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 |
|---|---|---|---|
| | S0004 | A. BUILDING: _____ B. WING _____ | C 06/18/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| COUNTRY MEADOW PLACE, L L C | 17396 KINGBIRD AVE MASON CITY, IA 50401 |

| (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 |
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| A 000 | Initial Comments<br><br>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.<br><br>Tenants without cognitive impairment: 30<br>Tenants with cognitive impairment: 25<br><br>Total census: 55<br><br>No regulatory insufficiency was cited during the investigation of Complaints #130975-C, #131143-C, #131937-C, and #131914-C.<br><br>A regulatory insufficiency was cited during the investigation of Complaint #131622-C | A 000 | See attached POC 8/19/26 | |
| A 116 | 481-67.2(2) Program Policies and Procedures<br><br>67.2(2) The program shall follow the policies and procedures established by the program.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review, the Program failed to follow established policies related to staff communication to the nurse for 1 out of 7 tenants (Tenant C2). Findings include:<br><br>Record review on 6/17/26, revealed Tenant C2's last implemented service plan, dated 1/14/26, notedTenant C2 had mild vision impairment. A physician's order, dated 11/6/25, revealed an order for Latanoprost solution 0.005% eye drops to be administered using one drop in each eye daily. Tenant C2's medication administration record revealed Tenant C2 began taking the eye drops on 11/6/26. | A 116 | | |

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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| A 116 | Continued From page 1<br><br>When interviewed on 6/18/26 at 11:19 a.m., a family member of Tenant C2 confirmed Latanoprost eye drops were given to an unknown staff person on 8/6/26 to be administered. The family member of Tenant C2 reported when she visited the Program again between 11/1/25 - 11/16/25, Tenant C2's eye drops were still in her locked medication cabinet and had not been administered since dropped off in August.<br><br>When interviewed on 6/17/26 at 3:04 p.m., the Healthcare Coordinator reported Tenant C2's daughter approached her in November and asked if the Program had administered Tenant C2's eye drops she brought in August 2025. The Healthcare Coordinator confirmed this was the first time she heard about the eye drops and had received no physician's order for them. The Healthcare Coordinator indicated the daughter of Tenant C2 was unable to identify which staff the eye drops were given to in August. The Healthcare Coordinator confirmed she called the optometrist and obtained a prescription on the day Tenant C2's daughter visited the Program and began the administration of the eye drops. The Healthcare Coordinator confirmed the original box of eye drops were in Tenant C2's locked medication cabinet in her apartment. The Healthcare Coordinator reported she was not told about the eye drops from staff in August 2025. The Healthcare Coordinator reported Tenant C2's daughter often took Tenant C2 to physician appointments, but failed to notify the nursing department of the appointment or findings.<br><br>Further review of Tenant C2's record showed no physician's orders for the eye drops in August of 2025 nor did Tenant C2's nurse's notes indicate a new prescription for eye drops was obtained. | A 116 | | |

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| A 116 | Continued From page 2<br><br>On 6/18/26, a request for any staff to nursing communication sheets for Tenant C2 from the Executive Director revealed no staff to nursing communication sheets were on file for Tenant C2.<br><br>On 6/17/26, a review of Program policies revealed a policy titled: Other Resident Occurrences - Staff Communication form. The policy dictated the following: Staff will use the Registered Nurse (RN) Communications Form to communicate to the RN, occurrences that differ from the tenant's normal health, functional and cognitive status when the nurse is not present or available in person. Communications received by the nurse verbally and/or in person, the nurse/designee will document in the resident record as applicable.<br><br>When interviewed on 6/17/26 at 10:30 a.m., the Executive Director, Healthcare Coordinator, Regional Director of Clinical Operations, and the Regional Director of Operations confirmed staff failed to notify the RN of a new medication brought to the Program by family.. | A 116 | | |
| A 122 | 481-67.3(2) Tenant Rights<br><br>481-67.3(231B,231C,231D) Tenant rights. All tenants have the following rights:<br><br>67.3(2)?To receive care, treatment and services that are adequate and appropriate.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observations, interviews, and record reviews, the Program failed to treat 1 of 7 tenants with consideration, respect, and full recognition of | A 122 | | |

