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
	S0365	A. BUILDING: _____ B. WING _____	C 04/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND MEADOWS SENIOR LIVING & HEALTH	5300 GRAND MEADOW DRIVE ASBURY, IA 52002

(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. Tenants without cognitive impairment: 10 Tenants with cognitive impairment: 16 Total census: 26 Regulatory insufficiencies were cited during the investigation of Incident #131037-I and Incident #131910-I.	A 000	See attached POC 6/5/2026	
A 232	481-69.22(3) Evaluation of Tenant 481-69.22(231C) 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to evaluate the tenant's functional, cognitive and health status with significant change for 1 out of 4 tenants reviewed (Tenant #3). Finding follows: Record review on 4/22/26, revealed Tenant #3's	A 232		

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A 232	Continued From page 1 record included a fax to her physician dated 4/6/26 which requested a urinalysis because Tenant #3 had increased agitation and confusion. A nurse's note dated 4/7/26 noted the urinalysis was approved and obtained. A nurse's note on 4/8/26 revealed the urinalysis was positive and Tenant #3 was ordered an antibiotic for treatment. Tenant #3's functional, cognitive or health status was not evaluated at the time of the significant change which included increased confusion and agitation. When interviewed on 4/22/26 at 1:40 p.m., the Director of Nursing confirmed Tenant #3 had no functional, cognitive or health evaluations on record during the time of the significant change. When interviewed on 4/22/26 at 3:00 p.m., the Administrator confirmed the above finding.	A 232		
A 268	481-69.25(1)i Tenant Documents 481-69.25(231C) Tenant documents. 69.25(1) Documentation for each tenant shall be maintained by the program and include: 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; This REQUIREMENT is not met as evidenced by: Based on interview and record review, the	A 268		

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A 268	Continued From page 2 Program failed to document nurse's notes by exception for 1 out of 4 tenants reviewed (Tenant #3). Finding follows: Record review on 4/22/26, revealed Tenant #3's record included a fax to her physician dated 4/6/26 which requested a urinalysis because Tenant #3 had increased agitation and confusion. A nurse's note dated 4/7/26 noted the urinalysis was approved and obtained. A nurse's note on 4/8/26 revealed the urinalysis was positive and Tenant #3 was ordered an antibiotic for treatment. Nurse's notes prior to the fax being sent on 4/7/26 lacked any information regarding Tenant #3's change of condition which included increased confusion and agitation. When interviewed on 4/22/26 at 1:40 p.m., the Director of Nursing confirmed Tenant #3 had no nurse's notes by exception regarding her symptoms of increased confusion and agitation prior to the request for a urinalysis. When interviewed on 4/22/26 at 3:00 p.m., the Administrator confirmed the above finding.	A 268		
A 282	481-69.26(3) Service Plans 481-69.26(231C) Service plans. 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. The service plan shall be signed by all parties, including the tenant or tenant's legal representative.	A 282		

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A 282	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to update the service plan with a significant change for 1 out of 4 tenants reviewed (Tenant #3). Finding follows: Record review on 4/22/26, revealed Tenant #3's record included a fax to her physician dated 4/6/26 which requested a urinalysis because Tenant #3 had increased agitation and confusion. A nurse's note dated 4/7/26 noted the urinalysis was approved and obtained. A nurse's note on 4/8/26 revealed the urinalysis was positive and Tenant #3 was ordered an antibiotic for treatment. Tenant #3's service plan dated 3/9/26 was not updated to include the significant change of the treatment of a urinary tract infection. When interviewed on 4/22/26 at 1:40 p.m., the Director of Nursing confirmed Tenant #3's service plan was not updated with the significant change of the treatment of a urinary tract infection. When interviewed on 4/22/26 at 3:00 p.m., the Administrator confirmed the above finding.	A 282		
A 287	481-69.26(4)c Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and indicate: c. The service provider(s), if other than the program; This REQUIREMENT is not met as evidenced	A 287		

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A 287	Continued From page 4 by: Based on interview and record review, the Program failed to identify all service providers on the service plan for 1 out of 4 tenants reviewed (Tenant #1). Finding follows: Record review on 4/22/26, revealed Tenant #1's physician's order dated 9/23/25 for palliative services provided by a hospice agency. A nurse's note dated 12/31/25 revealed the following entry: Received fax from palliative care. Continue antibiotic from urinary tract infection emergency plan. If symptoms do not improve, send another urine to the lab. Tenant #1's service plans on file dated 11/17/25 and 3/26/26 failed to include the provider who delivered palliative care for Tenant #1. When interviewed on 4/22/26 at 1:40 p.m., the Director of Nursing confirmed Tenant #3's service plan failed to include the provider who delivered palliative care for Tenant #1. When interviewed on 4/22/26 at 3:00 p.m., the Administrator confirmed the above finding.	A 287		

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GRAND MEADOWS
SENIOR LIVING & HEALTH CARE
A TUTERA SENIOR LIVING COMMUNITY

April 30, 2026

Iowa Department of Inspections, Appeals, & Licensing
6200 Park Ave.
Des Moines, IA 50321

Plan of Correction:

Evaluation of Tenant - Assessment

Preparation and/or execution of this document and Plan of Correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies. These documents and Plan of Correction are prepared and/or executed solely because they are required by provisions of federal and state law. Let these documents and Plan of Correction serve as this facility's credible allegation of compliance.

