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 07/23/2026

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: 7 Tenants with cognitive impairment: 22 Total census: 29 The following regulatory insufficiencies were cited during the investigation of Complaint #131948-C:	A 000	see attached POC 7/23/26	
A 232	481-69.22(3) Evaluation of Tenant 481-69.22(231C) 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete evaluations as needed with significant change. This pertained to 2 of 4 tenants reviewed (Tenant #2 and Tenant #3). Findings follow: 1. Record review on 7/21/26 of Tenant #2's file	A 232	A 232 1. Correction of the regulatory insufficiency: The Director of Health and Wellness (DOHW)/designee reviewed the records of Tenants #2 and #3 identified in the Statement of Deficiencies, including progress notes, current evaluations, changes in condition, provider orders, medication changes, falls, behaviors, and current care needs. For Tenant #2, the DOHW/designee reviewed the tenant's increased behaviors and medication changes to determine her current functional, cognitive, health and service needs. An updated evaluation was completed on 7/23/2026 to reflect the tenant's current status and continued eligibility for the Program.	7/23/2026

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 232	Continued From page 1 revealed Progress Notes indicated the following: -On 4/14/26 Tenant #2 barked and growled at staff and other tenants. She pushed a table into a tenant and tried to hit. -On 5/7/26 Tenant #2 grabbed her plate and utensils and threw food at staff. Another staff tried to redirect and she threw more food. -On 5/21/26 staff assisted her up in the middle of the night to toilet. She growled, shook, and hit staff. -On 5/21/26 when staff attempted to change her she was very physical and aggressive. Staff called for another staff to assist. She became aggressive with the other staff. After staff gave her a couple of minutes and attempted to assist her again, she tried hitting staff in the face and threw water on staff. -On 5/21/26 Tenant #2 hit her door, grabbed water from staff's hand and threw it in her face and threw the cup at her face. -On 5/29/26 a new order was received for Depakote 250 milligram (mg), twice daily for behaviors. -On 5/30/26 Tenant #2 became aggressive towards another tenant. She picked up a butter knife and waved it towards another tenant. She yelled and was restless. -On 5/31/26 staff went to give Tenant #2 her medications with a cup of water and she splashed the water over staff, other tenants and the floor. -On 6/6/26 Tenant #2 was combative towards	A 232	continued...	

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A 232	Continued From page 2 staff. She tried to hit staff with her walker. -On 6/7/26 Tenant #2 slapped staff in the face. She smashed her walker into the wall and tried to hit staff. -On 6/17/26 a new order was received to discontinue Depakote and start Seroquel 25 mg twice daily. -On 7/9/26 Tenant #2 attempted to stab staff with her butter knife at the meal and charged at two other tenants. -On 7/13/26 a new order was received to increase Seroquel to 25 mg three times daily. Continued record review revealed the most recent evaluation for Tenant #2 completed on 4/22/26. Evaluations were not completed with increased behaviors and medication changes as noted above. 2. Record review on 7/21/26 of Tenant #3's file revealed Progress Notes indicated the following: -On 6/26/26 it was noted Tenant #3 had a fall the previous night with new wounds. The hospice nurse came out to assess and hospice managed all wound care. -On 6/26/26 a quarterly assessment was completed on 6/5/26 and indicated she had fragile skin and was prone to skin tears with falls. She drank wine daily as ordered. She was on hospice. -On 7/18/26 a change in mobility was noted, she was more unsteady and fell out of her shoes	A 232	continued... For Tenant #3, the DOHW/designee reviewed the tenant's changes in mobility, falls, weakness, infection/treatment, hospice involvement, and current functional and health status. An updated evaluation was completed on 7/26/2026 to reflect the tenant's current status and continued eligibility for the Program. At the system level, the DOHW/designee reviewed current tenants to identify documented significant changes in functional, cognitive, behavioral, or health status that may require an updated evaluation. Evaluations were completed or updated as indicated. 2. Measures implemented to prevent recurrence: DOHW re-educated licensed nursing staff (the Assistant Director of Health and Wellness (ADOHW)) regarding the requirement to evaluate tenants with significant changes in functional, cognitive, or health status. Education included recognition of changes that may require further evaluation, including but not limited to significant chnages in behaiors, repeated or increasing falls, mobility or transfer status, significant decline or improvement in condition, chnages affecting care needs, and other changes that may impact the tenant's continued eligibility or services.	7/26/2026 7/31/2026 7/31/2026

