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
	S0449	A. BUILDING: _____ B. WING _____	C 09/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEADERS AT HOLLAND FARMS	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 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 visit. Tenants without cognitive impairment: 6 Tenants with cognitive impairment: 28 Total census: 34 The following regulatory insufficiencies were cited during the investigation of Complaint #130433-C and the recertification visit conducted to determine compliance with certification of an Assisted Living Program for People with Dementia.	A 000	See attached POC 12/125	
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 and competent in all tasks that are assigned or delegated. This REQUIREMENT is not met as evidenced by:	A 340		

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A 340	Continued From page 1 Based on interview 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 direct care and medication manager staff reviewed (Staff A, Staff B, Staff C, Staff D, Staff E and Staff F). Findings follow: Review of staff records on 9/18/25 revealed no 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. During interview on 9/18/25 at 10:35 a.m. Staff D stated she did not receive nurse delegation training/competency check by RN A. During interview on 9/18/25 at 10:50 a.m. Staff B said she did not receive nurse delegation training/competency check by RN A. During interview on 9/18/25 at 8:50 a.m. the Executive Director (ED) stated 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 said he 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 said he didn't know whether RN A completed any of the nurse delegations before she resigned.	A 340		

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A 135	Continued From page 2	A 135		
A 135	481-69.22(1) Evaluation of Tenant 69.22(1) Evaluation prior to occupancy. A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale (GDS) shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to complete thorough initial evaluations for 3 of 3 current and former tenants reviewed who moved to the program within the past three months (Tenant #3, Tenant #4 and Tenant C1). Findings follow: 1. Record review on 9/29/25 revealed Tenant #3's occupancy date of 7/16/25. The program completed a health and functional evaluation on 7/11/25. No cognitive assessment completed prior to or on date of occupancy could be located. During interview on 9/29/25 at 2:50 p.m. the ALP/D (Assisted Living Program for People with Dementia) Manager confirmed no initial cognitive assessment could be located for Tenant #3.	A 135		

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A 135	Continued From page 3 2. Record review on 9/25/25 revealed Tenant C1's occupancy date of 8/26/25. The program completed a health and functional evaluation on 8/01/25. No cognitive assessment completed prior to or on date of occupancy could be located. During interview on 9/25/25 at 1:50 p.m. the Executive Director confirmed no initial cognitive assessment could be located for Tenant #1. 3. Observation on 9/17/25 from approximately 4:15 p.m. to 4:55 p.m. revealed Tenant #4 sat at the dining table in a wheelchair. She was small and slender. Tenant #4 quietly talked or mumbled to herself, which was difficult to understand. At one point she asked someone to help her find her foot, because she was unable to feel it. Staff served a plate of food to Tenant #4 at 4:40 p.m. An Activity Aide in the area explained to Tenant #4 what was on the plate and where the food items were located on her plate. The Activity Aide scooped some food onto a spoon and encouraged Tenant #4 to eat. The Aide fed Tenant #4 three bites of food and confirmed the tenant was vision impaired. Tenant #4 indicated she wanted no more food after three bites. The Aide encouraged Tenant #4 to eat dessert when it arrived, but the tenant declined. The Aide left the area and Tenant #4 didn't attempt to eat any further. During interview on 9/17/25 at 3:50 a.m. Staff I stated Tenant #4 always needed two staff to transfer her, since she moved to the program. During interview on 9/18/25 at 10:35 a.m. Staff D said Tenant #4 was unable to stand on her own	A 135		

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A 135	Continued From page 4 or bear weight. She needed two staff to transfer her at all times. Staff D also noted Tenant #4 was reportedly blind. Staff D said staff did not feed Tenant #4. Record review on 9/29/25 revealed Tenant #4's occupancy date of 8/21/25. The program completed a health and function evaluation on 8/21/25. No cognitive assessment completed prior to or on date of occupancy could be located. Tenant #4's health and functional evaluation indicated she was independent with eating, transfers and walked independently with a walker. There was no indication of a vision impairment on the assessment, although it was noted she wore glasses. Tenant #4's diagnosis included Macular Degeneration. During interview on 9/29/25 at 2:40 p.m. the ALP/D Manager confirmed an initial cognitive assessment was not completed for Tenant #4. She also verified the initial functional and health assessments were incorrect regarding independence with ambulation and mobility. Tenant #4 required assistance with transfers and mobility since she moved to the program. The ALP/D Manager indicated the previous registered nurse (RN) conducted the initial assessments and approved Tenant #4 to move to the program. The ALP/D manager confirmed Tenant #4 had vision impairment.	A 135		
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	A 145		

