

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165625	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/19/2025
NAME OF PROVIDER OR SUPPLIER  Terrace Glen Village		STREET ADDRESS, CITY, STATE, ZIP CODE  3400 Alburnett Road Marion, IA 52302	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>(continued on next page)</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

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Based on clinical record review, staff interview, facility policy review and guidance from the 2025 Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual, the facility failed to accurately code medications on the Minimum Data Set (MDS) assessment for 4 of 15 residents reviewed for MDS Assessment accuracy (Resident #2, #3, #12, #34). The facility reported a census of 38 residents. Findings include: 1. The Medication Administration Record (MAR) for August of 2025 for Resident #2 documented that the resident received aspirin, 81 mg (milligram) and Clopidogrel (also known as Plavix), 75 mg (both medications are classified as anti-platelet medications) daily throughout the month. The MAR failed to confirm the resident received any anticoagulant medication. The MDS of Resident #2 dated 8/28/25 documented the resident had received both anticoagulant medication and antiplatelet medication during the 7 day look-back of the assessment reference date (ARD) period. 2. The MAR for Resident #3 for February, April, July and September of 2025 documented that the resident received Clopidogrel, 75 mg, daily throughout each of the months. The MAR for these months failed to confirm the resident received any anticoagulant medication. The MDS of Resident #3 dated 2/6/25 failed to document the resident received an antiplatelet during the 7 day look-back of the ARD period. The MDS of Resident #3 dated 4/21/25 documented the resident received anticoagulant medication but no antiplatelet medication during the 7 day look-back of the ARD period. The MDS of Resident #3 dated 7/17/25 documented the resident received anticoagulant medication but no antiplatelet medication during the 7 day look-back of the ARD period. The MDS of Resident #3 dated 10/1/25 documented the resident received anticoagulant medication but no antiplatelet medication during the 7 day look-back of the ARD period. 3. The MAR of Resident #12 for July and October of 2025 documented that the resident received Clopidogrel, 75 mg, daily throughout both of these months. The MAR for these months failed to confirm the resident received any anticoagulant medication. The MDS of Resident #12 dated 7/24/25 documented the resident received anticoagulant medication but no antiplatelet medication during the 7 day look-back of the ARD period. The MDS of Resident #12 dated 10/8/25 documented the resident received anticoagulant medication but no antiplatelet medication during the 7 day look-back of the ARD period. 4. The MAR of Resident #34 for September of 2025 documented that the resident received insulin injections daily during the month. The MDS of Resident #34 dated 9/24/25 documented the resident received 0 insulin injections during the 7 day look-back of the ARD period. The RAI manual directs on page N-3 for Steps for Assessment for Insulin: 1. Review the resident's medication administration records for the 7-day look-back period (or since admission/entry or reentry if less than 7 days). 2. Determine if the resident received insulin injections during the look-back period. 3. Determine if the physician (or nurse practitioner, physician assistant, or clinical nurse) The RAI manual directs on page N-6 through N-8 under Coding Instructions for High-Risk Drug Classes: Column 1: Check if the resident is taking any medications by pharmacological classification during the 7-day observation period (or since admission/entry or reentry if less than 7 days). N041512. Antiplatelet: Check if there is an indication noted for all antiplatelet medications taken by the resident any time during the observation period (or since admission/entry or reentry if less than 7 days). On 11/19/25 at 9:40 am, the MDS Coordinator stated she was aware that Plavix is an antiplatelet and not an anticoagulant. She added she would make modifications to the affected assessments. On 11/19/25 at 9:57 am, the Administrator stated MDS assessments are a process they are always trying to improve. The facility policy titled Corporate Compliance: Minimum Data Set Documentation, review date of 9/15/21, documented the following: Point 2: Information on the MDS must be complete, accurate, and supported by documentation in the patient's medical record.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, menu review, staff interviews, and policy review, the facility failed to serve the appropriate portion of pureed oatmeal for 3 of 3 residents and mechanical soft sausage for 1 of 1 resident who were ordered modified diets. The facility reported a census of 38 residents. Findings include: On 11/19/25 at 7:00 AM, Staff A, Chef, placed 12 sausage links and 1/3 cup of milk into the [Name Redacted] blender. He blended the ingredients into mechanical soft consistency, poured the final product into a pan, covered it with aluminum foil, and placed the unmeasured volume in the oven. At 7:25 AM, he placed an unmeasured amount of cooked oatmeal and five (5) scoops of thickener into the [Name Redacted] blender. He blended the ingredients into pureed consistency, poured the final product into a pan, covered it with aluminum foil, and placed the unmeasured volume in the oven. During meal service observation that began at 7:50 AM, three (3) residents on pureed diets received one #16 disher of pureed oatmeal. A review of the [Name Redacted] Pureed Diet Portion Sizes/Dishers chart revealed a #16 disher was 2-oz (ounces), and a #8 disher equaled 4 oz. A review of the residents' menu cards revealed all three residents who received pureed oatmeal had standing orders for greater than a #8 scoop serving size. One resident on a mechanical soft diet received one #20 disher of mechanical soft sausage. The menu cards revealed the resident who received the mechanical soft sausage had a standing order for a full 2-oz serving. A review of the [Name Redacted] Pureed Diet Portion Sizes/Dishers chart revealed a #20 disher was a 1 5/8-oz serving. A review of the Diet Spreadsheet indicated residents' mechanical soft diet ground sausage serving size was 2 ounces. At 8:56 am, the Certified Dietary Manager (CDM) confirmed the aforementioned serving size scoops used for the mechanical soft and pureed breakfast items. At 9:15 AM, Staff B, Dietary Cook, stated she did not prepare the pureed or mechanical soft diets nor was she told which serving scoops would provide the ordered serving size. At 9:18 AM, the CDM stated staff use the Pureed Diet Portion Sizes conversion grid to determine which serving scoops were used to provide the ordered serving sizes. At 9:22 AM, Staff A stated he used the menu to determine serving sizes but admitted he did not use the pureed serving size conversion chart to adjust the serving sizes based on the pureed or mechanical soft diet total volume. A policy titled Kitchen Weights and Measures revised [DATE] indicated staff will be trained in the appropriate measurement and type of serving utensil to use for each food. It also indicated the CDM will ensure cooks prepare the appropriate amount of food for the number of servings required.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, staff interview, and policy review, the facility failed to properly label and date food stored in the refrigerator, freezer, and dry goods. The facility reported a census of 38 residents. Findings include: On 11/17/25 at 10:00 AM, the following items were observed during kitchen tour:a. An undated, previously opened package of mixed vegetablesb. An unlabeled, undated, opaque bag of disk-shaped, tan items the dietary manager identified as pizza crustc. An unlabeled, clear bag of brown, meat-like items the dietary manager identified as pizza topping sausaged. An undated, previously opened bag of dinner rollse. An undated, previously opened bag of hamburger bunsf. An ice machine with the serving scoop resting directly on the iceg. An undated, previously opened bag of sugar in a white storage binOn 11/17/25 at 10:25 AM, the Certified Dietary Manager (CDM) stated stored food is typically labeled and dated before storing in the refrigerator or freezer. He also removed the ice machine serving scoop and stated it should not be there.On 11/19/25 at 6:35 AM, a follow-up kitchen tour revealed the following observations:a. An opened bag of pizza crustb. A box with an opened, undated bag of boneless, skinless chicken breasts with rib meat.c. An opened box of pepperoni slices.d. A unlabeled, blue bin with aluminum foil cover dated 11/19.A policy titled Food Receiving and Storage revised [DATE] indicated all foods stored in the refrigerator or freezer will be covered, labeled and dated ( use by date).</p>		