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A 232	Continued From page 3 when she tried to turn the light on. -On 7/20/26 Tenant #3 was extremely weak, kept tipping back while walking and was a fall risk. She needed physical assistance to and from the restroom and activities. When interviewed on 7/22/26 at 2:59 p.m. Staff A reported staff worried about Tenant #3's falls and alcohol. When interviewed on 7/22/26 at 2:34 p.m. Staff B said Tenant #3 was using a wheelchair. She had a fall and was going to decline. Hospice had been in quite a bit. Her decline happened quick, in the last week or two. When interviewed on 7/22/26 at 3:38 p.m. Staff C said Tenant #3 had falls and in the last two weeks (the falls) had been more frequent. She was weaker, and they got a urinalysis and she was started on an antibiotic. Continued record review revealed Tenant #3's most recent evaluations were completed on 6/5/26. Evaluations were not completed as needed with the changes noted above. 3. When interviewed on 7/23/26 at 11:16 a.m. and 4:09 p.m. the Director of Health and Wellness confirmed there were no additional assessment for Tenant #2 or Tenant #3. She said Tenant #3 had returned to her baseline and began an antibiotic for a urinary tract infection (UTI).	A 232	continued... The DOHW /designee will routinely review changes in condition, incident reports, progress notes, provider orders, and other identified changes to determine whether an updated evaluation is indicated. 3. Monitoring to ensure continued compliance: The DOHW/designee with conduct random weekly audits for three months of tenant records to identify significant changes in functional, cognitive, behavioral, or health status and verify that an updated evaluation was completed when indicated. Audit findings will be documented and maintained in a binder in the DOHW office. Any identified concern will be corrected promptly. Audit findings will be reviewed by the DOHW and Executive Director to identify trends and determine whether additional corrective measures are necessary to maintain compliance. 4. Date of correction: The Program will have the identified regulatory insufficiency correct and achieve compliance by 10/20/2026, with continued weekly monitoring audits conducted for three months.	10/5/2026 and continued for weekly audits. 10/20/2026
A 274	481-69.25(1)o Tenant Documents	A 274		

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A 274	Continued From page 4 481-69.25(231C) Tenant documents. 69.25(1) Documentation for each tenant shall be maintained by the program and include: o. Incident reports involving the tenant, including but not limited to those related to medication errors, accidents, falls, and elopements (such reports need not be included in the tenant's medical record); This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete incident reports. This pertained to 1 of 4 tenants reviewed (Tenant #2). Findings follow: 1. Record review on 7/21/26 of Tenant #2's file revealed Progress Notes indicated the following: -On 4/14/26 Tenant #2 was barked and growled at staff and other tenants. She pushed a table into a tenant and tried to hit. -On 5/7/26 Tenant #2 grabbed her plate and utensils and threw food at staff. Another staff tried to redirect and she threw more food. -On 5/21/26 staff assisted her up in the middle of the night to toilet. She started growling, shaking and hit staff. -On 5/21/26 when staff attempted to change her she was very physical and aggressive. Staff called for another staff to assist. She became aggressive with the other staff. After staff gave her a couple of minutes and attempted to assist	A 274	A 274 1. Correction of the regulatory insufficiency: The DOHW/designee reviewed the record of Tenant #2 identified in the Statement of Deficiencies, including progress notes and available incident reports. The documented behavioral events identified by DIAL were reviewed to determine whether required incident reporting and appropriate follow-up had occurred. Tenant #2's current condition, behavioral interventions, and documentation needs were reviewed. Staff responsible for the tenant's care were reminded of the requirement to complete an incident report for reportable incidents involving the tenant according to Program policy. At the system level, the DOHW/designee reviewed recent progress notes and incident documentation for tenants to identify incidents, including falls, accidents, injuries, medication errors, elopements, and behavioral/physical interactions resulting in or creating a risk of injury, to verify that required incident reports were completed.	7/31/2026 7/31/2026 7/31/2026

