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FORM APPROVED

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
	S0035	A. BUILDING: _____ B. WING _____	03/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COTTAGE GROVE PLACE	2115 1ST AVENUE SE CEDAR RAPIDS, IA 52402

(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 are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. General Population Program Number of tenants without cognitive disorder: 9 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 11 There were no regulatory insufficiencies cited during the onsite infection control survey. A comment was made to the Program regarding recommended guidance for personal protective equipment. The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000	See Attached POC 4/7/21	
A 430	481-67.19(4) Record Checks 67.19(4) Validity of background check results. The results of a background check conducted pursuant to this rule shall be valid for a period of 30 calendar days from the date the results of the background check are received by the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete valid background checks prior to employment. This pertained to 2 of 6 staff reviewed (Staff A and B). Findings	A 430		

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

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A 430	Continued From page 1 follow: 1. Record review on 3-15-21 of Staff A's training documents revealed Staff A was hired on 11-7-19. A criminal history background check and abuse registries background check was completed on 10-4-19 and revealed no results were found. The background check was completed greater than 30 days before Staff A was hired and was no longer valid. 2. Record review on 3-15-21 of Staff B's training documents revealed Staff B was hired on 10-28-19. A criminal history background check and abuse registries background check was completed on 9-27-19. The check revealed further research for the criminal history background check. On 10-4-19, after further research was completed, no criminal history background record was found. The initial background check, including the abuse registries background check, was completed greater than 30 days before Staff B was hired and was no longer valid. 3. An interview completed on 3-22-21 at 10:54 a.m. with the Resident Services Director and Navigator indicated the most current background check information was provided for Staff A and Staff B.	A 430		
A 350	481-69.26(1) Service Plans 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated	A 350		

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A 350	Continued From page 2 at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update tenants' service plans as needed and failed to develop service plans to reflect identified service needs of tenants. This pertained to 2 of 2 tenants reviewed (Tenants #1 and #2). Findings follow: 1. Record review on 3-16-21 of Tenant #1's file revealed diagnoses included dementia. Tenant #1 was staged at a four on the Global Deterioration Scale, which indicated moderate cognitive decline. When interviewed on 3-15-21 at 1:15 p.m. Staff C reported Tenant #1 went into other tenants' apartments and staff provided redirection by distracting her. Continued record review revealed Clinical Notes Report indicated on 2-15-21 it was reported to a nurse over the weekend Tenant #1 had been aggressive with staff. Staff was able to redirect Tenant #1 but it took some time. For the past couple of weeks staff noticed Tenant #1 going into other tenants' apartments, looking around and at times taking food. The primary care provider was contacted and a new order was received to increase the aripiprazole to 2.5 milligrams (mg) after it was decreased previously due to a pharmacy recommendation. Further record review of service plan notes reflected a new order to decrease aripiprazole on 1-18-21 and a new order to increase aripiprazole to 2.5 mg on 2-15-21.	A 350		

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A 350	Continued From page 3 Review of Tenant #1's service plan dated 2-13-21 revealed it did not reflect Tenant #1's behaviors or interventions. 2. Record review on 3-16-21 of Tenant #2's file revealed diagnoses included type 2 diabetes mellitus and bullous pemphigoid. Tenant #2 was admitted on 11-2-20. Continued review of Tenant #2's Clinical Notes Report indicated the following: a. On 11-4-20 Tenant #2 was admitted from the attached health center with blisters on her lower extremities, which were to be covered by Kerlix. She was diabetic and had blood glucose monitoring four times daily and insulin three times daily. She was also prescribed Coumadin. b. On 11-12-20 new orders were received from dermatology to complete a complete blood count with differential on 11-25-20. Medications were discontinued including: doxycycline, niacinamide and triamcinalone. Orders were received to start mycophenolate mofetil 500 mg, two tablets in the morning and one tablet at bedtime and clobetasol 0.05% ointment, apply twice daily to affected areas for two weeks and off for one week and repeat as needed. c. On 11-13-20 new orders were received from dermatologyto apply Vaseline to the areas that were raw, cover with non-stick gauze and wrap with ACE wraps. For the areas of skin that were intact or beginning to form with blisters, clobetasol ointment could be applied. d. On 12-31-20 Tenant #2 had a "large bloody	A 350		

