

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165147	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/02/2025
NAME OF PROVIDER OR SUPPLIER Park Place		STREET ADDRESS, CITY, STATE, ZIP CODE 401 South Van Buren Mount Pleasant, IA 52641	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to manage his or her financial affairs. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165147	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/02/2025
NAME OF PROVIDER OR SUPPLIER Park Place		STREET ADDRESS, CITY, STATE, ZIP CODE 401 South Van Buren Mount Pleasant, IA 52641	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, facility policy review, family and staff interview, the facility failed to ensure they held, managed, safeguarded and accounted for resident's personal funds entrusted in the care of facility staff for 2 of 4 residents sampled (Residents #1 and #4). The facility reported a census of 35. Findings include:1. Review of the Minimum Data Set (MDS) dated [DATE] revealed Resident #1 Brief Interview for Mental Status (BIMS) assessment resulted in a score of 5 out of 15, which indicated severely impaired cognition. The MDS list of diagnoses included Non-Alzheimer's dementia. The MDS indicated Resident #1 admitted to the facility on [DATE]. Review of the Care Plan, dated 6/6/25, revealed a plan to address Cognitive Loss. During an interview on 11/24/25 at 10:45 AM, the Administrator reported Staff A, former Social Services Specialist worked at the facility from June 24, 2024 to October 17, 2025. The Administrator explained that within the scope of her position, Staff A made deposits and withdraws from resident trust accounts. The Administrator explained on 10/14/2025, a family friend who assisted Resident #1 with finances questioned her about the amount of money left in the resident's trust account. The Administrator stated the family friend informed her a family member had given Resident #1 a check for \$2500 in October of 2024, which Staff A cashed and then deposited in Resident #1 facility account. The Administrator stated she attempted to review Resident #1's account information on 10/14/25 and found the resident did not have a resident trust account. Review of the clinical record revealed a lack of documentation requesting the facility manage Resident #1 monetary funds. The review also revealed a lack of quarterly account statements provided to the resident or a representative. The Administrator explained Resident #1 could not be interviewed due to a severe cognitive impairment. The Administrator stated Resident #1's family friend searched the resident's room and did not find any money. The Administrator reported she then questioned Staff A, former Social Services Specialist about Resident #1's money, and Staff A informed her Resident #1's money was at Staff A's home. The Administrator stated Staff A explained she took Resident #1's money home during a leave of absence. The Administrator explained Staff A took a leave of absence for 12 weeks between June 2025 and September 2025. The Administrator stated she asked Staff A to bring in the money when Staff A returned to work the next day (10/15/25). The Administrator reported on 10/15/25, Staff A did bring in the money and an accounting of the money. The Administrator reported she opened a resident trust account for Resident #1 with the money that Staff A returned to the facility. The Administrator stated she started her position on 12/16/24, and could not speak to the specific education Staff A, former Social Services Specialist received in regards to resident trust accounts. The Administrator explained Staff A had sole responsibility of resident accounts when she started in December of 2024. The Administrator reported she gradually had taken over managing resident accounts, but Staff A still had access. The Administrator explained the facility maintained resident trust accounts for any resident who wanted the facility to hold funds for them. The resident trust account money was accounted for on a spreadsheet. The Administrator reported Staff A had used the spreadsheet for the resident trust accounts to enter in deposits and withdrawals from residents' funds. The facility maintained the residents' funds in an account with a local bank. The Administrator reported the termination of employment of Staff A on 10/17/25. During an interview on 11/25/25 at 6:37 PM, Staff A, former Social Services Specialist, reported she had worked at the facility for 1 year and 5 months. Staff A reported having an Associates in Arts and Science Degree. Staff A described one of her duties as providing financial assistance to residents. Staff A reported getting half a day training with another social worker on her job duties and computer training on facility policies at the start of her job. Staff A denied getting any training regarding her duties related to resident trust accounts. Staff A reported she had a leave of absence from work, but was unsure of the exact dates and length of time of the absence. Staff A explained she thought she was off sometime between June 2025 and September 2025. Staff A reported that when she went to go on leave, she grabbed Resident #1's money due to having to leave her desk unlocked. Staff A explained she didn't want to leave the money unsafe. Staff A explained that she felt like she didn't have anybody to go to and she wanted to protect the money. Staff A stated that she didn't realize it should have gone in the resident trust account.2. Review of the MDS, dated [DATE] revealed a BIMS score for Resident #4 of 12 out of 15 which indicated intact cognition. The MDS indicated Resident #4 admitted to the facility on [DATE]. Review of the Care Plan, dated 9/5/24 revealed plans to address Elopement Risk, Psychosocial Well-Being, Communication and Cognitive Loss. During the interview on 11/24/25 which started at 10:45 AM the Administrator explained that some</p>		