The following plan of correction is being submitted because it is required under federal law and is not an admission of any wrongdoing or the existence of any deficiency under the Medicare or Medicaid Programs. This plan of correction is not an admission that there are measures or steps that the facility could have or should have taken to address the alleged deficiency in the past.

Grand Meadows Senior Living's plan of correction and allegation of compliance are submitted pursuant to DIAL's request. In lieu of an onsite visit, the facility shall send any additional items that are further requested by DIAL.

Corrective action(s) accomplished for those residents found to have been affected by the deficient practice:

- Tenant #3 has since been evaluated for functional, cognitive, and health status.

How the facility will identify other residents having the potential to be affected by the same deficient practice:

- ADON/designee will audit residents with significant changes to ensure evaluations are completed.

What measures will be put into place or what system changes will be made to ensure the deficient practice will not recur:

- Education provided on evaluation requirements with significant change.
- Standard process implemented to trigger evaluation with any condition change.

Quality Assurance Plan to monitor facility performance:

- Weekly audits x4 weeks by DON.
- Findings reviewed in QAPI.

These deficiencies corrected by: May 6, 2026

Weekly audits completed by: June 5, 2026

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GRAND MEADOWS
SENIOR LIVING & HEALTH CARE
A TUTERA SENIOR LIVING COMMUNITY

April 30, 2026

Iowa Department of Inspections, Appeals, & Licensing
6200 Park Ave.
Des Moines, IA 50321

Plan of Correction
Tenant Documents

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Corrective action(s) accomplished for those residents found to have been affected by the deficient practice:

- Tenant #3 documentation updated to reflect condition change and nursing notes.

How the facility will identify other residents having the potential to be affected by the same deficient practice:

- Audit of recent condition changes for proper documentation.

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What measures will be put into place or what system changes will be made to ensure the deficient practice will not recur:

- Education on documentation by exception.
- Standardized nurse note expectations reinforced.

Quality Assurance Plan to monitor facility performance:

- Weekly audits x4 weeks.
- Reviewed in QAPI.

These deficiencies corrected by: May 6, 2026

Weekly audits completed by: June 5, 2026

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SENIOR LIVING & HEALTH CARE
A TUTERA SENIOR LIVING COMMUNITY

April 30, 2026

Iowa Department of Inspections, Appeals, & Licensing
6200 Park Ave.
Des Moines, IA 50321

Plan of Correction
Service Plans

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Grand Meadows Senior Living's plan of correction and allegation of compliance are submitted pursuant to DIAL's request. In lieu of an onsite visit, the facility shall send any additional items that are further requested by DIAL.

Corrective action(s) accomplished for those residents found to have been affected by the deficient practice:

- Tenant #3 service plan updated to reflect UTI and treatment.

How the facility will identify other residents having the potential to be affected by the same deficient practice:

- Audit residents with recent changes for service plan updates.

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What measures will be put into place or what system changes will be made to ensure the deficient practice will not recur:

- Education on timely service plan updates.
- Checklist added for significant change follow-up.

Quality Assurance Plan to monitor facility performance:

- Weekly audits x4 weeks.
- QAPI review.

These deficiencies corrected by: May 6, 2026

Weekly audits completed by: June 5, 2026

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SENIOR LIVING & HEALTH CARE
A TUTERA SENIOR LIVING COMMUNITY

April 30, 2026

Iowa Department of Inspections, Appeals, & Licensing
6200 Park Ave.
Des Moines, IA 50321

Plan of Correction

Service Plans - Providers

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Grand Meadows Senior Living's plan of correction and allegation of compliance are submitted pursuant to DIAL's request. In lieu of an onsite visit, the facility shall send any additional items that are further requested by DIAL.

Corrective action(s) accomplished for those residents found to have been affected by the deficient practice:

- Tenant #1 service plan updated to include palliative provider.

How the facility will identify other residents having the potential to be affected by the same deficient practice:

- Audit all residents receiving outside services.

What measures will be put into place or what system changes will be made to ensure the deficient practice will not recur:

- Education on documenting all service providers.
- Admission/service plan checklist updated.

Quality Assurance Plan to monitor facility performance:

- Weekly audits x4 weeks.
- QAPI monitoring.

These deficiencies corrected by: May 6, 2026

Weekly audits completed by: June 5, 2026