complete a change of condition if necessary. Coordination with providers/outside agencies will be completed based on findings from assessment. This will ensure accurate reflection of resident care needs.	
			Person Responsible:	Clinical leadership team- Health and Wellness Director, Memory Care Manager, Wellness Assistant	
			Due Date:	1/14/25	