

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0400	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/11/2025
NAME OF PROVIDER OR SUPPLIER GRAND LIVING AT INDIAN CREEK AL		STREET ADDRESS, CITY, STATE, ZIP CODE 325 COLLINS ROAD SE CEDAR RAPIDS, IA 52403		
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A 000	Initial Comments 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. Number of tenants without cognitive impairment: 41 Number of tenants with cognitive impairment: 0 Total census: 41 Note: The program identified 41 tenants in Assisted Living and 101 tenants in Independent Living. However, 91 of the 165 total double occupancy units were licensed as Assisted Living, with 32 units designated at ALP/D, leaving 42 units available as Independent Living. No regulatory insufficiencies were cited during the investigation of Incident #122395-I. The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program	A 000		
A 285	481-67.5(2)f(4) Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program: (4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant.	A 285		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

TITLE

(X6) DATE

JOAN RANDALL

EXECUTIVE DIRECTOR

03/14/25

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A 285	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the program failed to administer all medications and treatments in accordance with physician's orders for 3 of 5 tenants reviewed, one of whom was observed during medication administration. (Tenant #2, Tenant #5 and Tenant #10). Findings follow: 1. On 1/14/25 at 2:45 p.m. Staff B set up 3:00 p.m. medications for Tenant #2, who was in another room. An order on the Medication Administration Record (MAR) noted to offer PRN (as needed) Lorazepam. Staff B said Tenant #2 typically refused the PRN Lorazepam. As Staff B set up the other medication, Tenant #2 went to the bathroom. Staff B locked the medications in the medication cupboard and returned approximately 10 minutes later to give the medication to the tenant. Staff B did not offer Tenant #2 the PRN Lorazepam at any time during this process. During interview on 1/14/25 at 2:55 p.m. Tenant #2 stated she would have taken the PRN Lorazepam had it been offered to her. Record review revealed Tenant #2 was on hospice and her diagnosis included Anxiety Disorder. Tenant #2's current physician's orders included Lorazepam concentrate 2 mg/ml, take 0.5 mg by mouth every four hours as needed. The January MAR instructed staff to offer the PRN liquid Lorazepam at 6:00 a.m., 10:00 a.m., 3:00 p.m. and 8:00 p.m. During interview on 2/11/25 at 3:30 p.m. the	A 285	Tenant #2 has transitioned from our community. We have received an order on 3/13/25 to change Tenant #10's Carvedilol to be given once daily during mealtime for increased effectiveness. The anticoagulant clinic is closely monitoring for Tenant #5. The Director of Health and Wellness (DOHW) provided training to H&W med managers on 3/12/2025 regarding following physicians' orders during medication administration. National DOHW provided training to DOHW and ADOHW on 3/11/2025 regarding updated process at the Community on 3/12/2025. Nurses will review the accuracy of medications received for tenants under medication management before delivery to the designated neighborhoods. The Community also established a Coumadin order review process as of 3/12/2025, requiring both the licensed nurse (LPN) and the DOHW to review orders before they are included in the Medication Observation Record. Beginning 3/12/2025, Director of Health and Wellness (DOHW) or Designee will conduct medication observation pass with designated staff weekly for the next three months to promote adherence to physicians' orders and ensure compliance in our practices.	4/4/2025

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A 285	Continued From page 2 Director of Health and Wellness (DHW) verified the PRN Lorazepam should have been offered to Tenant #2 at the 3:00 p.m. medication pass. 2. On 1/15/25 at 8:15 a.m. Staff A administered Tenant #10 medications, which were grouped together in a blister card. The medication included Carvedilol 3.125 mg. According to the package and the MAR, the Carvedilol was to be given with meals. Tenant #10 and Staff A said the tenant typically skipped breakfast and didn't eat in the mornings. Tenant #10 took her medication with water. Record review revealed Tenant #10's physician's orders for Carvedilol 3.125 mg tablet, take one tablet in the morning and evening with meals. During interview on 2/11/25 at 3:30 p.m. the DHW confirmed the physician's order to take the medication with meals. 3. Record review on 2/10/25 revealed Tenant #5 had multiple changes in his Coumadin dosages during the month of January 2025 due to his INR levels (measurement of how quickly blood clots). Review of doctor orders and the January MAR revealed a medication error on 1/10/25 and 1/11/25. Per physician's orders and MAR directives, Tenant #5 should have received Coumadin 5 mg on 1/10/25 and a one-time order for Coumadin 2.5 mg on 1/11/25. Staff documented they gave both the 5 mg tablet and the 2.5 mg tablet for a total of 7.5 mg on January 10th and 11th. Tenant #5's next INR score on 1/14/25 was elevated at 4.5. Per a note from the INR lab, the Assistant Director of Health and Wellness (ADHW) confirmed correct medication dosages were given.	A 285			

