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 07/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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
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: 33 Tenants with cognitive impairment: 22 Total census: 55 The following regulatory insufficiencies were cited during the investigation of Complaints #127267-C and 129205-C.	A 000	See attached POC 9/1/25	
A 325	481-67.9(1) Staffing 67.9(1) Number of staff. A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. This REQUIREMENT is not met as evidenced by: Based on inteview and revord reviw the Program failed to consistently ensure trained sufficient staff to meet tenants needs. This pertained to 7 of 7 tenants who did not recieve medications as ordered (Tenants #5-#11). Finding follows: Record review on 7/30/25 revealed medication error reports dated 6/12/25 for Tenants #5 - #11. According to the reports Tenant #5 - #12 did not receive 8:00 pm medications. The missed 8:00 p.m. medications included: Tenant #5 - acetaminophen, memantine,	A 325		

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

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A 325	Continued From page 1 mirtazapine and quetiapine. Tenant #6 - risperidone Tenant #7 - calmoseptine ointment, diltiazem, finasteride, melatonin and quetiapine. Tenant #8 - atorvastatin, donepezil and memantine Tenant #9 - melatonin and ensure nutritional supplement Tenant #10 - acetaminophen, atorvastation, declofenec gel, donepezil and famotidine. Tenent #11- acetaminophen, azelastine nasal spray and quetiapine When interviewed on 7/30/25 at 9:55 a.m. the Delegating Nurse (DN) explained staff notified the Assistant Health Care Coordinator on 6/12/25 (AHCC) 8:00 p.m. medications were not administered. The DN explained the staff person assigned to the hallway had not been trained to administer medications. She confirmed the Program failed to enure a staff member trained to administer medications worked the hallway on 6/12/25.	A 325		
A 525	481-69.29(3) Staffing 69.29(3) The owner or management corporation of the program is responsible for ensuring that all personnel employed by or contracting with the program receive training appropriate to assigned tasks and target population.	A 525		

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A 525	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure staff received training appropriate to tenants with brain injuries. This pertained to 1 of 1 tenant (Tenant #1) who had a brain injury. Finding follows: Record review on 7/30/25 revealed the Program's internal investigation dated 3/12/25. The investigation documented on 3/12/25 at 7:30 a.m. Tenant #1 reported Tenant #4 entered her room around 3:00 a.m. 3/12/25. Tenant #1 said Tenant #4 got into bed with her and touched her breast. The Director reviewed camera footage and determined Tenant #4 entered Tenant #1's apartment at 3:14 a.m. with two cups of coffee and left at 3:17 a.m. with one cup of coffee. Tenant #1's diagnosis included brain injury. Further review revealed the Program's action plan recommended Tenant #1 keep her door locked. Staff directed to redirect Tenant #4 from Tenant #1's apartment door. Continued record review revealed Tenant #1's diagnoses included: other encephalitis and encephalomyelitis and posterior reversible encephalopathy syndrome. During an interview on 7/29/25 at 5:35 p.m. an interviewee explained she felt it was unfair to expect Tenant #1 to keep her door locked especially since she had a brain injury. She said she felt like the staff did not understand the needs of Tenant #1. When interviewed on 7/30/25 at 9:55 a.m. the Health Care Coordinator confirmed the Program's investigative findings. She admitted	A 525		

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A 525	Continued From page 3 expecting Tenant #1 to lock her door may not be an attainable solution. She added Tenant #4 had moved from the Program. Additional record review failed to reveal documentation of staff training regarding working with people with brain injuries. During the exit on 7/30/25 at 1:30 p.m. the administrative team confirmed it may be helpful to provide additional training specific to Tenant #1's brain injury.	A 525		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: S0004	DATE SURVEY COMPLETED: 7/30/2025

Tag #	SUMMARY STATEMENT OF DEFICIENTCIES (EACH DEFICIENCY SHOULD BE PRECEDE BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY	Identify what changes to the provider's systems and practices were made to ensure compliance with the specific statute(s). Include information about how the provider will maintain compliance in the future.	COMPLETION DATE
Tag #1	**481-67.9(1) Staffing** 67.9(1) Number of staff. A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. This REQUIREMENT is not met as evidenced by: A 325 Based on interview and record review the Program failed to consistently ensure trained sufficient staff to meet tenants' needs. This pertained to 7 of 7 tenants who did not receive medications as ordered (Tenants #5-#11).	**Tag #A 325**	Tenant #5's med error was completed on 6/12/2025. Tenant #6's med error was completed on 6/12/2025. Tenant #7's med error was completed on 6/12/2025. Tenant #8's med error was completed on 6/12/2025. Tenant #9's med error was completed on 6/12/2025. Tenant #10's med error was completed on 6/12/2025. Tenant #11's med error was completed on 6/12/2025. The HCC, AHCC and Director will receive re-education on adequate/appropriate staffing by 10/21/2025.	The Director or designee will complete routine audits of employee schedules to ensure compliance.	**Implementation Date: 8/10/2025** **Completion Date: On going.** **Responsible Party: Director or Designee**

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.

			Staff assignments will be made on the schedule that will reflect staff who are responsible for Medication Administration and the residents that they are assigned to by 10/21/25.		
Tag #2	**481-69.29(3) Staffing** 69.29(3) The owner or management corporation of the program is responsible for ensuring that all personnel employed by or contracting with the program receive training appropriate to assigned tasks and target population. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure staff received training appropriate to tenants with brain injuries. This pertained to 1 of 1 tenant (Tenant #1) who had a brain injury	**Tag #A 525**	All staff will receive training regarding working with residents with Brain Injuries by 10/21/2025.	All new hires will receive training on working with residents with brain injuries within 30 days of hire. The Director or designee will complete routine audits of employee training to ensure compliance.	**Implementation Date: 9/1/2025** **Completion Date: On going.** **Responsible Party: Director or Designee**

Compliance Date: 10/21/2025

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