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A 145	Continued From page 5 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 interview and record review the program failed to complete thorough evaluations after a change in condition for 4 of 5 current and former tenants reviewed (Tenant #1, Tenant #2, Tenant #4 and Tenant C1). Findings follow: 1. Record review on 9/25/25 revealed Tenant #1's change of condition health and functional assessment completed 7/03/25 after she returned from a hospitalization. An updated cognitive assessment could not be located. During interview on 9/29/25 at 11:45 a.m. the ALP/D (Assisted Living Program for People with Dementia) Manager confirmed the program failed to complete an updated cognitive assessment related to change of condition on/around 7/03/25. 2. Record review on 9/29/25 revealed Tenant #2's current health and functional assessment dated 7/31/25 and an undated cognitive assessment. The most recent service plan was	A 145		

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A 145	Continued From page 6 dated 6/24/25. Neither the assessment nor the service plan noted hospice care. However, a review of Tenant #2's August and September medication administration records revealed prescribed Morphine, which indicated hospice service. During interview on 9/29/25 at 3:05 p.m. ALP Manager clarified the assessment dated 7/31/25 was actually completed on 6/24/25, as was the cognitive assessment. She said hospice services began for Tenant #2 on 8/02/25, which was a significant change of condition. The ALP Manager confirmed the program should have completed updated evaluations due to admission to hospice services, but failed to do so. 3. Record review on 9/29/25 revealed Tenant #3's current health and functional evaluations dated 8/10/25, completed within 30 days of occupancy. No updated assessments since 8/10/25 could be located. Review of observation notes revealed an entry on 9/15/25 regarding an an occupational therapy (OT) evaluation for 9/15/25 Tenant #3, with ongoing OT services four times per week. During interview on 9/29/25 at 2:50 p.m. the ALP/D Manager verified the program failed to complete updated evaluations after OT services began on 9/15/25, which was a significant change. 4. Record review on 9/25/25 revealed Tenant C1's occupancy date of 8/26/25, with initial health and functional evaluations dated 8/01/25. No updated assessments were located.	A 145		

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A 145	Continued From page 7 Review of Tenant C1's observation notes indicated incidents of aggression on 9/06/25 and 9/07/25, with no additional documentation until a note on 9/22/25 indicated the tenant was deceased. During interview on 9/29/25 at 1:50 p.m. the Executive Director (ED) stated Tenant C1 went to the emergency room on 9/09/25 due to aggressive behavior. He returned to the program on 9/10/25 with a terminal diagnosis and began hospice services the same day. The aggressive behaviors were likely due to pain/discomfort, which was alleviated when hospice services began. The Tenant C1's health deteriorated quickly and he died on 9/22/25. The ED confirmed the program failed to complete updated assessments after Tenant C1 started hospice services, which was a significant change in condition.	A 145		
A 155	481-69.23(1)b Criteria for Admission / Retention of Tenants 69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who: b. Requires routine, two-person assistance with standing, transfer or evacuation This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to identify a tenant as exceeding criteria for admission and retention for an Assisted Living Program for People with Dementia (ALP/D) for 1 of 5 current and former	A 155		

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A 155	Continued From page 8 tenants reviewed (Tenant #4). Finding follows: Observation on 9/17/25 from approximately 4:15 p.m. to 4:55 p.m. revealed Tenant #4 sat at the dining table in a wheelchair. She was small and slender. Tenant #4 quietly talked or mumbled to herself, which was difficult to understand. At one point she asked someone to help her find her foot, because she was unable to feel it. Staff served a plate of food to Tenant #4 at 4:40 p.m. An Activity Aide in the area explained to Tenant #4 what was on the plate and where the food items were located on her plate. The Activity Aide scooped some food onto a spoon and encouraged Tenant #4 to eat. The Aide fed Tenant #4 three bites of food and confirmed the tenant was vision impaired. Tenant #4 wore eyeglasses during the meal. She indicated she wanted no more food after three bites. The Aide encouraged Tenant #4 to eat dessert when it arrived, but the tenant declined. The Aide left the area and Tenant #4 didn't attempt to eat any further. During interview on 9/17/25 at 3:50 a.m. Staff I stated Tenant #4 always needed two staff to transfer her, since she moved to the program. During interview on 9/18/25 at 10:35 a.m. Staff D said Tenant #4 was unable to stand on her own or bear weight. She needed two staff to transfer her at all times. Staff D also noted Tenant #4 was reportedly blind. Staff D said staff did not feed Tenant #4. Record review on 9/29/25 revealed Tenant #4's occupancy date of 8/21/25. The program completed a health and function evaluation on 8/21/25, which indicated she was independent	A 155		