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A 350	Continued From page 4 nose." e. On 1-1-21 a nurse was informed in the morning Tenant #2 had a nose bleed all night. Tenant #2 was on Coumadin but according to staff did not receive the dose the night prior, as it was not available in the medication pack. Tenant #2 was sent to the hospital via ambulance. f. On 1-1-21 Tenant #2 was sent back from the emergency room (ER). Both nostrils were packed and she would need to return in two days to have the packing removed. g. On 1-8-21 at 10:30 p.m. Tenant #2's nose bled a little bit. At 1:10 a.m. Tenant #2 paged and had bright red blood coming from both nares. Tenant #2 was transferred to the hospital. h. On 1-8-21 Tenant #2 returned from the hospital at 6:00 a.m. with new orders for Augmentin 875 mg, twice daily for 10 days and Zofran ODT 4 mg, every eight hours as needed. i. On 1-26-21 new orders were received from dermatology to increase mycophenolate mofetil to 1000 mg twice daily and apply clobetasol 0.5% to open areas or blisters on her lower legs before dressing changes twice daily. j. On 2-3-21 Tenant #2 had a bloody nose and it stopped. Later that afternoon she wiped her eye and the tears in her eye had blood in it. Family arrived to transport Tenant #2 to the hospital. k. On 2-4-21 it was noted Tenant #2 returned from the ER last evening with a new order for cephalexin 500 mg, one capsule, twice daily for five days and to follow up with an otolaryngologist.	A 350		

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A 350	Continued From page 5 l. On 2-16-21 Tenant #2 had an open areas including on her perineum and an order was received to apply triple antibiotic ointment (TAO) on the affected areas twice daily for seven days. m. On 2-24-21 Tenant #2 had appointment with a doctor regarding her legs. No new orders received regarding the dressings to her legs. Orders were received for Prednisone to be increased to 20 mg for two weeks, then decreased to 15 mg for one week and then resume 10 mg daily. n. On 3-4-21 it was noted Tenant #2 had increased weakness and was very tired. o. On 3-6-21 Tenant #2 had pain in her left lower extremity (LLE). The dressing change was completed and the LLE was noted to be red, had a foul odor and edema; however, no warmth was noted. Tenant #2's family transported her to the ER. p. On 3-7-21 Tenant #2 reported she was in "excruciating pain" to her bilateral lower extremities (BLE) and heels. There was more redness up her leg, warmth in areas, edema (which she had previously) and the foul odor that was recently noted. Tenant #2 was prescribed antibiotics the day prior when at the ER, which were started that morning. The doctor on-call was notified and wanted Tenant #2 sent back to the ER since she was worse from yesterday and Gram stains from yesterday showed multiple things growing in the wound. q. On 3-7-21 it was noted Tenant #2 was admitted to the hospital for pain control.	A 350		

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A 350	Continued From page 6 r. On 3-12-21 it was noted Tenant #2 returned to the campus; however, returned to the skilled unit. Continued record review revealed an Appointment/Progress Note document dated 2-26-21 indicated Tenant #2 had been out to the ER three times for nose bleeds. The orders indicated to leave the humidifier in the room, leave humidity on the continuous positive airway pressure (CPAP) and start Ayr nasal gel twice daily and follow up as needed. Further record review revealed Service Plan notes reflected new orders received including for the BLE and the TAO. The notes reflected Tenant #2 had nose bleeds and went to the ER. Tenant #2's service plan dated 12-2-20 and was not updated as needed did not reflect Tenant #2's wounds on her legs, that were indicated upon admission from the health center. It also did not indicate the orders for related to the nose bleeds, Tenant #2's use of a CPAP or the affected areas related to the TAO. 3. An interview completed on 3-22-21 at 10:54 a.m. with the Resident Services Director and Navigator confirmed the above finding.	A 350		

Cottage Grove Place ALP Recertification and onsite infection control

Plan of Correction from 3/15/21 to 3/22/21.

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

A430 481-67.19(4) Record checks

All staff will receive a background check within 30 days of their hire date. Human Resources has added to the New Hire paperwork a 30-day window of execution of background check and new employee start date. Monitoring of 30 days per new hire has been added to a master calendar for additional support in coordinating new hire onboarding process within the 30 days. This process was initiated immediately upon notification during the State recertification visit. Human Resources will audit all new hires in the last 30 days for compliance.

A350 481-69.26(1) Service Plans

Assisted Living designee reviewed all service plans in the Assisted Living program for accuracy on 3/15/21. Residents will be evaluated per guidelines unless a significant change has occurred. Behaviors are considered significant changes and will be added to the service plan and will be signed by responsible parties. Staff will continue to monitor behaviors and these changes will be noted as significant on the Condition Communication tool located on each floor of Assisted Living. Chart audits will occur over the next 30 days for compliance.

Tenant #1 had service plan adjusted on 3/29/21 with most recent behaviors. Tenant #2 was discharged from the Assisted Living to the Health Center on March 11, 2021.

Assisted Living nurse and or Assisted Living designee will include all wounds, treatment plans to service plan upon arrival to Assisted Living program. Any changes in treatments and medications will be added to service plan when changes occur, including but not limited to hospitalization and outcomes.

Education was provided to staff on April 7, 2021 monthly staff meeting on monitoring skin areas/issues and how to fill out the newly implemented Conditions Communication form to alert a service plan review/update.