

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0365	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/20/2025
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

GRAND MEADOWS SENIOR LIVING & HEALTH **5300 GRAND MEADOW DRIVE**
ASBURY, IA 52002

(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: 10 Number of tenants with cognitive impairment: 19 Total census: 29 No regulatory insufficiencies were cited during the investigation of Incident #135232-I, Complaint #126569-C, Complaint #123279-C or the recertification visit conducted to determine compliance with certification of an Assisted Living Program for People with Dementia. The following regulatory insufficiency was cited during the investigation of Complaint #124120-C.	A 000	The POC is attached	
A 430	481-69.27(1)c 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: c. To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status; This REQUIREMENT is not met as evidenced	A 430		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

TITLE

(X6) DATE

[Signature]

Administrator

3-20-2025

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A 430	Continued From page 1 by: Based on interview and record review, the Program failed to document and monitor progress related to a change in health status for 1 of 5 tenants reviewed (Tenant #3). Findings include: 1. On 2/18/25, a review of Tenant #3's record revealed a nurse's note dated 10/2/24 that indicated Tenant #3 tested positive for Covid-19. Staff E documented in the notes the tenant's son was notified of the positive results and that she was not showing any symptoms. Tenant #3 was started on isolation precautions. A faxed physician's order dated 10/4/24, indicated Staff D faxed Tenant #3's physician to report an increase of symptoms that included cough, congestion, and fatigue. The physician faxed back the new order for the antiviral medication. A nurse's note dated 10/4/24 indicated a new physician's order was received for an antiviral medication, Paxlovid 300/100, to be taken twice daily for 5 days. Staff D documented the son was called and a message was left. A review of Tenant #3's October 2024 medication administration record (MAR) showed the antiviral medication was administered from 10/4/24 through 10/8/24. Tenant #3's record did not contain a nurse review to monitor Tenant #3's health status throughout her illness or upon completion of the antiviral medication. 2. On 2/19/25 at 3:37 pm, the Assistant Director of Nursing (ADON) confirmed she had not completed a nurse review after Tenant #3 stopped taking the antiviral medication on 10/8/24	A 430		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GRAND MEADOWS SENIOR LIVING & HEALTH

**5300 GRAND MEADOW DRIVE
ASBURY, IA 52002**

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A 430	Continued From page 2 or when taken out of isolation on 10/12/24. 3. On 2/20/25 at 11:00 am, the Administrator, Director of Nursing, and the ADON confirmed the above findings.	A 430		

GRANDMEADOWSBYTUTERA.COM



Assisted Living & Care Center:
5300 Grand Meadow Drive, Asbury, IA 52002
p: 563.690.7150 | F: 563.690.9348

The Residences
5284 Grand Meadow Drive, Asbury, IA 52002
p: 563.557.7662 | F: 563.690.9348

March 12, 2025

GRAND MEADOWS ALP/D PLAN OF CORRECTION

This plan of correction is submitted as required by law. By submitting this plan of correction, Grand Meadows does not admit the citations listed on the CMS 2567 exist nor does it admit to any statement, finding, facts or conclusion that forms the basis of alleged citations

Please accept this as Grand Meadows' credible allegation of compliance.

A430 – 481-69.27(1)c Nurse Review re: Complaint #124120-C

Based on interview and record review, the Program failed to document and monitor progress related to a change in health status for 1 of 5 tenants reviewed (Tenant #3). Findings include:

On 2/18/2025, a review of Tenants #3's record revealed a nurse's note dated 10/2/2024 that indicated Tenant #3 tested positive for Covid -19. A nurse's note dated 10/4/2024 indicated a new physician's order was received for an antiviral medication, Paxlovid 300/100, to be taken twice daily for 5 days. A review of Tenant #3's October 2024 medication administration record (MAR) showed the antiviral medication was administered from 10/4/2024 through 10/8/2024. Tenant #3's record did not contain a nurse review to monitor Tenant #3's health status throughout her illness or upon completion of the antiviral medication.

The facility provided written and verbal instruction to the nursing staff on completing a nurse review on an observed significant change of a tenant's condition. A nurse will assess and document the health status of each tenant, make recommendations and referrals as appropriate, and monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in a tenant's health status.

The Director of Nursing, each Department Manager, and/or designee will conduct audits with the nursing staff to ensure assessments and documentation are being conducted on all significant change of conditions, and throughout a tenant's illness, and upon completion of a prescribed medication. After three months, if no issues are noted, random audits will be conducted to ensure compliance. The Director of Nursing, and/or designee will report results of the audit to the interdisciplinary team, the consultant pharmacist, and the Medical Director at the quarterly Quality Assurance Performance (QAPI) meeting.

Completion Date: March 18, 2025