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
	S0459	A. BUILDING: _____ B. WING _____	06/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWVIEW OF JOHNSTON MC	5555 PIONEER PARKWAY JOHNSTON, IA 50131

(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. Number of tenants without cognitive impairment: 5 Number of tenants with cognitive impairment: 5 Total census: 10 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program for People with Dementia.	A 000		
A 395	481-69.26(4)a Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to ensure the service plan addressed identified needs for 1 of 3 tenants reviewed (Tenant 1). Findings follow: Record review on 6/25/25 revealed Tenant 1 admitted to the program on 5/26/24. A nursing encounter note dated 5/2/25 revealed Tenant 1 had dementia and was a risk for elopement. A nursing encounter note dated 5/23/25 further identified a history of exit seeking. A significant	A 395		

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A 395	Continued From page 1 change assessment dated 5/23/25 noted under the Safety section of the assessment Tenant 1 had exit-seeking patterns of wandering or eloping. A resident service agreement (service plan) with a print date of 6/24/25 reflected no mention of the risk for elopement, history of exit-seeking/wandering behaviors or provided staff with any instruction on how to address these behaviors. On 6/25/25 at 3:05pm the Executive Director, Director of Health Services, and members of the Regional management team confirmed the above findings.	A 395		