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A 155	Continued From page 9	A 155		

with eating, transfers and walking with a walker. There was no indication of a vision impairment on the assessment, although it was noted she wore glasses. Tenant #4's diagnosis included Macular Degeneration. No initial cognitive assessment was completed.

Tenant #4's initial service plan (dated 9/11/25, but actually completed 8/21/25, per the ALP Manager) also indicated the tenant was independent with eating, transfers and walking with her walker. No vision impairment was noted.

Tenant #4's updated assessments and service plan dated 9/24/25 indicated she needed full staff assistance with bathing, dressing, personal hygiene, oral care, incontinence care, transfers and mobility. Two staff were required for transfers. Tenant #4 also needed moderate assistance with eating, with included verbal prompts and hand-over-hand assistance as needed. The assessment noted Tenant #4 was at risk for choking during meals, as evidenced by frequent episodes of coughing during meals. Tenant #4 scored a 1 on an undated SLUMS (Saint Louis University Mental Status) cognitive examination, which should have resulted in a Global Deterioration Scale (GDS) score, but no GDS score could be located in her record.

During interview on 9/29/25 at 2:40 p.m. the ALP/D Manager verified the initial functional and health assessments were incorrect regarding independence with ambulation and mobility. Tenant #4 required assistance with transfers and mobility since she moved to the program. The ALP/D Manager indicated the previous registered nurse (RN) conducted the initial assessments and approved Tenant #4 to move to the program.

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A 155	Continued From page 10 The ALP/D Manager confirmed Tenant #4 had vision impairment and needed assistance to eat. The ALP/D Manager and Executive Director (ED) verified Tenant #4 exceeded criteria for an ALP/D. The ED said he spoke with Tenant #4's representative on 9/26/25 to inform her Tenant #4 needed to move to a higher level of care. The representative was reportedly receptive and referrals were recently sent to other agencies.	A 155		
A 350	481-69.26(1) Service Plans 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to develop an initial service plan to meet tenant needs for 1 of 5 current and former tenants reviewed (Tenant #4). Finding follows: Observation on 9/17/25 from approximately 4:15 p.m. to 4:55 p.m. revealed Tenant #4 sat at the dining table in a wheelchair. She was small and slender. Tenant #4 quietly talked or mumbled to herself, which was difficult to understand. At one point she asked someone to help her find her	A 350		

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A 350	Continued From page 11	A 350		

foot, because she was unable to feel it. Staff served a plate of food to Tenant #4 at 4:40 p.m. An Activity Aide in the area explained to Tenant #4 what was on the plate and where the food items were located on her plate. The Activity Aide scooped some food onto a spoon and encouraged Tenant #4 to eat. The Aide fed Tenant #4 three bites of food and confirmed the tenant was vision impaired. Tenant #4 indicated she wanted no more food after three bites. The Aide encouraged Tenant #4 to eat dessert when it arrived, but the tenant declined. The Aide left the area and Tenant #4 didn't attempt to eat any further.

During interview on 9/17/25 at 3:50 a.m. Staff I stated Tenant #4 always needed two staff to transfer her, since she moved to the program.

During interview on 9/18/25 at 10:35 a.m. Staff D said Tenant #4 was unable to stand on her own or bear weight. She needed two staff to transfer her at all times. Staff D also noted Tenant #4 was reportedly blind. Staff D said staff did not feed Tenant #4.

Record review on 9/29/25 revealed Tenant #4's occupancy date of 8/21/25. Tenant #4's initial service plan (dated 9/11/25, but actually completed 8/21/25, per the ALP[Assisted Living Program] Manager) indicated the tenant was independent with eating, transfers and walking with her walker, with no service needs in those areas. No vision impairment was noted.

