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
	S0479	A. BUILDING: _____ B. WING _____	C 02/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER POINT HEIGHTS	800 MUSTANG LANE CENTER POINT, IA 52213

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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. Tenants without cognitive impairment: 4 Tenants with cognitive impairment: 27 Total census: 31 No regulatory insufficiencies were identified related to the investigation of Incident #130400-I. The following regulatory insufficiencies were cited related to the recertification visit conducted to determine compliance with certification of an Assisted Living Program:	A 000	See attached POC 3/19/26	
A 285	481-67.5(2)f(4) Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program: (4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to administer medications as ordered. This pertained to 1 of 3 tenants reviewed (Tenant #1). Finding follows:	A 285		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 285	Continued From page 1	A 285		

Record review on 2/19/26 of Tenant #1's file revealed her service plan reflected family set up her medications in a medication planner and staff administered the medications from the planner. Tenant #1 delegated eye drop administration to the Program and the eye drops would be administered as ordered.

Continued record review revealed the Order Summary Report indicated the following orders:

-Dorzolamide HCl-Timolol Maleate Ophthalmic Solution 2-0.5%, instill one drop in both eyes, twice daily.

-Hydrocodone-acetaminophen oral tablet 5-325 milligram (mg), one tablet twice daily for pain.

-Latanoprost Ophthalmic Solution 0.005%, instill one drop in both eyes at bedtime.

Further record review revealed the November 2025 medication administration record (MAR) reflected Latanoprost Ophthalmic Solution 0.005%, instill one drop in both eyes at bedtime, was not available to administer 16 times.

The December 2025 MAR reflected Dorzolamide HCl-Timolol Maleate Ophthalmic Solution 2-0.5% was not available to administer three times. It also reflected Latanoprost Ophthalmic Solution 0.005% was not available to administer one time.

The February 2026 MAR reflected Latanoprost Ophthalmic Solution 0.005%, was not available to administer five times. It also reflected Hydrocodone-acetaminophen oral tablet 5-325 mg was not available to administer three times.

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A 285	Continued From page 2 When interviewed on 2/23/26 at 3:48 p.m. the Director of Nursing indicated family used to provide Tenant #1's eye drops but they were currently provided by the Program's pharmacy. She indicated there had been no issues with medication availability and at times staff needed to check the refrigerator (where the eye drops were stored).	A 285		
A 365	481-67.9(4)g 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: g. The program shall have in place a system by which certified or noncertified staff communicate in writing occurrences that differ from the tenant's normal health, functional and cognitive status. The program's registered nurse or designee shall train certified and noncertified staff on reporting to the program's registered nurse or designee and documenting occurrences that differ from the tenant's normal health, functional and cognitive status. The written communication required by this paragraph shall be retained by the program for a period of not less than three years, and shall be accessible to the department upon request. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure staff communicated in	A 365		

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A 365	Continued From page 3	A 365		

writing occurrences that differed from tenants' normal health, functional and cognitive status. This pertained to 2 of 3 tenants reviewed (Tenant #2 and Tenant #3). Findings follow:

1. Record review on 2/19/26 and 2/23/26 of Tenant #2's file revealed the service plan dated 2/03/26 reflected she preferred assistance with dressing and undressing. She was independent with bathing and preferred assistance with toileting. She was independent without a device for transfers and mobility.

When interviewed on 2/19/26 Staff B reported Tenant #2 was pretty close, regarding tenants that should be at a higher level of care. She required assistance with all cares, she did not get dressed and meals were delivered. When she worked last weekend Tenant #2 required the assistance of two people to stand, pivot and sit. She heard she had not been getting out of bed for the last day or two. She indicated some staff could assist her with one person. Tenant #2 had been letting staff help her in bed (toileting) on first shift but last night did not call for assistance and was a total bed change. Staff changed her in bed.

When interviewed on 2/19/26 at 4:34 p.m. Staff G indicated she assisted Tenant #2 with toileting, meals and a two assist to the commode. Today she reported Tenant #2 was no longer wanting to get up and was changed in bed. She required the assistance of two staff for at least a week.

