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
	S0315	A. BUILDING: _____ B. WING _____	C 09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENCREST AT PLEASANT HILL	6151 MARTHA L MILLER DRIVE PLEASANT HILL, IA 50327

(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. Number of tenants without cognitive impairment: 17 Number of tenants with cognitive impairment: 13 Total census: 30 The following regulatory insufficiencies were cited during the investigation of Incidents #129937-I, #130182-I, and Complaints #130127-C, #130205-C.	A 000	See attached POC 11/17/2025	
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:	A 145		

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

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A 145	Continued From page 1 Based on interview and record review, the program failed to complete an evaluation due to significant change for 1 of 5 tenants reviewed (Tenant #5). Findings follow: Record review on 9/10/25 indicated Tenant #5 was admitted to the program on 5/13/25. A program nursing note, dated 7/29/25, documented a fall incident and included the following, "Family states resident is on hospice, unable to notify hospice and there is no hospice listed in profile. Staff was unaware that resident was on hospice." A review of the evaluation for Tenant #5, dated 6/16/25, failed to reflect Tenant #5's hospice services. A review of the service plan for Tenant #5, signed/dated 7/24/25, failed to reflect Tenant #5 required hospice services. No evaluation could be located which addressed the significant change or start of hospice services. When questioned on 9/10/25, the Regional Clinical Services Coordinator responded via email at 1:41pm and confirmed Tenant #5's evaluation/s failed to address the significant change and start of hospice services and one would need to be completed. The Regional Clinical Services Coordinator provided a copy at 2:12pm of the Hospice Admission orders for Tenant #5 and confirmed Tenant #5 began hospice services on 6/27/25. On 9/10/25 at 3:15pm the Executive Director, Assistant Director of Wellness, (and Regional Clinical Services Coordinator by phone) confirmed the above findings.	A 145		

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A 350	Continued From page 2	A 350		
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 update tenant service plans following a significant change for 1 of 5 tenants reviewed (Tenant #5). Findings follow: Record review on 9/10/25 indicated Tenant #5 was admitted to the program on 5/13/25. A program nursing note, dated 7/29/25, documented a fall incident and included the following: "Family states resident is on hospice, unable to notify hospice and there is no hospice listed in profile. Staff was unaware that resident was on hospice." A review of the evaluation for Tenant #5, dated 6/16/25, failed to reflect Tenant #5 required hospice services. A review of the service plan for Tenant #5, signed/dated 7/24/25, failed to reflect Tenant 5 required hospice services. No service plan could be located which addressed the significant change or start of hospice services.	A 350		

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A 350	Continued From page 3 When questioned on 9/10/25, the Regional Clinical Services Coordinator responded via email at 1:41pm and confirmed the service plan/s for Tenant #5 failed to address the significant change and start of hospice services and would need to be completed. The Regional Clinical Services Coordinator provided a copy at 2:12pm of the Hospice Admission orders for Tenant #5 and confirmed Tenant #5 began hospice services on 6/27/25. On 9/10/25 at 3:15pm the Executive Director, Assistant Director of Wellness, (and Regional Clinical Services Coordinator by phone) confirmed the above findings.	A 350		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: Edencrest at Pleasant Hill	DATE SURVEY COMPLETED: 09/10/2025

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Tag # 1 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 interview and record review, the program failed to complete an evaluation due to significant change for 1 of 5 tenants reviewed (Tenant #5). Findings follow: Record review on 9/10/25 indicated Tenant #5 was admitted to the program on 5/13/25. A program nursing note, dated 7/29/25, documented a fall incident and included the following, "Family states resident is on hospice, unable to notify hospice and there is no hospice listed in profile. Staff was unaware that resident was on hospice." A review of	Tag # A 145	**What initial correction was made?** On 9/12/2025 a Comprehensive Assessment was completed for tenant #5. ADOW reviewed Care Plan with family representative and Hospice Provider.	**How will we ensure and maintain compliance going forward?** Ensure all tenant changes in condition are promptly assessed and addressed to maintain regulatory compliance and tenant safety by educating staff on recognizing, reporting and documenting changes in condition, as well as ongoing monitoring for compliance of completed assessments. Educate Tenants and family representatives that initiation of hospice services should be communicated to Executive Director/ ADOW to help facilitate collaboration of care. **How will we ensure and maintain compliance going forward?** The ADOW/DOW will review all service plans with tenants and/or legal representatives/ hospice services and sign them at the time of the review. The Executive Director will review all service plans for accuracy and compliance before uploading tenant records.	**Implementation Date:** 9/12/2025 **Completion Date:** **Responsible Party:** ADOW Executive Director

	Continued From page 1 the evaluation for Tenant #5, dated 6/16/25, failed to reflect Tenant #5's hospice services. A review of the service plan for Tenant #5, signed/dated 7/24/25, failed to reflect Tenant #5 required hospice services. No evaluation could be located which addressed the significant change or start of hospice services. When questioned on 9/10/25, the Regional Clinical Services Coordinator responded via email at 1:41pm and confirmed Tenant #5's evaluation/s failed to address the significant change and start of hospice services and one would need to be completed. The Regional Clinical Services Coordinator provided a copy at 2:12pm of the Hospice Admission orders for Tenant #5 and confirmed Tenant #5 began hospice services on 6/27/25. On 9/10/25 at 3:15pm the Executive Director, Assistant Director of Wellness, (and Regional Clinical Services Coordinator by phone) confirmed the above findings.				
Tag # 2 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.	Tag # A 350	**What initial correction was made?** On 9/12/2025 a Comprehensive Assessment was completed for tenant #5. ADOW reviewed Care Plan with family representative and Hospice Provider.	**How will we ensure and maintain compliance going forward** Ensure all tenant changes in condition are promptly assessed and addressed to maintain regulatory compliance and tenant safety by educating staff on recognizing, reporting and documenting changes in condition, as well as ongoing monitoring for compliance of completed assessments. Educate Tenants and family representatives that initiation of hospice services should be communicated to	Implementation Date: 9/12/2025 Completion Date: Responsible Party: Executive Director ADOW

	Continued From page 2 This REQUIREMENT is not met as evidenced by: A 350 Based on interview and record review, the program failed to update tenant service plans following a significant change for 1 of 5 tenants reviewed (Tenant #5). Findings follow: Record review on 9/10/25 indicated Tenant #5 was admitted to the program on 5/13/25. A program nursing note, dated 7/29/25, documented a fall incident and included the following: "Family states resident is on hospice, unable to notify hospice and there is no hospice listed in profile. Staff was unaware that resident was on hospice." A review of the evaluation for Tenant #5, dated 6/16/25, failed to reflect Tenant #5 required hospice services. A review of the service plan for Tenant #5, signed/dated 7/24/25, failed to reflect Tenant 5 required hospice services. No service plan could be located which addressed the significant change or start of hospice services.			Executive Director/ ADOW to help facilitate collaboration of care. **How will we ensure and maintain compliance going forward?** The ADOW/DOW will review all service plans with tenants and/or legal representatives/ hospice services and sign them at the time of the review. The Executive Director will review all service plans for accuracy and compliance before uploading tenant records.	