Tenant #4's updated assessments and service plan dated 9/24/25 indicated she needed staff assistance transfers and mobility. Two staff were required for transfers and she was dependent

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A 350	Continued From page 12 upon staff to propel her in a wheelchair. Tenant #4 also needed moderate assistance with eating, with included verbal prompts and hand-over-hand assistance as needed. The assessment noted Tenant #4 was at risk for choking during meals, as evidenced by frequent episodes of coughing during meals. During interview on 9/29/25 at 2:40 p.m. the ALP/D (Assisted Living Program for People with Dementia) Manager verified the initial service plan was incorrect regarding independence with ambulation and mobility. Tenant #4 required assistance with transfers and mobility since she moved to the program. The ALP/D Manager indicated the previous registered nurse (RN) completed the initial assessments and service plan and approved Tenant #4 to move to the program. The ALP/D Manager confirmed Tenant #4 had vision impairment and needed assistance to eat. The ALP/D Manager and Executive Director (ED) verified Tenant #4 exceeded criteria for an ALP/D. During interview on 9/29/25 at 2:40 p.m. the ALP/D Manager confirmed the initial assessment and service plan were incorrect regarding independence with ambulation and mobility. Tenant #4 required assistance with transfers and mobility since she moved to the program. The ALP/D Manager indicated the previous registered nurse (RN) conducted the initial assessments and approved Tenant #4 to move to the program. The ALP/D confirmed Tenant #4 had vision impairment and needed assistance eating.	A 350		
A 360	481-69.26(3) Service Plans 69.26(3) When a tenant needs personal care or	A 360		

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A 360	Continued From page 13 health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to update services plans as needed due to significant change for 3 of 4 current and former tenants reviewed who had a significant change (Tenant #2, Tenant #3 and Tenant C1). Findings follow: 1. Record review on 9/29/25 revealed Tenant #2's current service plan was dated 6/24/25, which did not indicate hospice care. A review of Tenant #2's August and September medication administration records revealed prescribed Morphine, which indicated hospice service. During interview on 9/29/25 at 3:05 p.m. ALP (Assisted Living Program) Manager said hospice services began for Tenant #2 on 8/02/25, which was a significant change of condition. The ALP Manager confirmed the program should have completed an updated service plan due to admission to hospice services, but failed to do so. 2. Record review on 9/29/25 revealed Tenant #3's current service plan dated 8/11/25, completed within 30 days of occupancy. No updated service plan since 8/11/25 could be located.	A 360		

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	S0449	A. BUILDING: _____ B. WING _____	C 09/29/2025

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A 360	Continued From page 14 Review of observation notes revealed an entry on 9/15/25 regarding an an occupational therapy (OT) evaluation for 9/15/25 Tenant #3, with ongoing OT services four times per week. During interview on 9/29/25 at 2:50 p.m. the ALP/D (Assisted Living Program for People with Dementia) Manager verified the program failed to complete an updated service plan after OT services began on 9/15/25, which was a significant change. 3. Record review on 9/25/25 revealed Tenant C1's occupancy date of 8/26/25, with initial service plan dated 8/19/25. No updated service plan could be located. Review of Tenant C1's observation notes indicated incidents of aggression on 9/06/25 and 9/07/25, with no additional documentation until a note on 9/22/25 indicated the tenant was deceased. During interview on 9/29/25 at 1:50 p.m. the Executive Director (ED) stated Tenant C1 went to the emergency room on 9/09/25 due to aggressive behavior. He returned to the program on 9/10/25 with a terminal diagnosis and began hospice services the same day. The aggressive behaviors were likely due to pain/discomfort, which was alleviated when hospice services began. The Tenant C1's health deteriorated quickly and he died on 9/22/25. The ED confirmed the program failed to complete an updated service plan after Tenant C1 started hospice services, which was a significant change in condition.	A 360		

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A 420	Continued From page 15	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 interview and record review, the program failed to ensure a nurse review regarding tenant medications at least every 90 days or after significant change in condition for 3 of 5 current and former tenants reviewed (Tenant #1, Tenant #2 and Tenant C1). Findings follow: 1. Record review on 9/25/25 revealed Tenant #1's current service plan dated 7/03/25, which included notation of wounds on lower extremities as a chronic illness. The service plan was completed due to a change of condition when Tenant #1 returned from a hospitalization. The program provided medication management services to the tenant. No nurse review of tenant medications could be located around the time of the change of condition. An entry by Registered Nurse (RN) A in the observation notes on 7/03/25	A 420		