Continued record review revealed there were no staff to nurse communications sheets completed related to the changes noted in Tenant #2's cares, including using the assistance of two staff

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A 365	Continued From page 4 for transfers and changing her in bed at times for toileting assistance. 2. Record review on 2/23/26 of Tenant #3's file revealed Progress Notes indicated the following: -On 2/21/26, the administration of the as needed medication indicated Tenant #3 had been coughing on and off all night. Mucinex Oral Tablet extended release 600 milligram (mg) was administered. -On 2/23/26, the administration of the as needed medication indicated Tenant #3 had congestion. Mucinex Oral Tablet extended release 600 mg was administered. Continued record review revealed the February 2026 medication administration record (MAR) reflected Mucinex Oral Tablet extended release 600 mg was administered six times from 2/13/26 to 2/23/26. Further record review revealed there were no staff to nurse communication sheets related to Tenant #3's congestion and coughing as noted above. When interviewed on 2/23/26 at 3:48 p.m. the Director of Nursing said regarding information requested, including staff to nurse sheets, everything was provided. She confirmed there were no staff to nurse sheets for Tenant #2 (related to decline/transfers). She also confirmed there were no staff to nurse sheets completed for Tenant #3 (related to cough/congestion).	A 365		
A 400	481-67.19(3) Record Checks	A 400		

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A 400	Continued From page 5 67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete a background check that included child and dependent adult abuse record checks. This pertained to 9 of 9 staff reviewed hired in 2025 and 2026 (Staff C, D, E, F, G, H, I, J and K). Findings follow: 1. Record review on 2/18/26 of Staff C's training documents revealed a hire date of 8/06/25. A criminal history background check was completed on 8/1/25 and indicated further research was required. On 8/05/25 it noted no record was found, prior to employment. Child and dependent adult abuse checks were not completed prior to employment or at the time of the initial review on 2/18/26. 2. Record review on 2/18/26 of Staff D's training documents revealed a hire date of 6/03/25. A criminal history background check was completed on 5/28/25, prior to employment. Child and dependent adult abuse checks were not completed prior to employment or at the time of the initial review on 2/18/26. 3. Record review on 2/18/26 of Staff E's training documents revealed a hire date of 8/06/25. A criminal history background check was	A 400		

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completed on 8/04/25, prior to employment. Child and dependent adult abuse checks were not completed prior to employment or at the time of the initial review 2/18/26.

4. Record review on 2/18/26 of Staff F's training documents revealed a hire date of 7/29/25. A criminal history background check was completed on 7/11/25 and indicated further research was required. On 7/14/25 it noted no record was found, prior to employment. Child and dependent adult abuse checks were not completed prior to employment or at the time of the initial review on 2/18/26.

5. Record review on 2/18/26 of Staff G's training documents revealed a hire date of 11/10/25. A criminal history background check was completed on 11/10/25, on the date of hire. Child and dependent adult abuse checks were not completed prior to employment or at the time of the initial review on 2/18/26.

6. Record review on 2/18/26 of Staff H's training documents revealed a hire date of 7/09/25. A criminal history background check was completed on 7/03/25, prior to employment. Child and dependent adult abuse checks were not completed prior to employment or at the time of the initial review 2/18/26.

7. Record review on 2/18/26 of Staff I's training documents revealed a hire date of 2/11/26. A criminal history background check was completed on 2/09/26, prior to employment. Child and dependent adult abuse checks were not completed prior to employment or at the time of the initial review on 2/18/26.

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A 400	Continued From page 7 8. Record review on 2/18/26 of Staff J's training documents revealed a hire date of 2/12/26. A criminal history background check was completed on 2/10/26, prior to employment. Child and dependent adult abuse checks were not completed prior to employment or at the time of the initial review on 2/18/26. 9. Record review on 2/19/26 of Staff K's training documents revealed a hire date of 3/09/25 and a termination date of 9/18/25. A criminal history background check was completed on 3/06/25 and revealed further research was required. A record was found and an evaluation determination indicated Staff K could work at the Program. Authorization for Release of Child and Dependent Adult Abuse Information forms indicated the staff was not listed on the dependent adult abuse registry or the child abuse registry as of 3/12/25 (after hire date). Child and dependent adult abuse checks were not completed prior to employment. When interviewed on 2/23/26 at 3:18 p.m. the Executive Director confirmed none of the staff had child abuse or dependent adult abuse checks. The Program did not realize it was missing.	A 400		
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 145		

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A 145	Continued From page 8 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 evaluations as needed with significant change. This pertained to 3 of 3 tenants reviewed (Tenants #1, #2 and #3). Findings follow: 1. Record review on 2/19/26 and 2/23/26 of Tenant #1's file revealed a Tenant Health Review dated 9/25/25 indicated Tenant #1's family requested additional services including bathing, and dressing assistance. The AL Service Level Scoring was completed, in addition to the Tenant Health Review. Continued record review revealed Tenant #1's service plan was updated to reflect the additional services to be provided. Further record review revealed cognitive and health evaluations were not completed related to the change of condition. 2. Record review on 2/19/26 and 2/23/26 of Tenant #2's file revealed an AL Health and Functional Assessment indicated hospice requested staff administered her medications and provided assistance with toileting and dressing.	A 145		

