

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165481	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2026
NAME OF PROVIDER OR SUPPLIER Mayflower Home		STREET ADDRESS, CITY, STATE, ZIP CODE 616 Broad Street Grinnell, IA 50112	
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)		
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Based on clinical record review, policy review, and staff interview, the facility failed to notify the provider of abnormal blood sugars and of a weight loss for 1 of 5 residents reviewed for high risk medications(Resident #20). The facility reported a census of 31 residents. Findings included:The Minimum Data Set (MDS) assessment tool, dated 6/17/26, listed diagnoses for Resident #20 which included diabetes (a disease which caused abnormal blood sugars), heart failure, and high blood pressure and listed her Brief Interview for Mental Status (BIMS) score as 9 out of 15, indicating moderately impaired cognition. a. The June 2026 Medication Administration Record (MAR) listed a 6/11/26 order to administer insulin (an injectable medication which caused blood sugar to decrease) three times daily and to call the provider if blood sugars exceeded 400 milligrams (mg)/deciliter(dL). The order did not provide direction as to when staff should notify the provider regarding a low blood sugar. The July 2026 MAR also did not provide direction as to when staff should notify the provider regarding a low blood sugar.Resident #20's Weights and Vitals report included the following blood sugars:6/14/26 8:38 a.m. 537 mg/dl6/22/26 6:00 a.m. 56 mg/dl7/4/26 7:00 a.m. 42 mg/dl The facility lacked documentation of physician notifications of the above blood sugars.b. The resident's June and July MAR listed a 6/11/26 order for bumetadine (a potent diuretic, a medication which rid fluid from the body) 2 milligrams (mg) three times daily.The residents Weights report listed the following weights:6/17/26 197 lbs6/24/26 188 lbsThe facility lacked documentation of physician notification of the resident's weight loss. The facility policy Hypoglycemia Management, revised 1/7/26, stated staff would test resident blood sugars per the provider's orders. If the reading was less than 70 mg/dl, the nurse would contact the provider for any new orders unless there were parameters previously specified by the provider. The facility policy Weight Monitoring, revised 3/2026, stated the facility would inform the provider of a significant change in weight.On 7/9/26 at 8:38 a.m., Staff A Registered Nurse (RN) stated if the resident did not have orders regarding when to call the physician for low blood sugars, she would follow the policy. She stated she would notify the provider of a blood sugar of 42 mg/dl and would call if over 500 mg/dl. On 7/9/26 at 8:51 a.m., the Director of Nursing (DON) stated staff should call the providers when blood sugars were less than 70 mg/dl or more than 500 mg/dl. On 7/9/26 at 10:08 a.m., the DON stated she was unable to locate any further provider notifications (related to the above blood sugars). She stated the Dietician tracked weights and notified the providers of weight losses.		

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
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