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A 420	Continued From page 16 simply indicated the nurse completed hospitalization assessment and updated plan of care. During interview on 9/29/25 at 11:45 a.m. the ALP/D (Assisted Living Program for People with Dementia) Manager was unable to provide a nurse review with review of medications for Tenant #1 on/around 7/03/25. 2. Record review on 9/29/25 revealed an entry in the observation notes by RN A for Tenant #2 dated 6/24/25. The note indicated the nurse completed assessments and an updated service plan due to a change of condition. The entry made reference to overall health status, but did not review her medications. No nurse reviews or review of medication since 6/24/25 could be located. Tenant #2's service plan dated 6/25/25 indicated the program provided medication management services. During interview on 9/29/25 at 3:05 p.m. the ALP/D Manager confirmed the nurse review dated 6/24/25 contained no information regarding medication review. 3. Record review on 9/25/25 revealed Tenant C1's occupancy date of 8/26/25. The service plan dated 8/19/25 indicated the program provided medication management services. Review of Tenant C1's observation notes indicated incidents of aggression on 9/06/25 and 9/07/25, with no additional documentation until an entry on 9/22/25 indicated the tenant was deceased. No nurse review related to a	A 420		

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A 420	Continued From page 17 significant change of condition could be located. During interview on 9/29/25 at 1:50 p.m. the Executive Director (ED) stated Tenant C1 went to the emergency room on 9/09/25 due to aggressive behavior. He returned to the program on 9/10/25 with a terminal diagnosis and began hospice services the same day. The Tenant C1's health deteriorated quickly and he died on 9/22/25. The ED confirmed the program nurse failed to document a nurse review regarding change in condition.	A 420		
A 425	481-69.27(1)b 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: b. To ensure that health care professionals' orders are current for tenants who receive health care professional-directed care from the program This REQUIREMENT is not met as evidenced by: Interview and record review revealed the program failed to ensure current health care orders for 1 of 5 current and former tenants reviewed (Tenant #1). Finding follows: Record review on 9/25/25 revealed Tenant #1's current service plan dated 7/03/25, which included notation of wounds on lower extremities as a chronic illness. The service plan indicated staff would provide light monitoring and treatment of chronic illness and would notify the nurse of	A 425		

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A 425	Continued From page 18 new wounds. Observation on 9/25/25 at 11:50 a.m. with Staff J revealed Tenant #1 seated in a recliner in her bedroom, with her lower right leg wrapped in a self-adhering/cohesive bandage wrap. The leg was not wrapped in an Ace bandage or Tubigrip. Staff J removed the adhesive wrap to reveal a small white material on the wound, which Staff J identified as calcium alginate. Staff J removed the white material to reveal the open wound. Staff J said she thought the wound was getting worse. She pointed out two other small areas on Tenant #1's lower right leg, which appeared white, but were not open. Staff J stated those spots were recent. She said to treat the wound, staff were supposed to clean it with a cleanser, applied the calcium alginate material and then apply an Ace wrap. Staff J said the wound care specialist recently switched from Tubigrip on the leg to Ace wraps. Neither were on either leg at the time of the observation. The program provided Wound Treatment Plans for Tenant #1 written by the wound care specialist on 4/14/25, 4/28/25, 6/02/25, 6/16/25, 7/21/25, 8/04/25, 8/18/25 and 9/22/25. The recommended treatment changed over the months of care. The most recent plan dated 9/22/25 indicated a diagnosis including venous insufficiency and a non-pressure chronic ulcer on right lower leg. The wound on right shin measured 6.5 cm x 3.1 cm x 0.2 cm. The treatment plan indicated to discontinue current treatment and clean with Vashe wound cleanser (soak for 5 minutes), apply calcium alginate to open wound, and cover with a silicone super absorbent/bordered gauze. Change 3 times per week and as needed. Additional orders included Tubigrips from toes to	A 425		