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A 145	Continued From page 9 Health and functional evaluations were completed on 2/03/26 and the service plan was updated; however, a cognitive evaluation was not completed. Continued record review revealed the evaluation dated 2/03/26 reflected Tenant #2 preferred assistance with dressing and undressing. She was independent with bathing and preferred assistance with toileting. She was independent without a device for transfers and mobility. When interviewed on 2/19/26 Staff B reported Tenant #2 was pretty close, regarding tenants that should be at a higher level of care. She required assistance with all cares, she did not get dressed and meals were delivered. When she worked last weekend Tenant #2 required the assistance of two people to stand, pivot and sit. She heard she had not been getting out of bed for the last day or two. She indicated some staff could assist her with one person. Tenant #2 had been letting staff help her in bed (toileting) on first shift but last night did not call for assistance and was a total bed change. Staff changed her in bed. When interviewed on 2/19/26 at 4:34 p.m. Staff G indicated she assisted Tenant #2 with toileting, meals and a two assist to the commode. Today she reported Tenant #2 was no longer wanting to get up and was changed in bed. She had required the assistance of two staff for at least a week. Further record review revealed a Progress Note dated 2/18/26 indicated a wheelchair was delivered and she also had a hospital bed and bedside commode.	A 145		

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A 145	Continued From page 10 Continued record review revealed a Tenant Health Review, dated 2/19/26 noted over the past few days Tenant #2 occasionally required the assistance of two staff to transfer to the bedside commode (occurred more often in the evening). On 2/18/26 Tenant #2 did not want to get up to the commode and required her brief to be changed in bed. The review noted she was on hospice and had been steadily declining since admission. It noted to transfer to commode with two staff as required or change her brief in bed. She preferred assistance with transfers and might require the assistance of two staff for safety. Further record review revealed a Tenant Health Review was completed on 2/19/26 and the AL Service Level Scoring tool was completed on 2/19/26. The service plan was updated on 2/20/26. A cognitive and health evaluation were not completed with a change in condition. Additionally, Tenant #2's decline and increase in transfer needs and toileting assistance were noted prior to the time of AL Service Level Scoring and Tenant Health Review. 3. Record review on 2/23/26 of Tenant #3's file revealed a Tenant Health Review dated 1/06/26 indicated a care conference was held with Tenant #3 and his family member. The family member requested staff assist with medication management, setup/standby assistance with bathing, lower body dressing and toileting/incontinence. Family also requested a physical therapy (PT)/occupational therapy (OT) evaluation. Continued record review revealed Tenant #3's	A 145		

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A 145	Continued From page 11 service plan was updated to reflect the additional services to be provided. Further record review revealed cognitive and health evaluations were not completed related to the change of condition. When interviewed on 2/23/26 at 3:48 p.m. the Director of Nursing indicated when a change of condition was completed, the BIMS, AL Health and Functional, AL scoring tool and the service plan were completed. She confirmed on 9/25/25 a cognitive evaluation was not completed for Tenant #1. She confirmed a cognitive evaluation was not completed on 2/03/26 for Tenant #2 and for Tenant #3 on 1/06/26. Regarding Tenant #2, last week she had a decline and required a one to two assist to pivot transfer to the bedside commode. She spent most of the time in bed. She usually required the assistance of one person in the morning and as the day progressed the assistance of two people. She indicated Tenant #2 did not routinely require the assistance of two staff. She was still appropriate but continued to decline. She confirmed everything requested (regarding tenants documents including evaluations) was provided.	A 145		
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.	A 350		

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A 350	Continued From page 12 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update service plans as needed, failed to have service plans based on evaluations and failed to have service plans that reflected the service needs of the tenants. This pertained to 3 of 3 tenants reviewed (Tenants #1, #2 and #3). Findings follow: 1. Record review on 2/19/26 and 2/23/26 of Tenant #1's file revealed a Tenant Health Review dated 9/25/25 indicated Tenant #1's family requested additional services including bathing, and dressing assistance. The AL Service Level Scoring was completed, in addition to the Tenant Health Review. Continued record review revealed Tenant #1's service plan was updated to reflect the additional services to be provided; however, the update was not based on cognitive and health evaluations. The evaluations were not completed related to the change of condition. 2. Record review on 2/19/26 and 2/23/26 of Tenant #2's file revealed a AL Health and Functional Assessment indicated hospice requested staff administered her medications and provided assistance with toileting and dressing. Health and functional evaluations were completed on 2/03/26. The service plan was updated; however, was not based on a cognitive evaluation as it was not completed when the change of condition occurred.	A 350		

