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
	S0469	A. BUILDING: _____ B. WING _____	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWVIEW OF DAVENPORT	5330 BELLE AVENUE DAVENPORT, IA 52807 See attached POC 2/25/26

(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 are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site visit. Tenants without cognitive impairment: 79 Tenants with cognitive impairment: 0 Total census: 79 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program:	A 000	This Plan of Correction constitutes the facility's credible allegation of compliance. Submission of this plan does not constitute an admission of wrongdoing. All corrective actions will be completed by the dates indicated.	
A 145	481-69.22(3) 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 when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete a comprehensive evaluation for 1 of 8 tenants reviewed who had a	A 145	1. Correction for the Affected Tenant •A full comprehensive functional, cognitive, and health evaluation has been completed for Tenant #4. •The evaluation findings were used to update the tenant's service plan accordingly to ensure all needs are accurately identified and supported. •The Director of Health Services (DHS/RN) provided staff re-education to ensure awareness that any return from hospitalization or skilled nursing care constitutes a change of condition requiring a reassessment. 2. Identification of Other Tenants Who Could Be Affected •DHS completed an audit of tenants who: oexperienced an emergency room visit, oexperienced hospitalization, oor were absent from the program for 3+ days within the past 6 months. •Any tenant lacking a current post–Change of condition evaluation has been completed	2/25/2026

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A 145	Continued From page 1 significant change of condition (Tenant #4). Finding follows: Record review on 1/06/26 revealed Tenant #4's most recent compressive evaluation dated 10/08/25. A nursing note dated 12/02/25 indicated Tenant #4 returned to theProgram after an absence of almost three weeks due to a hospitalization for sepsis and follow-up care at a skilled nursing facility. According to the note, the nurse spoke with Tenant #4 regarding the possibility of increased services, which the tenant declined. No health, cognitive or functional assessments could be located around the time of Tenant #4's return to the Program. During an interview on 1/06/26 at 3:50 p.m. the Director of Health Services/Registered Nurse (RN) confirmed the lack of evaluation when Tenant #4 returned from his hospitalization and skilled nursing facility.	A 145	Continued From Page 1: 3. Systemic Changes to Prevent Recurrence •The program has implemented a Reassessment Trigger Protocol requiring: oAutomatic reassessment upon return from hospitalization, SNF stay, or any significant change in condition. oDHS sign-off before resuming services. •Staff received retraining on: oRecognizing significant changes in condition. oRegulatory requirements for completing timely reassessments. oDocumentation expectations. 4. Monitoring to Ensure Ongoing Compliance •DHS will audit tenant change of condition events: oWeekly for 12 weeks oContinue to discuss at weekly clinical meeting	2/25/2026
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:	A 350	1. Correction for the Affected Tenant •Tenant #7's service plan was updated to: oReflect current services. oMeet the annual update requirement. •Review of the tenant's record confirmed the service plan accurately reflects the tenant's current needs, even if unchanged since admission. 2. Identification of Other Tenants Who Could Be Affected •An audit of tenant records was completed to identify: oAny overdue annual service plan updates. oAny incorrect or missing documentation of services. •All identified service plans have now been brought into compliance.	2/25/2026

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A 350	Continued From page 2 Based on interview and record review the Program failed to update service plans at least annually for 1 of 4 tenants reviewed who resided at the Program for over one year (Tenant #7). Finding follows: Record review on 1/06/26 revealed Tenant #7's occupancy date of 11/20/24. An initial service plan dated 11/20/24 indicated the tenant received no services other than light housekeeping. An updated service plan could not be located. During an interview on 1/06/26 at 2:20 p.m. the Executive Director (ED) confirmed no updated service plan for Tenant #7 since the initial plan. The ED indicated the Program overlooked updating the plan at least annually since her needs had not changed.	A 350	Continued from Page 2 3. Systemic Changes to Prevent Recurrence •DHS monthly review of all upcoming service plan expiration dates. •Staff re-educated on: oRegulatory requirements for annual updates. oUpdating service plans whenever needs change—not only annually. 4. Monitoring to Ensure Ongoing Compliance •DHS or designee will conduct: oWeekly for 12 weeks oContinue to discuss at weekly clinical meeting	