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A 274	Continued From page 5 her again, she tried hitting staff in the face and threw water on staff. -On 5/21/26 Tenant #2 hit her door, grabbed water from staff's hand and threw it in her face and threw the cup at her face. -On 5/30/26 Tenant #2 became aggressive towards another tenant. She picked up a butter knife and waved it towards another tenant. She yelled and was restless. -On 5/31/26 staff went to give Tenant #2 her medications with a cup of water and she splashed the water over staff, other tenants and the floor. -On 6/6/26 Tenant #2 was combative towards staff. She tried to hit staff with her walker. -On 6/7/26 Tenant #2 slapped staff in the face. She smashed her walker into the wall and tried to hit staff. -On 7/9/26 Tenant #2 attempted to stab staff with her butter knife at the meal and charged at two other tenants. Continued record review of Tenant #2's file revealed incident reports were not completed related to the incidents noted above. 2. When interviewed on 7/22/26 at 2:59 p.m. Staff A said when she heard from staff that Tenant #2 had bruises and staff said people were not careful with her because she was resistant. Staff A had not seen the bruises on her. There was a recent bruise on her, on the top of her hand, it was a regular bruise. Staff A said she had just learned how to do incident reports.	A 274	Continued... 2. Measures implemented to prevent recurrence: Staff will be re-educated by the DOHW or appropriate designee regarding identification and timely reporting of incidents and completion of incident reports according to Program policy. Education will include incidents involving falls, accidents, injuries or unexplained injuries, medication errors, elopements, and physical/behavioral interactions involving tenants, staff, or others when the event meets Program incident-reporting criteria. Staff will be reminded that documenting an event in a progress note does not replace completion of an incident report when an incident report is required. Staff identifying or witnessing an incident will complete the required incident documention before the end of the shift and notify the nurse according to Program procedure. 3. Monitoring to ensure continued compliance: The DOHW/designee will conduct random weekly audits for three months comparing progress notes, nursing documentation, and other identified changes/events with completed incident reports to verify that required incident reports were completed.	10/2/2026

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A 274	Continued From page 6 When interviewed on 7/23/26 at 11:16 a.m. and 7/23/26 at 4:09 p.m. the Director of Health and Wellness said staff were to put in an incident report before the end of their shift if there was bruising noted. She said whoever noticed the bruising should put in the incident report. She said gathering incident reports to send the surveyor she expected to see (incident reports) for bruising for Tenant #2 due to her behaviors; however, there was not a specific situation. Tenant #2 was impulsive. She confirmed there were incident reports for Tenant #2 for 4/11/26 for a scratch and 6/15/26.	A 274	Continued... Audit findings will be documented and maintained in a binder in the DOHW office. Any missing or incomplete incident documentation identified during an audit will be addressed promptly, and staff re-education and/or corrective action will be completed as indicated. Audit findings will be reviewed by the DOHW and Executive Director to identify trends and determine whether additional corrective measures are necessary to maintain compliance.	
A 282	481-69.26(3) Service Plans 481-69.26(231C) Service plans. 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. The service plan shall be signed by all parties, including the tenant or tenant's legal representative. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete evaluations as needed with significant change. This pertained to 4 of 4 tenants reviewed (Tenants #1, #2, #3 and #4). Findings follow: 1. Record review from 7/20/26 to 7/22/26 of Tenant #1's file revealed Progress Notes indicated the following:	A 282	4. Date of correction: The Program will have the identified regulatory insufficiency corrected and achieve compliance by 10/20/2026, with continued weekly monitoring audits conducted for three months.	10/20/26 and continued for weekly audits for three months