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A 285	Continued From page 3 During interview on 2/11/25 at 3:05 p.m. the DHW confirmed Tenant #5 received more Coumadin than ordered on 1/10/25 and 1/11/25.	A 285		
A 290	481-69.25(1)i Tenant Documents 69.25(1) Documentation for each tenant shall be maintained by the program and shall 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 program failed to provide appropriate documentation regarding significant change of condition for 1 of 5 tenants reviewed (Tenant #4). Finding follows: On 2/10/25 record review revealed Tenant #4's last nurse progress note dated 1/09/25 indicated she went to the emergency room due to confusion. No further documentation such as a progress note or nurse review could be located after 1/09/25. Prior progress notes indicated Tenant #4 had ongoing health concerns. During an interview on 2/10/25 at 5:05 p.m. the Director of Health and Wellness (DHW) stated Tenant #4 was hospitalized from 1/09/25 to 1/17/25. She then returned to the assisted living program, but was hospitalized again on or around 1/24/25. She died in the hospital a few days later.	A 290	Tenant #4 no longer resides in the Community. The Director of Health and Wellness (DOHW) provided training on 3/12/2025 to H& W staff regarding the requirement to document significant changes in conditions in the medical records. The Director of Health and Wellness (DOHW) or Designee will conduct random audits weekly for the next 3 months to ensure that staff document changes in status in the Tenant's medical records as indicated.	4/4/2025

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A 290	Continued From page 4 The DHW confirmed no program documentation since 1/09/25, such as a progress note, assessment or nurse review.	A 290			
A 350	481-69.26(1) Service Plans 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to develop service plans for tenants they identified as Independent Living, but actually resided in Assisted Living residential units. This included, but was not limited to, Tenant #6, Tenant #7, Tenant #8 and Tenant #9. The program also failed to update service plans to identify tenant needs for 1 of 5 tenants reviewed with service plans (Tenant #3). Findings follow: 1. Record review on 1/15/25 revealed service plans for Tenant #6, Tenant #7, Tenant #8 and Tenant #9 could not be located. During interview on 1/15/25 at 1:45 p.m. the Vice President of Operations confirmed the tenants the program identified as Independent Living did not have service plans in place.	A 350	All tenants residing in Independent Living will have a signed service agreement in place as of 4/4/2025. The Assistant Director of Health and Wellness (ADOHW) updated Tenant #3's service plans on 2/14/2025. The Assistant Director of Health and Wellness (ADOHW) and the Director of Health and (DOHW) will complete the following task by 4/4/2025: ensure service plans are updated to include the information and services performed by the following partners, including but not limited to the providers of hospice care, home health care, occupational therapy, and private caregivers. The Executive Director educated the Director of Health and Wellness (DOHW) and Assistant Director of Health and Wellness (ADOHW) on 3/12/2025 regarding the requirement for a tenant's service plan to reflect specific needs based on evaluation. The Director of Health and Wellness (DOHW) will audit random tenants' records weekly for the next three months to ensure that service plans meet their specific needs, including but not limited to the providers of hospice care, home health care, occupational therapy, and private caregivers.	4/4/2025	

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A 350	Continued From page 5 2. Record review for Tenant #3 revealed his current service plan, last updated 11/06/24. The service plan indicated two program staff assisted with dressing, but Tenant #3's wife crossed it out and noted the private caregiver provided this service. The wife crossed out several service areas that indicated program staff provided the service, such as grooming, oral care, laundry and emptying catheter bag. Tenant #3's wife wrote the services were actually provided by herself and/or the private caregiver. The service plan provided information about staff assistance for transfers and toileting, which the wife crossed out and wrote "NA." The plan written by the program did not contain updated information regarding services. A nursing progress note dated 11/07/24 indicated the assessment and service plan were updated due to decline in Tenant #3's clinical status. According to the progress notes, Tenant #3 no longer got out of bed. All cares were completed in bed. Hospice and private duty care assisted with services. When interviewed on 1/16/25 at 11:15 a.m. Tenant #3 lay in a hospital bed as he and his wife discussed his status. Tenant #3's wife said he had been bed-bound since September. She said hospice services provided twice weekly services and a private duty caregiver came daily to provide assistance. Tenant #3 said the Assistant Director of Health and Wellness asked her to sign the service plan 2-3 months ago, but the wife made notes on the plan because it was not accurate. During an interview on 2/10/25 at 1:50 p.m. the DHW confirmed the 11/06/24 service plan developed by the program did not contain	A 350			

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A 350	Continued From page 6 updated service information.	A 350		
A 385	481-69.26(3)d 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. d. The service plan updated within 30 days of the tenant's occupancy shall be signed and dated by all parties. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure 30 day service plan updates were completed as required for 2 of 2 tenants reviewed admitted in the past 6 months who received personal care services (Tenant #1 and Tenant #2). Findings follow: 1. On 1/15/25 record review revealed Tenant #1's occupancy date of 8/21/24, with an initial service plan completed the same date. The plan indicated Tenant #1 received assistance with bathing. An updated service plan completed with 30 days of occupancy could not be located. During an interview on 1/15/25 at 3:30 p.m. the Assistant Director of Health and Wellness Director (ADHW) stated the service plan wasn't updated/reviewed within 30 days because there were no changes based on the 30-day assessment. She confirmed the lack of an updated, signed service plan within 30 days of occupancy.	A 385	The service plan for Tenant #1 was updated on 3/13/2025. Tenant #2 no longer resides in the community. The Executive Director educated the Director of Health and Wellness (DOHW) and the Assistant Director of Health and Wellness on 3/12/2025 regarding the requirement for a 30-day service plan review. The DOHW and ADOHW by 4/4/2025 will complete an audit and update to identify all Tenants in need of a 30-day service plan review. The service plans will be updated, and the required signatures will be obtained. The Director of Health and Wellness (DOHW) or their designee will perform random audits weekly for the next three months to ensure the 30-day service plans are completed on time and include signatures.	4/4/2025

