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 07/29/2026

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 Incident #132159-M:	A 000		
A 116	481-67.2(2) Program Policies and Procedures 67.2(2) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to follow established policy and procedure related to abuse. This pertained to 1 of 1 tenant reviewed (Tenant #1). Findings follow: Record review on 7/14/26 of a Resident Incident Report indicated on5/10/26 at 9:15 p.m. an allegation of abuse/neglect occurred. Staff A was called to assist with toileting Tenant #1. She noticed a small skin tear on her hand and fresh blood coming out of the skin tear. Staff A asked the other staff who "brushed it off." Staff A attempted to assist Tenant #1 to walk and the other staff became impatient, grabbed Tenant #1 by both shoulders and guided her forward. Tenant #1 would either fall and take a step with "how hard she was pushing/dragging her." When in the bathroom Tenant #1 would not sit down and the other staff grabbed her shoulders and "pushed/forced/threw the resident onto the toilet."	A 116		

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 07/29/2026

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 116	Continued From page 1	A 116		

Tenant #1 hit her back. There were no injuries noted to her back. Staff A noted the only other witness was the other caregiver (Staff B) and Staff C who saw the scratch as Staff A told her about it. There were injuries noted, a bruise and skin tear.

Continued record review of the incident report indicated staff reported to the Assistant Director of Health and Wellness and the Executive Director a new injury to the back of Tenant #1's hand. The assessment indicated a new 5 centimeter (cm) x 5 cm contusion to the back of Tenant #1's left hand and two skin tears. Those measured 0.3 cm x 0.1 cm on the center posterior left hand and 0.2 cm x 0.1 cm center posterior left wrist. Both skin tears were scabbed. The contusion was dark purple/blue.

Further record review revealed the Program's investigation indicated on 5/11/26 at 3:57 p.m. Staff A and Staff D came to the Executive Director to report concerns they witnessed regarding Staff B and tenants, including Tenant #1. An investigation was started immediately and Staff B was suspended pending investigation. There was separation between Tenant #1 and Staff B. The report indicated time occurred was 5/10/26 at 8:47 p.m. and the date aware was 5/11/26.

Continued record review from 7/20/26 to 7/29/26 of Tenant #1's file revealed a Progress Note indicated on 5/13/26 at 1:39 p.m. (late entry for 5/11/26 at 4:30 p.m.) staff reported to the Assistant Director of Health and Wellness and the Executive Director of a new injury to the back of Tenant #1's hand. The assessment indicated a new 5 centimeter (cm) x 5 cm contusion to the back of Tenant #1's left hand and two skin tears. Those measured 0.3 cm x 0.1 cm on the center

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 07/29/2026

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 116	Continued From page 2	A 116		

posterior left hand and 0.2 cm x 0.1 cm center posterior left wrist. Both skin tears were scabbed. The contusion was dark purple/blue.

When interviewed on 7/29/26 at 12:12 p.m. the Assistant Director of Health and Wellness said Staff A and Staff D approached her regarding an incident Staff A thought was abuse, but she was not sure (related to Tenant #1). She told the staff they needed to go to the Executive Director's office. Stsff reported they were scared to say anything because they did not want Staff B to know.

When interviewed on 7/29/26 at 2:33 p.m. Staff A said she and Staff D both had concerns with what they witnessed. They went to the Director of Luminations. Staff A said they were scared to report. The Director of Luminations contacted the Executive Director. Staff A said she considered the interaction between Staff B and Tenant #1 abusive. Staff B threw Tenant #1 on the toilet and put her in the position to fall, pushed the tenant towards the toilet, and forced the tenant to walk.

Continued record review revealed the incident report indicated the incident occurred on 5/10/26. Review of Program documentation indicated it was reported to leadership staff on 5/11/26. It was reported to the Department on 5/12/26. An assessment of Tenant #1's injuries was documented on 5/13/26 as a late entry for 5/11/26. The delay in report delayed the the start of the investigation and the assessment of any injuries to Tenant #1.