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A 350	Continued From page 13 Continued record review of Tenant #2's file revealed the service plan dated 203/26 reflected she preferred assistance with dressing and undressing. She was independent with bathing and preferred assistance with toileting. She was independent without a device for transfers and mobility. When interviewed on 2/19/26 Staff B reported Tenant #2 was pretty close, regarding tenants that should be at a higher level of care. She required assistance with all cares, she did not get dressed and meals were delivered. When she worked last weekend Tenant #2 required the assistance of two people to stand, pivot and sit. She heard she had not been getting out of bed for the last day or two. She said some staff could assist her with one person. She said Tenant #2 had been letting staff help her in bed (toileting) on first shift but last night did not call for assistance and was a total bed change. Staff changed her in bed. When interviewed on 2/19/26 at 4:34 p.m. Staff G indicated she assisted Tenant #2 with toileting, meals and a two assist to the commode. Today she reported Tenant #2 was no longer wanting to get up and was changed in bed. She required the assistance of two staff for at least a week. Further record review revealed a Progress Note dated 2/18/26 indicated a wheelchair was delivered and she also had a hospital bed and bedside commode. Continued record review revealed a Tenant Health Review was completed dated 2/19/26 and it noted over the past few days Tenant #2	A 350		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER POINT HEIGHTS	800 MUSTANG LANE CENTER POINT, IA 52213

(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 350	Continued From page 14 occasionally required the assistance of two staff to transfer to the bedside commode (occurred more often in the evening). On 2/18/26 Tenant #2 did not want to get up to the commode and required her brief to be changed in bed. The review noted she was on hospice and had been steadily declining since admission. It noted to transfer to commode with two staff as required or change her brief in bed. She preferred assistance with transfers and might require the assistance of two staff for safety. Further record review revealed a Tenant Health Review was completed on 2/19/26 and the AL Service Level Scoring tool was completed on 2/19/26. The service plan was updated on 2/20/26; however, the update was not based on cognitive and health evaluations as they were not completed with a change in condition. Additionally, Tenant #2's decline and increase in transfer needs and toileting assistance were noted prior to the time of the service plan update on 2/20/26. 3. Record review on 2/23/26 of Tenant #3's file revealed a Tenant Health Review dated 1/06/26 indicated a care conference was held with Tenant #3 and his family member. The family member requested staff assist with medication management, setup/standby assistance with bathing, lower body dressing and toileting/incontinence. Family also requested a physical therapy (PT)/occupational therapy (OT) evaluation. Continued record review revealed Tenant #3's service plan was updated to reflect the additional services to be provided; however, the update was not based on cognitive and health	A 350		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER POINT HEIGHTS	**800 MUSTANG LANE CENTER POINT, IA 52213**

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A 350	Continued From page 15 evaluations as the evaluations were not completed related to the change of condition. When interviewed on 2/23/26 at 3:48 p.m. the Director of Nursing indicated when a change of condition was completed, the BIMS, AL Health and Functional, AL scoring tool and the service plan were completed. She confirmed on 9/25/25 a cognitive evaluation was not completed for Tenant #1. Regarding Tenant #2 cognitive evaluation was not completed on 2/3/26 and for Tenant #3 on 1/6/26. Tenant #2 last week she had a decline and required a one to two assist to pivot transfer to the bedside commode. She spent most of the time in bed. She usually required the assistance of one person in the morning and as the day progressed the assistance of two people. She indicated she did not routinely require the assistance of two staff. She was still appropriate but continued to decline. She confirmed everything requested (regarding tenants documents including service plans) was provided.	A 350		

Center Point Heights Plan of Correction

Survey Completed 2/23/26

A 285 Medications

- Care staff re-educated on how to scan medication sheets to pharmacy. Discovered some staff were faxing re-orders for medications the wrong way, creating a blank fax on the pharmacy end
- Care staff re-educated to check all storage areas for medications before marking not available.
- Care staff educated to complete an ICAL form for medications marked not available so that nurse can follow-up timely.
- Education above completed by 3/19/26

A 365 Staffing

- Care staff re-education completed on ICAL forms and when to communicate changes to the nurse. Reviewed staff to nurse communication policy and discussed examples of when to notify the nurse of a tenant change including change in transfer status, increase or decrease in ADL needs, new symptoms or health issues.
- Education above completed by 3/19/26

A 400 Record Checks

- SING set-up completed incorrectly upon building opening and did not include Child and Dependent Adult Abuse Checks. All staff checks completed prior to end of survey with no concerns.
- SING account access corrected to include these checks on 2/23/2026. Will not be an issue moving forward with any new hires.

A 145 Evaluation of a Tenant & A 350 Service Plans

- Reviewed change of condition evaluation versus nurse review guidance from Ch 69 with DON. Various scenarios discussed with nurse related to real life questions. Education completed with consultant 3/16/26.
- Nurse educated on 3/16/26 regarding service plan changes needing to be based on cognitive, health and functional evaluations or nurse review

depending on the type of change. Nurse understands the type of change is determined by Ch 69 guidance.