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
	S0228	A. BUILDING: _____ B. WING _____	C 08/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWVIEW MEMORY CARE VILLAGE	3005 F AVENUE NW CEDAR RAPIDS, IA 52405

(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: 1 Tenants with cognitive impairment: 43 Total census: 44 No regulatory insufficiencies were cited during the investigation of Incident #132528-I, Incident #132713-I, Incident #132738-I, Incident #132780-I, Complaint #132479-C, and Complaint #132798-C. The following regulatory insufficiencies were cited during the investigation of Complaint #132754-C, Complaint #132745-C, and Complaint #132757-C.	A 000		
A 121	481-67.3(1) Tenant Rights 481-67.3(231B,231C,231D) Tenant rights. All tenants have the following rights: 67.3(1) To be treated with consideration, respect, and full recognition of personal dignity and autonomy. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to ensure 1 of 6 tenants reviewed (Tenant C1) was treated with consideration, respect, and full recognition of personal dignity. Findings follow:	A 121		

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

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A 121	Continued From page 1 A record review conducted on 8/18/26 revealed Tenant C1 was admitted to hospice services on 8/07/26. A nurse's note dated 8/08/26 indicated hospice ordered comfort care, with no further hospitalizations, emergency room visits, lab draws, or invasive procedures. A nurse's note dated 8/10/26 revealed a nursing facility contacted the Program to confirm acceptance of Tenant C1 as a new admission. A subsequent nurse's note on 8/10/26 at 4:02 p.m. noted Tenant C1 was transferred to the receiving nursing facility. During an interview on 8/18/26 at 2:08 p.m., a transport staff member from the receiving nursing facility reported she picked up Tenant C1 on 8/10/26. The transport staff stated that prior to transport, she was provided Tenant C1's name, location, and told the tenant was pleasant. The transport staff arrived at the Program in a wheelchair-accessible van and brought a wheelchair inside. Front desk staff met the transport staff, who stated she was there to pick up Tenant C1. The front desk staff observed the wheelchair and noted she had never seen Tenant C1 transported by any means other than a gurney. The transport staff reported three Program staff met her in Tenant C1's room. Staff assisted Tenant C1 out of bed and noted that while she was not combative, she had a tendency to lean or fall to her side. While staff raised Tenant C1, the tenant continuously curled her legs upward as if attempting to lie back down, then immediately leaned to the right. Transport staff was provided a pillow to place beside Tenant C1 in the wheelchair for support. Transport staff confirmed Tenant C1 pushed staff away, whimpered, and appeared fearful.	A 121		

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A 121	Continued From page 2 Transport staff loaded Tenant C1 into the van while holding her upright and using the pillow for support. The transport staff stated Tenant C1 continued pushing at her inside the vehicle. Approximately two blocks into the drive, Tenant C1 fell to her side again. Transport staff pulled over and used a gait belt to secure the tenant to the wheelchair. Transport staff asked Tenant C1 if she could sit up, at which point Tenant C1 screamed and tightly grabbed the staff member's hand. Shortly after resuming driving, Tenant C1 fell forward into her own lap, requiring transport staff to place the pillow on the tenant's lap for support. The transport staff noted a Program staff member had told her to monitor Tenant C1 closely during departure so she did not fall. Transport staff also observed that Tenant C1 had numerous skin tears, bruises, and injuries prior to transport. On 8/19/26 at 1:41 p.m., Staff A confirmed Program staff had continued assisting Tenant C1 out of bed daily to attend activities. Staff A reported that during the prior week, Tenant C1 began leaning significantly to the side in her wheelchair; consequently, staff ceased using the wheelchair and instead seated her in a recliner in her room to watch or listen to television. On 8/19/26 at 3:14 p.m., Staff C confirmed Tenant C1 consistently leaned to the side when sitting upright, requiring staff to use a pillow for support. Staff C stated that while performing personal care, Tenant C1 grabbed her arm and appeared uncertain or frightened. On 8/20/26 at 9:29 a.m., a representative from Mercy Hospice stated a hospice nurse evaluated Tenant C1 on the morning of 8/10/26. The	A 121		

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A 121	Continued From page 3	A 121		

hospice nurse expressed concerns to the Director of Nursing (DON) regarding transporting Tenant C1 in a wheelchair. The hospice representative confirmed the hospice nurse placed Tenant C1 on an "end-of-life" pathway on 8/10/26, indicating an expected prognosis of 2 to 3 days. The representative noted the hospice team attempted to arrange non-emergency ambulance transport for Tenant C1, but the Program transferred her before transport could be secured.