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A 425	Continued From page 19 just below knees, on in AM and off at bedtime. The Wound Treatment Plan dated 8/18/25 noted the wound on the right shin measured 0.8 cm x 1.7 cm x 0.2 cm, which was smaller than measurements on 9/22/25. Review of Tenant #1's medication administration record (MAR) for September 2025 revealed multiple orders for wound care, as follows: Vashe to clean wound daily as needed. Silicone Foam Dressing 4 x 4, apply to wound as directed and change 3 time per week and as needed. Calcium Alginate dressing, apply to open wound and cover with silicone super absorbent/bordered gauze as directed, change 3 times per week and as needed. ABD Nonadherent bandage, cover wound with abdominal pad and secure with gauze roll. Change 3 times per week and as needed. Thermoform Petroleum Dressing, apply in single layer over open wound, cover with abdominal pad, and secure with gauze roll. Change 3 times per week and as needed. Ace Bandage with Clips 6 IN, apply daily to bilateral lower extremities, on in the morning, off at bedtime Tubigrip, apply in the morning and take off at bedtime as directed. Staff documented the application of the Tubigrip daily in the morning and removed it at bedtime, but also documented they applied the Ace bandage daily in the morning and removed it at bedtime. Staff documented the all of the other wound care treatments every 2-3 days, even though some of the treatments were contradictory. The Xeroform petroleum dressing,	A 425		

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A 425	Continued From page 20 Ace bandage with clips and ABD nonadherant bandage were all documented as applied every 2-3 days, but those items were not included in the most recent treatment plan order. The MAR didn't indicate those orders were discontinued. Review of nursing observation notes since return from a hospitalization on 7/03/25 revealed no mention of the wound to right shin and no review of health care professional orders. During interview on 9/29/29 at 11:45 a.m. the ALP/D Manager (Assisted Living Program for People with Dementia) confirmed the current wound care orders as of 9/22/25. She verified current wound care orders were not followed during the earlier observation when there was no silicone bandage over the wound and the leg was wrapped with a cohesive wrap instead of Tubigrip. The ALP/D verified some of the wound care orders on the September MAR were not current and should have been discontinued.	A 425		
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		

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A 430	Continued From page 21 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure adequate nursing assessment and documentation of health status for 2 of 5 current and former tenants reviewed (Tenant #1 and Tenant C1). Findings follow: 1. Record review on 9/25/25 revealed Tenant #1's current service plan dated 7/03/25, which included notation of wounds on lower extremities as a chronic illness. The service plan indicated staff would provide light monitoring and treatment of chronic illness and would notify the nurse of new wounds. Observation on 9/25/25 at 11:50 a.m. with Staff J revealed Tenant #1 seated in a recliner in her bedroom, with her lower right leg wrapped in a self-adhering/cohesive bandage wrap. Staff J removed the adhesive wrap to reveal a small white material on the wound, which Staff J identified as calcium alginate. Staff J removed the white material to reveal the open wound. Staff J said she thought the wound was getting worse. She pointed out two other small areas on Tenant #1's lower right leg, which appeared white, but were not open. Staff J stated those spots were recent. She said to treat the wound, staff were supposed to clean it with a cleanser, applied the calcium alginate material and then apply an Ace wrap. Staff J said the wound care specialist recently switched from Tubigrip on the leg to Ace wraps. Neither were on either leg at the time of the observation. The program provided Wound Treatment Plans for Tenant #1 written by the wound care specialist on 4/14/25, 4/28/25, 6/02/25, 6/16/25, 7/21/25,	A 430		

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A 430	Continued From page 22 8/04/25, 8/18/25 and 9/22/25. The recommended treatment changed over the months of care. The most recent treatment orders did not consistently correspond with the orders on the September medication administration record (MAR). Staff documented providing all current and previous wound treatment orders, some of which were conflicting. Based on the observation, interview with Staff J and review of the MAR, the treatment provided did not consistently correspond with the current wound treatment plan. (Cross reference 69.27[1]) Review of nursing observation notes since return from a hospitalization on 7/03/25 revealed no mention of the wound to right shin, no assessment of the wound, no coordination with the wound care specialist and no review of health care professional orders. During interview on 9/29/29 at 11:45 a.m. the ALP/D Manager (Assisted Living Program for People with Dementia) confirmed the current wound care orders were not being implemented correctly. She verified the nurse should have monitored and documented Tenant #1's health care status related to the wound. 2. Record review on 9/25/25 revealed Tenant C1's occupancy date of 8/26/25, with initial service plan dated 8/19/25. No updated service plan could be located. Incident reports dated 9/08/25 and 9/09/25 indicated Tenant C1 was aggressive toward staff. He punched a staff person in the face on the evening of 9/09/25.	A 430		

