

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165340	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2025
NAME OF PROVIDER OR SUPPLIER Grandview Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 800 Fifth Street SE Oelwein, IA 50662	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on clinical record review, policy review and staff interview the facility failed to follow physician orders by not giving medications within 1 hour before to 1 hour after the ordered time for 5 of 5 residents (Residents #1, #2, #3, #4, #5) reviewed. The facility reported a census of 58 residents. Findings include: Resident #1's admission Record documented an admission date of 4/7/25. The Order Summary Report included medications to be given up to 4 times per day. The Medication Administration Audit Report for November 1-15 revealed the resident had medications given outside of the 2 hour time frame it was to be given (1 hour before to 1 hour after the ordered time) for 15 out of 15 days reviewed. Resident #2's admission Record documented an admission date of 2/12/25. The Order Summary Report included medications to be given up to 3 times per day. The Medication Administration Audit Report for November 1-15 revealed the resident had medications given outside of the 2 hour time frame it was to be given (1 hour before to 1 hour after the ordered time) for 14 out of 15 days reviewed. Resident #3's admission Record documented an admission date of 6/17/25. The Order Summary Report included medications to be given up to 2 times per day. The Medication Administration Audit Report for November 1-15 revealed the resident had medications given outside of the 2 hour time frame it was to be given (1 hour before to 1 hour after the ordered time) for 13 out of 15 days reviewed. Resident #4's admission Record documented an admission date of 9/24/24. The Order Summary Report included medications to be given up to 4 times per day. The Medication Administration Audit Report for November 1-15 revealed the resident had medications given outside of the 2 hour time frame it was to be given (1 hour before to 1 hour after the ordered time) for 15 out of 15 days reviewed. Resident #5's admission Record documented an admission date of 10/6/15. The Order Summary Report included medications to be given up to 3 times per day. The Medication Administration Audit Report for November 1-15 revealed the resident had medications given outside of the 2 hour time frame it was to be given (1 hour before to 1 hour after the ordered time) for 15 out of 15 days reviewed. Facility policy titled Medication Administration- Medication Pass, last revised 5/2023, directs staff to administer medications in accordance with frequency prescribed by physician- within 60 minutes before or after prescribed dosing time. During an interview on 12/1/25 at 10:48 AM, the Director of Nursing (DON) explained her expectation is medications are to be given within 1 hour before or after the scheduled time.</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 165340
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