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A 282	Continued From page 7 -On 5/27/26 Tenant #1 wandered into another tenant's apartment and yelled at her to yet out and grabbed her arms. -On 5/27/26 Tenant #1 sustained a small skin tear during the interaction with the other tenant. They were easily separated and she was redirected. -On 7/14/26 all medications were okay to be crushed if she was having difficulty swallowing the medications, was chewing on them or spitting them out. Staff were to check to see if Tenant #1 had grippy socks on her feet throughout the shift. Continued record review revealed Tenant #1's service plan reflected if Tenant #1 got worked up she might need a few minutes by herself or holding her doll. It indicated to use interventions from "resident's behavioral health plan to reduce behaviors." The service plan reflected staff administered her medications. Further record review revealed when requested the behavioral health plan referenced above was not available. Continued record review revealed Tenant #1's service plan was not updated to reflect the crushed medication order. It also did not reflect the physical behavior that occurred between her and another tenant. 2. Record review on 7/21/26 of Tenant #2's file revealed Progress Notes indicated the following: -On 4/14/26 Tenant #2 barked and growled at staff and other tenants. She pushed a table into a tenant and tried to hit.	A 282	A 282 1. Correction of the regulatory insufficiency: The DOHW/designee reviewed and updated the service plans for Tenants #1, #2, #3, and #4 identified in the State of Deficiencies to ensure the service plans accurately reflect each tenant's current needs, services, interventions, and significant changes. For Tenant #1, the service plan was reviewed and updated as indicated to reflect current medication administration instructions, including the provider order allowing medications to be crushed when appropriate, current behavioral needs/interventions, and physical interactions/behaviors affecting care and safety. References to behavioral interventions were reviewed to ensure the interventions available to staff are accurately reflected within the tenant's current care documentation. For Tenant #2, the service plan was reviewed and updated to reflect current behaviors, interventions, medication-related changes affecting the tenant's care needs, and other services necessary to address her current status.	10/1/2026

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A 282	Continued From page 8 -On 5/7/26 Tenant #2 grabbed her plate and utensils and threw food at staff. Another staff tried to redirect and she threw more food. -On 5/21/26 staff assisted her up in the middle of the night to toilet. She started growling, shaking and hit staff. -On 5/21/26 when staff attempted to change her she was very physical and aggressive. Staff called for another staff to assist. She became aggressive with the other staff. After staff gave her a couple of minutes and attempted to assist her again, she tried hitting staff in the face and threw water on staff. -On 5/21/26 Tenant #2 was hitting her door, grabbed water from staff's hand and threw it in her face and threw the cup at her face. -On 5/29/26 a new order was received for Depakote 250 milligram (mg), twice daily for behaviors. -On 5/30/26 Tenant #2 became aggressive towards another tenant. She picked up a butter knife and waved it towards another tenant. She yelled and was restless. -On 5/31/26 staff went to give Tenant #2 her medications with a cup of water and she splashed the water over staff, other tenants and the floor. -On 6/6/26 Tenant #2 was combative towards staff. She tried to hit staff with her walker. -On 6/7/26 Tenant #2 slapped staff in the face. She smashed her walker into the wall and tried to hit staff.	A 282	Continued... For Tenant #3, the service plan was reviewed and updated to reflect current mobility, fall risk, assistance needs, health changes, and other current services/interventions. For Tenant #4, the service plan was reviewed and updated to reflect current positioning/repositioning needs and frequency, nutritional/appetite concerns, assistance needs, and other current services/interventions. At the system level, the DOHW/designee reviewed current tenant service plans against current evaluations, provider orders, progress notes, incidents, and identified changes in condition to determine whether additional service-plan updates were required. Identified discrepancies were corrected. 2. Measures implemented to prevent recurrence: Licensed nursing staff responsible for evaluations and service-plan management were re-educated by the DOHW regarding the requirement to update service plans when significant changes occur and at the frequency required by regulation and Program policy.	10/1/2026