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A 385	Continued From page 7 2. On 1/15/25 record review revealed Tenant #2's occupancy date of 8/19/24, with an initial service plan completed the same date. The initial plan was signed by the program nurse, but not by the tenant/responsible party. A 30 day service plan was developed dated 9/25/24; however the plan was not signed by the tenant/responsible party or a program representative. During interview on 2/05/24 at 1:30 p.m., the Director of Health and Wellness (DHW) confirmed the lack of signatures on the 30 day service plan.	A 385			
A 405	481-69.26(4)c Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: c. The service provider(s), if other than the program, including but not limited to providers of hospice care, home health care, occupational therapy, and physical therapy This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to include sufficient information in services plans for 2 of 3 tenants reviewed who utilized outside services (Tenant #2 and Tenant #3). Findings follow: 1. On 1/15/25 record review revealed Tenant #2's current service plan dated 9/25/24 indicated the tenant received hospice care but provided no information on the name of the agency or type of services provided.	A 405	Tenant #2 no longer lives in community. The service plan for Tenant #3 was updated on 2/14/2025 to include details about the caregiver and the services they provide. The Executive Director provided education to the Director of Health and Wellness (DOHW) and the Assistant Director of Health and Wellness (ADOHW) on 3/12/2025 regarding the requirement to include information about hospice providers, home healthcare, occupational therapy, physical therapy, and caregivers in tenants' service plans. The Director of Health and Wellness (DOHW) or their designee will conduct random audits weekly for the next 3 months to ensure that service plans include information and service they provide for hospice providers, home healthcare, occupational therapy, physical therapy, and caregivers.	4/4/2025	

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A 405	Continued From page 8 During interview on 2/05/25 at 1:30 p.m. the Director of Health and Wellness (DHW) confirmed Tenant #2's service plan failed to contain information regarding hospice services. 2. On 1/16/25 record review revealed Tenant #3's current service plan dated 11/06/24 indicated the name of the hospice agency and services provided. The service plan also noted home health assistance would be requested from VA (Veteran's Affairs) as needed. It made no mention of a private care provider. During an interview on 1/16/25 at 11:15 a.m. Tenant #3's wife said the tenant received outside services from hospice and a private caregiver, who came daily. She said they had not used VA services since hospice services started almost one year ago. During an interview on 2/10/25 at 1:50 p.m. the DHW confirmed Tenant #3's service plan was not updated regarding outside services.	A 405		
A 420	481-69.27(1)a Nurse Review 69.27(1) If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse: a. To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate	A 420	Tenant #2 and #4 no longer reside in the community. The Executive Director on 3/12/2025 educated the Director of Health and Wellness (DOHW) and Assistant Health and Wellness Director (ADOHW) regarding the requirements of a nurse review for Tenants who receive program- administered prescription medications for adverse reactions to the medications and to make appropriate interventions and referrals to ensure that the prescription orders are current and administered consistent with orders.	4/4/2025

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GRAND LIVING AT INDIAN CREEK AL

**325 COLLINS ROAD SE
CEDAR RAPIDS, IA 52403**

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A 420	Continued From page 9 interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to complete nurse reviews for 2 of 2 tenants who received medication management services and resided at the program for over three months (Tenant #2 and Tenant #4). Findings follow: 1. On 1/15/25 record review revealed Tenant #2's occupancy date of 8/21/24. According to her assessments and service plan dated 9/25/24, Tenant #2 received medication management services from the program. No quarterly nurse reviews related to Tenant #2's medication could be located in her record. During an interview on 2/05/25 at 1:30 p.m the Director of Health and Wellness (DHW) confirmed the lack of nurse reviews with information regarding medications. 2. On 2/10/25 record review revealed Tenant #4's occupancy date of 4/02/24. According to her service plan dated 10/25/24, Tenant #4 received medication management services from the program. No quarterly nurse reviews related to Tenant #2's medication could be located in her record. During an interview on 2/10/25 at 5:05 p.m the Director of Health and Wellness (DHW) confirmed the lack of nurse reviews with information regarding medications.	A 420	By 4/4/2025, nurse will address in a narrative note the residents' prescription medications for adverse reactions to the medications, in order to make appropriate interventions and referrals to ensure that the prescription orders are current and administered consistently with orders. The Director of Health and Wellness (DOHW) or their designee will conduct random audits weekly for the next 3 months to ensure that nurse review includes the resident's prescription medications for adverse reactions to the medications and to make appropriate interventions and referrals to ensure that the prescription orders are current and administered consistently with orders.	