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
	S0401	A. BUILDING: _____ B. WING _____	C 11/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND LIVING AT INDIAN CREEK (ALP/D)	**325 COLLINS ROAD SE CEDAR RAPIDS, IA 52403**

(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: 4 Tenants with cognitive impairment: 22 Total census: 26 No regulatory insufficiencies were cited during the investigation of Complaint #130851-C and #130861-C. Regulatory insufficiencies were cited during the investigation of Complaint #130562-C and Incident #130640-I.	A 000		
A 150	481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the Program failed to follow policies and procedures established by the program for incident reporting for 1 out of 5 tenants reviewed (Tenant C1) Finding follows: Record review on 11/18/25, revealed Tenant C1's file indicated an admission date of 8/31/23. Tenant C1's nurse's notes, dated 10/07/25 revealed staff discovered a large bruise on his left lateral thigh, hip, and gluteal area. The note	A 150		

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A 150	Continued From page 1 added Tenant C1 had no falls reported or observed prior to the discovery of the bruise. A review of Tenant C1's incident reports showed no incident report was completed on the bruise being discovered. Record review on 11/19/25 revealed the Program policy: Incident Reporting directed staff to complete an incident report on any accidents or unusual occurrences within the Program's building that affect tenants. When interviewed on 11/19/25 at 2:22 p.m., the Director of Health and Wellness confirmed no incident report was completed on Tenant C1's discovered bruising on 10/07/25. When interviewed on 11/19/25 at 3:00 p.m., the Executive Director, the Director of Health and Wellness, and the Director of Luminations, confirmed the above findings.	A 150		
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 interviews and record review, the Program failed to document nurse's notes by	A 290		

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A 290	Continued From page 2	A 290		

exception for 3 out of 5 tenants reviewed (Tenant C2, Tenant #2, and Tenant #3) Findings follow:

1. Record review on 11/18/25, revealed Tenant C2's file indicated an admission date of 8/04/25. Tenant C2's nurse's notes, dated 9/10/25 revealed Tenant C2 returned from an overnight hospital stay with a new order for an antibiotic to treat a wound on her toe. Hospital discharge papers dated 9/10/25, noted a written order for Cefuroxime 500 mg, one tablet to be taken twice daily for four days. Nurse's notes failed to reflect follow-up documentation regarding the end of the antibiotic course and results.

2. Record review on 11/19/25, revealed Tenant #2's file indicated an admission date of 3/14/23. Tenant #2's nurse's notes, dated 10/18/25 revealed Tenant #2 had two episodes of blood in his stool. The note indicated the nurse called Tenant #2's son and recommended he be seen by his physician. Nurse's notes failed to reflect follow-up documentation on whether Tenant #2 was taken to the clinic and/or what the outcome was.

3. Record review on 11/19/25, revealed Tenant #3's file indicated an admission date of 1/09/23. Tenant #3's nurse's notes, dated 9/05/25 revealed Tenant #3 reported he had blood in his Depends (adult brief). The physician ordered a urine analysis with culture and sensitivity. Nurse's notes failed to reflect follow-up documentation on whether a urine analysis was completed and what the results/treatment were.

When interviewed on 11/19/25 at 2:22 p.m., the Director of Health and Wellness confirmed no follow-up was completed on Tenant C2's nurse's notes regarding her antibiotic course, Tenant #2's

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A 290	Continued From page 3 recommendation to be seen by his physician, and Tenant #3's order for a urine analysis. When interviewed on 11/19/25 at 3:00 p.m., the Executive Director, the Director of Health and Wellness, and the Director of Luminations, confirmed the above findings.	A 290		