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A 282	Continued From page 9 -On 6/17/26 a new order was received to discontinue Depakote and start Seroquel 25 mg twice daily. -On 7/9/26 Tenant #2 attempted to stab staff with her butter knife at the meal and charged at two other tenants. -On 7/13/26 a new order was received to increase Seroquel to 25 mg three times daily. Continued record review revealed the most recent service plan was dated 4/22/26. The service plan was not updated as needed related to Tenant #2's behaviors as noted above. 3. Record review on 7/21/26 of Tenant #3's file revealed Progress Notes indicated the following: -On 6/26/26 it was noted Tenant #3 had a fall the previous night with new wounds. The hospice nurse came out to assess and hospice managed all wound care. -On 6/26/26 a quarterly assessment was completed on 6/5/26 and indicated she had fragile skin and was prone to skin tears with falls. She drank her wine daily as ordered. She was on hospice. -On 7/18/26 a change in mobility was noted, she was more unsteady and fell out of her shoes when she tried to turn the light on. -On 7/20/26 Tenant #3 was extremely weak, kept tipping back while walking and was a fall risk. She needed physical assistance to and from the restroom and activities. When interviewed on 7/22/26 at 2:59 p.m. Staff A	A 282	Continued... Education included reviewing whether changes in functional status, cognition, behaviors, falls, mobility/transfer needs, medications or treatments affecting care delivery, nutrition, skin/wound needs, hospice involvement, assistance requirements, safety interventions, or other changes in tenant needs require revision of the service plan. The DOHW/designee will also review service plans during routine evaluation/change-of-condition processes to ensure newly identified needs and interventions are incorporated into the tenant's current service plan. 3. Monitoring to ensure continued compliance: The DOHW/designee will conduct random weekly audits of tenant service plans for three months. Audits will compare the tenant's current service plan with the most recent evaluation, provider orders, progress notes, incident reports, changes in condition, and current care needs to verify that the service plan accurately reflects the tenant's current services and interventions.	10/5/2026 and continued weekly for audits

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GRAND LIVING AT INDIAN CREEK (ALP/D)	325 COLLINS ROAD SE CEDAR RAPIDS, IA 52403

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A 282	Continued From page 10 reported staff worried about Tenant #3's falls and alcohol. When interviewed on 7/22/26 at 2:34 p.m. Staff B said Tenant #3 was using a wheelchair. She had a fall and was going to decline. Hospice had been in quite a bit. Her decline happened quick, in the last week or two. When interviewed on 7/22/26 at 3:38 p.m. Staff C said Tenant #3 had falls and in the last two weeks had been more frequent. She was weaker, and they got a urinalysis and she was started on an antibiotic. Continued record review revealed Tenant #3's service plan was not updated as needed and did not reflect the changes as noted above. 4. Record review on 7/21/26 of Tenant #4's file revealed a change of condition was completed on 7/17/26. Progress Notes dated 7/17/26 reflected weakness had increased and she required the assistance of two people more than 50% of the time and she spent more than 75% of the time asleep. She ate less 25% of meals and appeared more gaunt. A waiver was applied for. When interviewed on 7/22/26 at 2:34 p.m. Staff B said when she worked last weekend Tenant #4 was in bed and was repositioned every two hours in bed with pillows. She struggled to bear weight. She was changed in bed for bowel movements. Tenant #4 had a catheter. She also did not have much of an appetite. She was going to talk to the Assistant Director of Health and Wellness today regarding her staying in bed more. When interviewed on 7/22/26 at Staff C said Tenant #4 had been all over the place. She was	A 282	Continued... Audit findings will be documented and maintained in a binder in the DOHW office. Any discrepancy identified will be corrected promptly. Staff re-education and/or corrective action will be completed as indicated. Audit findings will be reviewed by the DOHW and Executive Director to identify trends and determine whether additional corrective measures are necessary to maintain compliance. 4. Date of correction: The Program will have the identified regulatory insufficiency correct and achieve compliance by 10/20/2026, with continued weekly monitoring audits conducted for three months.	10/20/26 and continued for the weekly audits

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 07/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 282	Continued From page 11 in bed and at times transferring out of her recliner. Continued record review revealed the service plan reflected to place Tenant #4 in bed, not in the recliner, at an angle and use pillows to prevent pressure injuries. The service plan did not reflect any frequency of repositioning or Tenant #4's decreased appetite. 5. When interviewed on 7/23/26 at 11:16 a.m. and 4:09 p.m. the Director of Health and Wellness confirmed the service plans for Tenant #2 and Tenant #3 were not updated. She said the behavior health plan (referenced above) was automatically populated. Tenant #1's service plan reflected to use her family member's name, to distract and tasks. She said Tenant #3 was started on an antibiotic for a urinary tract infection (UTI). Regarding Tenant #4, the frequency of repositioning was typically every two hours and was provided with services. She had applied for a waiver for Tenant #4 but now she wanted to get up. All service plans were provided for the tenants reviewed.	A 282		