STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165603	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Denver Sunset Home	235 North Mill Street Box 383, Denver, Iowa, 50622

(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) COMPLETION DATE
✓ F0000 KBS	INITIAL COMMENTS Correction date: 4-2-2026 The following deficiencies resulted from the facility's annual recertification survey conducted on March 23, 2026 to March 26, 2026. See the Code of Federal Regulations (42CFR) Part 483, Subpart B-C.	F0000	See attached	
F0552 SS = D	Right to be Informed/Make Treatment Decisions CFR(s): 483.10(c)(1)(4)(5) §483.10(c) Planning and Implementing Care. The resident has the right to be informed of, and participate in, his or her treatment, including: §483.10(c)(1) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition. §483.10(c)(4) The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care. §483.10(c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers. This REQUIREMENT is NOT MET as evidenced by: Based on record review, staff interview, and family interview, the facility failed to notify a resident representative of the risks and benefits of psychotropic medication use prior to administration of psychotropic medication, and failed to inform a	F0552		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE Administrator	(X6) DATE ✓ 4-9-26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165603	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/26/2026

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F0552 SS = D	Continued from page 1 resident representative of treatment alternatives to the medication prior to administration for 1 of 5 residents reviewed (Resident #5). The facility reported a census of 24 residents. Findings include: 1. Resident #5's Minimum Data Set (MDS) assessment dated 2/19/26 documented a Brief Interview of Mental Status (BIMS) score of 6 out of 15, indicating severely impaired cognition. The MDS included diagnoses of dementia, depression, and peripheral vascular disease. Per this assessment, the resident took antidepressant medication. Review of the Physician Order dated 8/25/25 for the resident revealed, sertraline (antidepressant medication) 25 mg (milligram) by mouth daily for dementia with anxiety and major depressive disorder. Resident #5's Electronic Health Record (EHR) lacked documentation the facility notified the resident's representative in advance of the risks and benefits of the medication, treatment alternatives or other options, or to let them choose the option they preferred prior to administering the medication. Resident #5's Medication Administration Record (MAR) for August 2025 through March 2026 documented Resident #5 received sertraline daily since ordered in August. On 3/26/26 at 11:00 AM, the Administrator reported they facility didn't do a consent with the family for prior to giving. On 3/26/26 at 11:14 AM, the family representative reported the facility did not notify her of the risks and benefits of the medication, treatment alternatives or other options.	F0552		
F0656 SS = D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan	F0656		

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F0656 SS = D	Continued from page 2 must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is NOT MET as evidenced by: Based on observation, record review, and staff and resident interview, the facility failed to ensure a contracture of a resident's hand was addressed on the care plan for 1 of 1 resident reviewed for contractures (Resident #18). The facility reported a census of 24 residents. Findings include: Resident #18's Minimum Data Set (MDS) assessment dated	F0656		

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F0656 SS = D	Continued from page 3 3/5/26 revealed the resident scored 15 out of 15 on a Brief Interview for Mental Status (BIMS) exam, which indicated intact cognition. The MDS documented he had an impairment to both upper and lower extremities on one side. The MDS included the diagnosis of a stroke. On 3/23/26 at 1:35 PM, observation of the resident's left hand noted severe contracture to left hand. The resident was unable to use the left hand. Resident #18 reported his hand had not worsened with the contracture. He reported therapy was trying to work with him, but it hurt and was uncomfortable so he made them stop. Resident #18's Physician Progress Note for a visit on 2/9/26 and on 6/6/24 revealed he had Dupuytren's contracture (contracture of one or multiple fingers towards the palm). Review of the care plan lacked any documentation of contracture to the hand and interventions. On 3/26/2026 at 9:40 AM, the Director of Nursing reported the contracture should have been on the care plan.	F0656		

This plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared solely because it is required by State and Federal law. Please accept this as the facility's credible allegation of compliance.

F552

The consent form was completed for resident #5 and for all residents with psychotropic medication orders. This was completed on 4/2/26. The Director of Nursing/designee will monitor to ensure ongoing compliance. The Director of Nursing/designee will report on the progress of the plan of correction to the Quality Assurance Performance Improvement Committee for three months to ensure ongoing compliance.

F656

The care plan for resident #18 was updated 3/26/26. Care plans for other residents with contractures were reviewed on 3/26/26 to ensure interventions were in place. The Director of Nursing/designee will monitor to ensure ongoing compliance. The Director of Nursing/designee will report on the progress of the plan of correction to the Quality Assurance Performance Improvement Committee for three months to ensure ongoing compliance.

Date of Compliance 4/2/26