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A 430	Continued From page 23 Review of Tenant C1's observation notes indicated incidents of aggression on 9/06/25 and 9/07/25, with no additional documentation until an entry on 9/22/25 indicated the tenant was deceased. During interview on 9/29/25 at 1:50 p.m. the Executive Director (ED) stated Tenant C1 went to the emergency room on 9/09/25 due to aggressive behavior. He returned to the program on 9/10/25 with a terminal diagnosis and began hospice services the same day. The aggressive behaviors were likely due to pain/discomfort, which was alleviated when hospice services began. The Tenant C1's health deteriorated quickly and he died on 9/22/25. The ED confirmed the program nurse failed to provide documentation related to Tenant #C1's health status and admission to hospice.	A 430		

A340 Staffing

New RN hired on 10/28/25. All nurse delegations will be completed by 12/28/25, in accordance to the 60 day deadline. For ongoing nurse delegations, this will be maintained by the RN.

A135 Evaluation of Tenant

Previous RN is no longer employed with Holland Farms. New RN was hired on 10/28/25. All required assessments will be audited frequently by the RN ensuring compliance. This will be monitored in our dashboard on our ECP software. All assessments will reflect adequate cares of tenants by 12/18/25.

A145 Evaluation of Tenant

Previous RN is no longer employed Holland Farms. New RN was hired on 10/28/25. Shift to Shift form training was given to most employees on 11/11/25 by clinical leadership team. The remainder of employees will be trained by 12/01/25. This will ensure appropriate communication regarding change of condition. Going forward with this communication, RN will be notified of change of condition to trigger re assessment and service planning.

A155 Criteria for Admission/Retention of Tenants

Previous RN is no longer employed with Holland Farms. New RN was hired on 10/28/25. Preadmission assessments will be done to accurately reflect the ADL status of potential tenant to ensure that the potential tenant is appropriate for program.

A350 Service Plans

Previous RN is no longer employed with Holland Farms. New RN hired on 10/28/25. Preadmission assessments will be done accurately to reflect the ADL status of potential tenants to ensure that potential tenant is appropriate for the program. The service plan will be designed to meet the specific service needs to the individual tenant, based off the RN assessment. Review of existing assessments to ensure accuracy of services provided will be completed by 12/18/25.

A360 Service Plans

Previous RN is no longer employed with Holland Farms. New RN hired on 10/28/25. RN will monitor frequently for upcoming 30-day assessments ensuring all are being completed before the 30 days. This will be done by reviewing the dashboard in our ECP software.

A420 Nurse Review

Previous RN is no longer employed with Holland Farms. New RN hired on 10/28/25. RN will frequently monitor all upcoming assessments/nurse reviews and ensure are completed within designated time frame. 90-day RN Review Form was implemented on 10/16/25 to ensure all require/d information is being reviewed appropriately. 90-day nurse reviews will all be current by 12/18/25.

A425 Nurse Review

Previous RN is no longer employed with Holland Farms. New RN hired on 10/28/25. RN will frequently monitor all upcoming assessments and nurse reviews and will ensure completion within designated time frame. 90-day RN Review Form was implemented on 10/16/25. Service plans will be reviewed for accuracy by 12/18/25.

A430 Nurse Review

Previous RN is no longer employed with Holland Farms. New RN hired on 10/28/25. RN will frequently monitor all upcoming assessments and nurse reviews and will ensure completion within designated time frame. 90-day RN Review Form was implemented on 10/16/25. Service plans will be reviewed for accuracy by 12/18/25.

Tenant C1

Shift to Shift form training was given to most employees on 11/11/25 by clinical leadership team. The remainder of employees will be trained by 12/01/25. Aggressive behavior will be documented and followed up on by RN to assess if there is a change of condition.

Tenant #1

RN will delegate staff to conduct basic first aid by 12/28/25. Wounds required complex dressing will be coordinated and outsourced to home health agencies. Tenant has home health care on board to assist with wounds going forward.