

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/22/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165621	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  09/16/2021
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NAME OF PROVIDER OR SUPPLIER  THE GARDENS OF CEDAR RAPIDS	STREET ADDRESS, CITY, STATE, ZIP CODE 5710 DEAN ROAD SW CEDAR RAPIDS, IA 52404
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F 000	INITIAL COMMENTS  Correction Date: <u>9-30-2021</u>  The following deficiencies result from the facility's Recertification Survey and investigation of a Facility Self-Reported Incident #96405 and Complaints #96396, #97864, #98841, and #99484 conducted on September 7-16, 2021. Complaint #99484 Substantiated. (See the Code of Federal Regulations (42CFR) Part 483, Subpart B-C).	F 000		
F 582 SS=C	Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v)  §483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section.  §483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate.	F 582		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Lana Lacia</i>	TITLE  <i>Executive Director</i>	(X6) DATE  09/22/2021
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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.

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F 582	<p>Continued From page 1</p> <p>(i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible.</p> <p>(ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change.</p> <p>(iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.</p> <p>(iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.</p> <p>(v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interviews the facility failed to provide the required Centers for Medicare and Medicaid Services (CMS) form 10055 and the CMS form 10123 at completion of their skilled stay for 1 out of 1 residents reviewed (Resident # 9). The facility reported a census of 33 residents.</p> <p>Findings include:  Observation on 9/15/21 3:34 PM, Resident # 9</p>	F 582			

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F 582	Continued From page 2 ambulated in the hall with his walker.  During the Advanced Beneficiary Notice (ABN) record review the facility returned the uncompleted CMS form 10055 for Resident # 9.  Review of the Clinical Census 9/15/21 dated, listed Resident # 9 with a payer of Medicare A on 3/9/21 through 5/14/21.  Review of the Physical Therapy Discharge (d/c) summary dated 5/14/21, reflected Resident # 9 reached the highest practical level and d/c destination to long term care.  During an interview on 9/09/21 at 10:41 AM, Staff A, Registered Nurse Consultant, reported an inability to locate the completed CMS form 10055 and 10123 for Resident # 9.  Review of the Beneficiary Notice Matrix 2020 undated, guided Part A stay will end because: Skilled Nursing Facility (SNF) determines the beneficiary no longer requires daily skilled services. Resident will remain in the facility. The form directed to use CMS form 10055 and 10123.	F 582			
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)  §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, and staff interview the facility failed to properly prime an	F 658			

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F 658	<p>Continued From page 3</p> <p>insulin pen for 1 of 1 residents reviewed during insulin administration (Resident #17). The facility identified a census of 33 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) Assessment for Resident # 17 dated 7/15/21, listed a diagnosis of Diabetes Mellitus. The MDS showed a Brief Interview for Mental Status (BIMS) of 8 out of 15, indicating moderately impaired cognition. The MDS documented the resident required insulin injections seven days a week.</p> <p>The Care Plan for Resident # 17 dated 4/20/21, directed administer diabetic medications as ordered.</p> <p>Review of the Physician's Order dated 7/23/21, directed Nursing Staff to administer Novolog (Insulin) 30 units subcutaneous with meals.</p> <p>Review of the Medication Administration Record (MAR) dated 9/21, showed Novolog 30 units subcutaneous with meals.</p> <p>Observation on 9/13/21 at 11:39 AM, Staff B, Registered Nurse (RN), cleaned the tip of the insulin (Novolog Flex) pen with an alcohol swab and applied the needle. Staff B dialed the insulin pen to 30 units. Staff B cleaned the residents skin for the injection and confirmed the pen is prepared for administration. Staff B failed to prime the insulin pen.</p> <p>Interview on 9/13/21 at 11:42 AM, Staff B verified the correct resident, correct dose of insulin, open and expiration date on the pen. Staff B failed to</p>	F 658			

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F 658	Continued From page 4 identify the need to prime the insulin pen before administration of the insulin.  Interview on 9/15/21 at 1:18 PM, the Director of Nursing (DON) reported she expected insulin pens primed with the 2 units before the dose of ordered insulin is dialed up for administration.  Review of the Novolog Flex pen Directions dated 2016, directed: a. Prime the pen, turn the dose selector to select 2 units. Press and hold the dose button and make sure a drop appears. b. Turn the dose selector to select the number of units needed.  The Facility provided an Insulin Pen Skills Checklist undated, directing Nursing Staff at the following points: 7. Prime the pen by dialing up 2 units. Hold the pen with the needle pointing up and lightly tap the insulin reservoir so the air bubbles rise to the top of the needle. 8. Press the injection button all the way in and check to see that insulin comes out of the needle.	F 658			
F 868 SS=B	QAA Committee CFR(s): 483.75(g)(1)(i)-(iii)(2)(i)  §483.75(g) Quality assessment and assurance. §483.75(g)(1) A facility must maintain a quality assessment and assurance committee consisting at a minimum of: (i) The director of nursing services; (ii) The Medical Director or his/her designee; (iii) At least three other members of the facility's staff, at least one of who must be the administrator, owner, a board member or other individual in a leadership role;	F 868			

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F 868	<p>Continued From page 5</p> <p>§483.75(g)(2) The quality assessment and assurance committee must: (i) Meet at least quarterly and as needed to identifying issues with respect to which quality assessment and assurance activities are necessary. This REQUIREMENT is not met as evidenced by: Based on record review, and staff interviews the facility failed to provide documentation of the Quarterly Quality Assessment and Assurance (QAA) and Quality Assessment and Performance Improvement (QAPI) meetings for 1 out of 4 meetings. The facility reported a census of 33 residents.</p> <p>Findings included:</p> <p>Review of the Continuous Quality Improvement (CQI) Quality Assurance and Performance Improvement (QAPI) meeting sign in sheets provided by the facility failed to include a quarterly meeting for 9/2020.</p> <p>Interview on 9/08/21 at 10:19 AM, the the Administrator reported finding only 3 out of 4 QAA/QAPI meeting sign in sheets for the past year.</p> <p>Interview on 9/16/21 at 09:14 AM, the Administrator stated her expectation is quarterly QAA/QAPI meetings.</p>	F 868			



## PLAN OF CORRECTIONS

Recertification Survey; Provider #165621

Preparation and/or execution of this plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The preparation is prepared and executed solely because it is required by the provisions of federal and state law.

### **F 582**

Facility will provide the required written notice according to the Beneficiary Notice Decision Matrix 2020 to residents prior to completion of their skilled stay. Completion of these notices has been reassigned to administrative assistant. Administrator will complete the notices in the employee's absence. Administrator to review notices periodically for compliance.

Date complete: 9/30/2021

### **F 658**

Director of Nursing reviewed the Insulin Pen Skills checklist with all nurses. Director of nursing will periodically observe insulin administration to assure compliance.

Date complete: 9/30/2021

### **F 868**

QAPI meetings will be held quarterly. A copy of the attendance sheet will be maintained with the meeting minutes. Administrator will audit documentation quarterly for compliance.

Date complete: 9/30/2021

Signature: \_\_\_\_\_

*Lana Lucia*

Date: \_\_\_\_\_

*9-30-2021*