

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0491	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/25/2025
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NAME OF PROVIDER OR SUPPLIER FEATHERSTONE AT HICKORY TRAIL	STREET ADDRESS, CITY, STATE, ZIP CODE 2450 HICKORY TRAIL IOWA CITY, IA 52245
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(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	<p>Initial Comments</p> <p>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.</p> <p>Number of tenants without cognitive impairment: 46 Number of tenants with cognitive impairment: 5 Total census: 51</p> <p>The following regulatory insufficiencies were cited during the initial certification visit conducted to determine compliance with certification rules for an Assisted Living Program</p>	A 000		
A 400	<p>481-67.19(3) Record Checks</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program did not complete the criminal history check, child abuse record check and dependent adult abuse record check for 4 of 7 employees reviewed prior to the date of hire (Staff A, Staff B, Staff C and Staff D). Findings follow:</p> <p>Record review on 3/17/25 revealed Staff A was hired on 10/8/24. The program did not receive the criminal check until 10/9/24, 1 day after she was hired.</p>	A 400	The Plan of Correction is attached	

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

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A 400	<p>Continued From page 1</p> <p>Staff B was hired on 9/9/24. The program did not complete the Single Contact License and Background Check (SING) for Staff B until 3/17/25, more than 6 months after she was hired.</p> <p>Staff C was hired on 8/12/24. The program did not receive the child abuse check and dependent adult abuse check until 8/28/24, 16 days after her date of hire.</p> <p>Staff D was hired on 8/27/24. The program did not receive the child abuse check and dependent adult abuse check until 8/28/24, 1 day after her date of hire.</p> <p>On 3/17/25 at 2:46 PM the Executive Director reported there was initially some confusion with how to complete the SING for staff. When they realized the SINGs weren't being run completely, they fixed the problem.</p>	A 400		
A 135	<p>481-69.22(1) Evaluation of Tenant</p> <p>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</p>	A 135		

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A 135	<p>Continued From page 2</p> <p>a scored cognitive screening tool.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to complete a thorough initial health evaluation for 3 of 4 tenants reviewed who were admitted over the previous three months (Tenant #2, Tenant #3 and Tenant #4). Findings follow:</p> <p>Record review on 3/19/25 revealed Tenant #2 moved to the program on 12/30/24. The program nurse completed an initial assessment which evaluated his cognitive and functional condition on 12/23/24. The assessment did not thoroughly evaluate Tenant #2's health status.</p> <p>Tenant #3 moved to the program on 2/12/25. The program nurse completed the initial assessment on 2/6/25, which evaluated her cognitive and functional condition. The assessment did not thoroughly evaluate her health status.</p> <p>Tenant #4 moved to the program on 2/7/25. The program nurse completed an initial assessment on 1/10/25, which evaluated his cognitive and functional condition. The assessment did not thoroughly evaluate his health status.</p> <p>The Executive Director confirmed the program failed to thoroughly evaluate tenants' health condition on the initial assessment on 3/25/25 at 11:15 AM.</p>	A 135		
A 140	<p>481-69.22(2) Evaluation of Tenant</p> <p>69.22(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional,</p>	A 140		

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A 140	<p>Continued From page 3</p> <p>cognitive and health status within 30 days of occupancy. 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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to complete a thorough health evaluation within 30 days of admission for 3 of 4 tenants reviewed who were admitted over the previous three months (Tenant #2, Tenant #3 and Tenant #4). Findings follow:</p> <p>Record review on 3/19/25 revealed Tenant #2 moved to the program on 1/13/25. The program nurse completed a 30-day assessment which evaluated his cognitive and functional condition on 2/11/25. The assessment did not thoroughly evaluate Tenant #2's health status.</p> <p>Tenant #3 moved to the program on 2/12/25. The program nurse completed a 30-day assessment on 3/12/25, which evaluated her cognitive and functional condition. The assessment did not thoroughly evaluate her health status.</p> <p>Tenant #4 moved to the program on 2/7/25. The program nurse completed a 30-day assessment on 3/7/25, which evaluated his cognitive and functional condition. The assessment did not thoroughly evaluate his health status.</p> <p>The Executive Director confirmed the program failed to thoroughly evaluate tenants' health condition within 30 days of occupancy on 3/25/25 at 11:15 AM.</p>	A 140		

