STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165388	A. Building B. Wing	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lone Tree Health Care Center Inc	501 East Pioneer Road Lone Tree, IA 52755

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, policy review and staff interview, the facility failed to report an allegation of potential financial exploitation to the State Agency for 1 of 14 residents reviewed (Resident #33). The facility reported a census of 33 residents. Findings include: The Minimum Data Set (MDS) dated [DATE] revealed Resident #33 had a Brief Interview for Mental Status (BIMS) of 9 indicating moderate cognition impairment. The MDS further revealed the resident did not have behavioral symptoms and did not have any psychiatric/mood disorders. The Care Plan initiated 8/25/25 revealed Resident #33 had an activities of daily living (ADL) deficit and required assistance from staff with toileting and transferring. Review of Progress Notes dated 8/23/25 at 9:45 AM for Resident #33 revealed she had been asked by staff if she would like to have her money placed in a lock box and she had refused. The Progress Notes further revealed the resident had declined to offer the amount of money she had in her possession and had stated she had enough. Review of Progress Notes dated 8/23/25 at 9:10 PM revealed both Power of Attorneys (POAs) reported to the nurse that Resident #33 had $350 cash in her room and it was now missing. Staff searched the room and cash was not found. The POAs had stated it was a sore lesson learned for their sister because she had not allowed staff to lock up all the money. The POA had reported the resident had given staff $90 to lock up but the resident initially had $350. On 11/19/25 at 3:28 PM, the Administrator revealed she did not report the allegation of missing money to DIAL because the sister could not confirm Resident #33 had actually been missing money as the amount missing had changed. During an interview 11/20/25 at 9:25 AM, Staff A, Certified Nurse Assistant (CNA) reported on 8/23/25 one of Resident #33's sisters had reported the resident had money that needed to be locked up so Staff A notified the nurse who had placed the money in a lock box. Staff A reported when she came back to work on 8/25/25 one of the sisters had reported to her later in the day that the resident had money missing. Staff A reported she notified a nurse of the missing money but she could not recall who she had notified. Review of undated facility policy titled, Lone Tree Health Care Center Policy And Procedure On Abuse Prevention And Identification, revealed misappropriation of resident property is the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent. Any staff member will immediately report to the administrator any alleged violation(s)concerning mistreatment, neglect, abuse, including injuries of unknown source, or misappropriation of resident property, or sexual abuse. The administrator will then report these allegations to the appropriate authorities.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165388	A. Building B. Wing	11/20/2025

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident when there is a significant change in condition **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview, the facility failed to complete a significant change Minimum Data Set (MDS) assessment in a timely manner following admission to hospice care for 1 of 2 residents reviewed (Resident #10). The facility reported a census of 33 residents. Findings include: The Clinical Census for Resident #10 revealed an admission date to hospice on 7/18/25. The MDS dated [DATE] for Resident #10 revealed it was a significant change assessment and the resident entered hospice care within the last 14 days. On 11/19/25 at 11:35 AM the Administrator confirmed a significant change MDS had not been completed within 14 days as she would have expected following Resident #10's admission to hospice care. The Administrator further revealed the facility did not have a specific policy/protocol related to completion of a significant change MDS as they follow the Resident Assessment Instrument (RAI) manual.