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| A 122 | Continued From page 3<br>personal dignity (Tenant #4).<br><br>Findings include:<br><br>Observation of a medication pass on 6/17/26 at 8:45 a.m., revealed Staff C prepared Tenant #4's medications in his apartment and took them out to the dining room to administer to him at the breakfast table. Tenant #4 was handed his medication cup with his morning medications. Tenant #4 attempted to pour the medications into his hand and one medication fell to the floor and rolled several feet behind him. Staff C retrieved the white pill and placed it back into his hand and prompted him to take the medications. Tenant #4 ingested the medications and was not aware the medication had rolled across the floor. Observation of the preparation of Tenant #4's medications revealed he received 1 Dofetilde capsule 250 mg, 1 Eliquis 5 mg tablet, 1 Famotidine 20 mg tablet, 1 oyster-shell calcium 500-5 mcg tablet, 1 Senna-Docusate 8.6-50 mg tablet, and 17 grams of Polyeth Glycol powder in his water glass.<br><br>Record review on 6/18/26 revealed Tenant #4 had a Global Deterioration Scale (GDS) score of 4 which indicated moderate cognitive decline. Tenant #4's most recent service plan, dated 9/24/25, revealed Tenant #4 required staff to administer all medications.<br><br>When interviewed on 6/18/26 at 9:28 a.m., Staff I stated if she dropped a medication on the floor she would ask the nurse if she should still administer the medication or get a different pill. Staff I stated she was trained on hand washing during a medication pass but was not trained on what to do if medications fell on the floor. | A 122 | | |

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| A 122 | Continued From page 4<br><br>When interviewed on 6/18/26 at 8:25 a.m., Staff H stated if she dropped a medication on the floor, she would ask the nurse if she should still administer the medication. Staff H stated she personally would not give a medication that has fallen to the floor to a tenant, but would ask.<br><br>When interviewed on 6/17/26 at 3:04 p.m., the Healthcare Coordinator indicated she was not aware if staff dropped a medication on the floor if it would be considered a medication error. The Healthcare Coordinator confirmed dropping a medication on the floor was not in Program policy or part of Registered Nurse (RN) delegations.<br><br>When interviewed on 6/17/26 at 10:30 a.m., the Executive Director, Healthcare Coordinator, Regional Director of Clinical Operations, and the Regional Director of Operations confirmed Staff C administered a medication to Tenant #4 after it fell on the floor. It was also confirmed staff were trained to wash their hands to ensure sanitation, but training did not include medications that had fallen to the floor. | A 122 | | |

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| **Tag #1**<br>A116 | **Regulation and Reg Number**<br>481-67.2(2) Program Policies and Procedures<br><br>67.2(2) The program shall follow the policies and procedures established by the program.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review, the Program failed to follow established policies related to staff communication to the nurse for 1 out of 7 tenants (Tenant C2). | **Tag #**<br>**A116** | **What initial correction was made?**<br><br>All Resident Assistants will receive retraining on using the Nurse Communication Logs by 8/19/2026.<br><br>Tenant C2 was discharged from program on 2/12/2026 | **How will we ensure and maintain compliance going forward?**<br><br>Training on the use of the Nurse Communication Logs will occur during the initial training phase for new employees. Retraining will occur once every year. | **Implementation Date:**<br>7/16/2026<br><br>**Completion Date:**<br>8/19/2026<br><br>**Responsible Party:**<br>Director, Nurse, Designee |
| **Tag #2**<br>**A112** | **Regulation and Reg Number**<br>481-67.3(231B,231C,231D) Tenant rights. All tenants have the following rights:<br><br>67.3(2)?To receive care, treatment and | **Tag #** | **What initial correction was made?**<br><br>All Resident Assistants will receive retraining on proper administration of medications, what to do if the medication becomes contaminated, and proper hygiene practices. | **How will we ensure and maintain compliance going forward?**<br><br>Training on medication administration and proper hygiene practices will occur as staff is delegated to administer medications. | **Implementation Date:**<br>7/16/2026<br><br>**Completion Date:**<br>8/19/2026 |

*Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.*

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| | services that are adequate and appropriate.<br><br>This REQUIREMENT is not met as evidenced by:<br><br>Based on observations, interviews, and record reviews, the Program failed to treat 1 of 7 tenants with consideration, respect, and full recognition of personal dignity (Tenant #4). | | | | **Responsible Party:**<br><br>Nurse, Designee |

Compliance Date:_____

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