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A 290	<p>481-69.25(1)i Tenant Documents</p> <p>69.25(1) Documentation for each tenant shall be maintained by the program and shall include:</p> <p>i. When any personal or health-related care is delegated to the program, the medical information sheet; documentation of health professionals' orders, such as those for treatment, therapy, and medication; and nurses' notes written by exception</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program nurse failed to ensure notes were written by exception for 3 of 4 tenants reviewed (Tenant #2, Tenant #3 and Tenant #4). Findings follow:</p> <p>1) Review of Tenant #2's electronic record on 3/19/25 revealed a Notice of Patient Admission to Hospice dated 3/11/25. There was no information about this in the progress (nurses) notes.</p> <p>On 3/19/25 at 4:05 PM the Interim Registered Nurse (RN) reported Tenant #2 initiated hospice services with the help of his family. The program was not involved with this. She had not met with him since he accessed the service.</p> <p>2) Review of Tenant #4's electronic record on 3/19/25 revealed physician's orders dated 2/11/25 in which an x-ray was ordered of his rib cage to rule out a rib fracture. The physician also ordered physical therapy and occupational therapy due to left extremity weakness. On 2/13/25, Tenant #4 was diagnosed with acute minimally displaced fractures of the posterior aspects of ribs 8 and 9 on the right. There were no progress (nurses)</p>	A 290		

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A 290	Continued From page 5 notes about this in the record. 3) Review of Tenant #3's electronic record on 3/19/25 revealed a physical therapy evaluation and plan of treatment dated 3/17/25. There were no progress (nurses) notes about this in the record. 4) On 3/19/25 at 4:05 PM the Interim RN confirmed she failed to document medical information about tenants in the nurses (progress) notes.	A 290		



April 23, 2025

Department of Investigations, Appeals and Licensing
Attn: Deb Dixon
6200 Park Avenue STE 100
Des Moines, Iowa 50321

Dear Ms. Dixon:

On behalf of FeatherStone at Hickory Hill, I respectfully submit our Plan of Correction for your approval. My response is specific to the initial certification visit that was conducted between 3/17/2025 to 3/25/2025. Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of state law.

Record Checks A 400

1. Correction of Regulatory Insufficiency

- All staff will have the SING background check completed prior to their hire date.

2. Measures to Prevent Recurrence

- The HR Director will audit current associates' files to ensure SING background checks are complete.
- Utilize the pre-hire checklist to make sure all tasks are completed prior to hire date, which includes SING backgrounds.

3. Monitoring for Compliance

- The Executive Director and/or designee will review employee files weekly to ensure background checks are completed.

4. Completion Date: 5/2/2025

Evaluation of Resident A 135

1. Correction of Regulatory Insufficiencies

- Resident #2 no longer resides in the community. Resident #3 and #4 have had health evaluations completed.
- The preadmission and admission assessment will be updated to contain an evaluation of the resident's health status.
- Residents will be reassessed utilizing the revised assessment including their health status.

2. Measures to Prevent Recurrence

- Residents will be reassessed utilizing the revised assessment including their health status.

3. Monitoring for Compliance

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319-595-2270 | FeatherStoneLiving.com

- Compliance will be reviewed during quarterly QAPI meetings. The team will review assessments and ensure the health portion of the assessment are being completed.

Evaluation of Resident A 140

1. Correction of Regulatory Insufficiencies

- The preadmission and admission assessment will be updated to contain evaluation of the resident's health status. Resident # 2 no longer resides in community. Resident #3 and #4 will have their health assessment completed.

2. Measures to Prevent Recurrence

- Residents will be reassessed utilizing the revised assessment including their health status

3. Monitoring for Compliance

- Compliance will be reviewed during quarterly QAPI meetings. The team will review assessments and ensure the health portion of the assessment are being completed.

Completion Date: 5/20/2025

Tenant Documents A 290

1. Correction of Regulatory Insufficiency

- Resident #2 no longer resides in community. Resident #3 and #4 have had their progress notes updated as appropriate.
- Resident Services Director and/or delegated designee will review current residents and document in progress notes where applicable.

2. Measures to Prevent Recurrence

- The Resident Services Director and/or delegated designee will monitor progress notes through the 24-hour report and update progress notes as needed.

3. Monitoring for Compliance

- Will monitor status in quarterly QAPI meetings for four quarters. The team will review for compliance, update and make changes if necessary.

4. Completion Date: 5/2/2025

If you have any questions regarding this correspondence, please contact me at 319-595-2270.

Sincerely,



Tracy Sherzer, Executive Director

✓ 5.15.25