Record review on 7/14/26 of the Program's policy and procedure related to identification, investigation and reporting (dependent adult abuse) indicated all allegations of tenant abuse

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 07/29/2026

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 116	Continued From page 3 would be immediately reported to the charge nurse. The charge nurse would be immediately responsible to report allegation of abuse to the Director of Health and Wellness and Executive Director. When interviewed on 7/29/26 at 4:21 p.m. the Executive Director said staff were to report to the Assistant Director of Health and Wellness in the absence of the Director of Health and Wellness, which they did. She said staff should report as soon as possible if they know its abuse. She said staff did not know until they talked to each other and questioned it. Staff questioned if it was abuse, regarding why it was not reported right away.	A 116		
A 293	481-69.27(2)c Nurse Review 481-69.27(231C) Nurse review. 69.27(2) If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation: 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 by: Based on interview and record review the Program failed to complete nurse reviews as needed. This pertained to 1 of 1 tenant reviewed	A 293		

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 07/29/2026

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 293	Continued From page 4 (Tenant #1). Findings follow: 1. Record review on 7/14/26 of a Resident Incident Report indicated on 5/10/26 at 9:15 p.m. an incident of alleged abuse/neglect occurred. Staff A was called to assist with toileting Tenant #1. She noticed a small skin tear on her hand, and fresh blood coming out of the skin tear. Staff A asked the other staff who "brushed it off." When Staff A attempted to assist Tenant #1 to walk the other staff became impatient, grabbed Tenant #1 by both shoulders and guided her forward. Tenant #1 would either fall and take a step with "how hard she was pushing/dragging her." When in the bathroom Tenant #1 would not sit down and the other staff grabbed her shoulders and "pushed/forced/threw the resident onto the toilet." Tenant #1 hit her back. There were no injuries noted to her back. Staff A noted the only other witness was the other caregiver (Staff B) and Staff C who saw the scratch as Staff A told her about it. There were injuries noted, a bruise and skin tear. Continued record review of the incident report indicated staff reported to the Assistant Director of Health and Wellness and the Executive Director of a new injury to the back of Tenant #1's hand. The assessment indicated a new 5 centimeter (cm) x 5 cm contusion to the back of Tenant #1's left hand and two skin tears. Those measured 0.3 cm x 0.1 cm on the center posterior left hand and 0.2 cm x 0.1 cm center posterior left wrist. Both skin tears were scabbed. The contusion was dark purple/blue. 2. Record review from 7/20/26 to 7/29/26 of Tenant #1's file revealed Progress Notes indicated the following:	A 293		

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 07/29/2026

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 293	Continued From page 5	A 293		

-On 5/13/26 at 1:39 p.m. a late entry for 5/11/26 at 4:30 p.m. documented an incident report indicated staff reported to the Assistant Director of Health and Wellness and the Executive Director of a new injury to the back of Tenant #1's hand. The assessment indicated a new 5 cm x 5 cm contusion to the back of Tenant #1's left hand and two skin tears. Those measured 0.3 cm x 0.1 cm on the center posterior left hand and 0.2 cm x 0.1 cm center posterior left wrist. Both skin tears were scabbed. The contusion was dark purple/blue.

-On 5/26/26 the Director of Health and Wellness spoke with the Executive Director and the Assistant Director of Health and Wellness regarding an incident on 5/10/26. The skin impairment was healing as expected. She denied pain. Tenant #1 told the nurse to get out or she was going to call the police and raised her fist at the nurse.

-On 7/23/26 as late entry for 5/11/26 and 5/13/26 documented the Assistant Director of Health and Wellness assessed Tenant #1's skin on both 5/11/26 and 5/13/26 that included an assessment of her skin on the extremities, trunk, buttocks, head/scalp and no additional injuries were noted on either day. The information was provided to the Executive Director.

3. Continued record review of Tenant #1's file revealed a nurse review was not documented on 5/11/26 (late entries completed on 5/13/26 and 7/23/26). The file lacked any documented follow up assessments until a late entry was documented on 7/23/26. Additionally, the late entry on 5/13/26 for 5/11/26 lacked any documentation of an assessment of Tenant #1's back.

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 07/29/2026

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 293	Continued From page 6 4. When interviewed on 7/29/26 at 12:12 p.m. the Assistant Director of Health and Wellness said she assessed Tenant #1 on Monday after the report, then on Wednesday and again on Friday. She said on Monday she checked her back and there was no bruising. She confirmed there were no other documented assessments of Tenant #1. She said there was a late entry on 7/23/26 and nothing was documented for Friday (assessment).	A 293		