On 8/19/26 at 3:01 p.m., the DON confirmed she completed evaluations on Tenant C1 on 8/08/26 following hospice admission. The DON acknowledged Tenant C1 declined rapidly during the preceding week, spending most of her time in a recliner or in bed. The DON stated the Program initiated discharge planning one week prior to 8/10/26 due to Tenant C1's increased level of care exceeding the Program's capability. The DON stated neither Tenant C1's physician nor hospice indicated the tenant was near end-of-life. The DON confirmed she was unaware Tenant C1 was transported in a wheelchair-accessible van, adding that had she known, she would have had strong reservations regarding that mode of transport.

Further record review revealed hospice communication notes dated 8/10/26 listing Tenant C1's status update as: actively dying, unresponsive, experiencing periods of apnea, upper airway secretions present, jerking/twitching movements present, impaired swallowing ability, decreased urine output, and vital sign changes. The hospice log narrative noted Tenant C1 was in bed and minimally responsive while family members were present packing her belongings. Family reported the receiving nursing facility was transporting Tenant C1 via a

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A 121	Continued From page 4 wheelchair-accessible van. The DON confirmed transport by van. Hospice verbalized to the DON that Tenant C1 was unresponsive and incapable of maintaining an upright position in a wheelchair. During an interview on 8/24/26 at 12:30 p.m., the Executive Director and Nurse Consultant from Healthcare of Iowa confirmed the Program failed to ensure a respectful and dignified transport was arranged for Tenant C1's transfer to the receiving facility.	A 121		
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 evaluate the functional, health, and cognitive status with significant change for 1 out of 6 tenants reviewed (Tenant C1). Findings follow: Record review on 8/18/26, revealed Tenant C1 was admitted to hospice services on 8/07/26. A nurse's note dated 8/08/26 revealed hospice ordered comfort care, no further hospitalizations,	A 232		

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A 232	Continued From page 5	A 232		

emergency room visits, lab draws or procedures. Program to notify hospice with any changes in Tenant C1's condition. A nurse's note dated 8/10/26 revealed staff notified the Director of Nursing on 8/09/26 of a new pressure ulcer noted on Tenant C1's coccyx area. Hospice notified and assessed the ulcer on 8/09/26. A second 8/10/26 nurse's note reflected a new order from hospice for triad cream applied topically to coccyx daily and covered and changed daily with mepilex dressing. The Director of Nursing measured the ulcer on Tenant C1's coccyx area on 8/10/26 and documented the measurement as 2 cm by 1 cm with a depth of 0.3 cm. Tenant C1's record contained no evaluations completed upon this significant change for her.

When interviewed on 8/19/26 at 10:07 a.m., the Director of Nursing confirmed staff notified her on 8/09/26 regarding an open area was observed on Tenant C1's coccyx area. The Director of Nursing called hospice to take a look at it and measure it since they were already in the building. The Director of Nursing reported hospice assessed the pressure ulcer and bandaged it. Hospice reported to her they failed to have time to measure the ulcer. The Director of Nursing received new orders for the treatment of the ulcer. The Director of Nursing confirmed she measured the ulcer and bandaged it. The Director of Nursing believed the ulcer measured as a Stage 3 ulcer. No evaluations were completed per the Director of Nursing. She confirmed she completed evaluations on 8/07/26 for Tenant C1's admission to hospice.

When interviewed on 8/24/26 at 12:30 p.m., the Executive Director and Nurse Consultant from Healthcare of Iowa confirmed the above finding.