

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0400</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/07/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GRAND LIVING AT INDIAN CREEK AL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>325 COLLINS ROAD SE CEDAR RAPIDS, IA 52403</b>
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A 000	<p>Initial Comments</p> <p>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.</p> <p>Number of tenants without cognitive disorder: 76 Number of tenants with cognitive disorder: 2</p> <p>TOTAL census of Assisted Living Program: 78</p> <p>There were no regulatory insufficiencies cited during the onsite infection control survey completed from 6-2-21 to 6-7-21.</p> <p>The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:</p>	A 000		
A 270	<p>481-67.5(2)f(1) Medications</p> <p>67.5(2) Each program shall follow its own written medication policy, which shall include the following:</p> <p>f. When medications are administered traditionally by the program:</p> <p>(1) The administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced registered nurse practitioner registered in Iowa, by an individual who has successfully completed a department-approved medication aide or medication manager course and passed the respective department-approved medication aide or manager examination, or by a physician assistant (PA) in accordance with 645-Chapter 327. Injectable medications shall be administered as permitted by Iowa law by a</p>	A 270		

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

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A 270	<p>Continued From page 1</p> <p>registered nurse, licensed practical nurse, advanced registered nurse practitioner, physician, pharmacist, or physician assistant (PA).</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure staff completed an approved medication aide or manager course and pass the approved medication aide or manager examination prior to administering medications. This pertained to 4 of 5 staff reviewed that administered medications (Staff A, C, D, and E). Findings follow:</p> <ol style="list-style-type: none"> <li>1. Record review on 6-3-21 of Staff A's training documents revealed a hire date of 2-3-21. A certificate of completion for a medication aide or medication manager class was not completed at the time of the review.</li> <li>2. Record review on 6-3-21 of Staff C's training documents revealed a hire date of 11-4-20. A certificate of completion for a medication aide or medication manager class was not completed at the time of the review.</li> <li>3. Record review on 6-3-21 of Staff D's training documents revealed a hire date of 2-21-20. A certificate of completion for a medication aide or medication manager class was not completed at the time of the review.</li> <li>4. Record review on 6-3-21 of Staff E's training documents revealed a hire date of 10-2-20. A certificate of completion for a medication aide or medication manager class was not completed at the time of the review.</li> <li>5. When interviewed on 6-7-21 at 10:18 a.m. the</li> </ol>	A 270		

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A 270	Continued From page 2  Director of Health and Wellness revealed Staff A passed medications and was in the medication class. Staff C passed medications and needed to take the medication exam. Staff D worked very as needed and she passed medications until the end of April. She had not finished the medication class. Staff E passed medications and was taking the test in June.	A 270		
A 340	481-67.9(4)a Staffing  67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following:  a. The program's newly hired registered nurse shall within 60 days of beginning employment as the program's registered nurse document a review to ensure that staff are sufficiently trained and competent in all tasks that are assigned or delegated.  This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to document a review to ensure staff were sufficiently trained within 60 days of the registered nurse's (RN) hire date. This pertained to 5 of 5 staff hired prior to the new RN's date of hire (Staff A, B, C, D and E). Findings follow:  1. Record review revealed the ALP/ADS/EGH Monitoring Entrance Form indicated the Director of Health and Wellness, hired on 3-1-21, was the current delegating nurse.	A 340		

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A 340	<p>Continued From page 3</p> <p>2. Record review on 6-3-21 of Staff A's training documents revealed a hire date of 2-3-21. Documents included a Caregiver Orientation Checklist completed on 2-18-21 for Staff A by Staff G, a licensed practical nurse (LPN); a Student Practicum Certification document provided with care tasks including medication administration and treatments, dated 2-18-21 and 2-19-21, completed by Staff G (LPN). Staff A did not have nurse delegated training completed by the current delegating RN within 60 days of the nurse's hire date.</p> <p>3. Continued record review on 6-3-21 of Staff B's training documents revealed a hire date of 12-29-20. Staff B received nurse delegated training on activities of daily living (ADLs), medications and treatments completed by the Former Director of Health and Wellness (RN), dated 1-26-21. A Student Practicum Certification document was provided with care tasks including medication administration and treatments dated 2-24-21. The training was completed by Staff G, LPN. Staff B did not have nurse delegated training completed by the current delegating RN within 60 days of the nurse's hire date.</p> <p>4. Record review on 6-3-21 of Staff C's training documents revealed a hire date of 11-4-20. Staff C had nurse delegated training on ADLs, medications and treatments completed by the Former Director of Health and Wellness dated 11-10-20 and 11-17-20. Staff C did not have nurse delegated training completed by the current delegating RN within 60 days of the nurse's hire date.</p> <p>5. Record review on 6-3-21 of Staff D's training documents revealed a hire date of 2-21-20. Staff</p>	A 340		

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A 340	<p>Continued From page 4</p> <p>D had nurse delegated training on ADLs, medications and treatments completed by the Former Director of Health and Wellness dated 9-10-20. A Student Practicum Certification document was provided with care tasks including medication administration and treatments dated 2-23-21. The training was completed by Staff G, LPN. Staff D did not have nurse delegated training completed by the current delegating RN within 60 days of the nurse's hire date.</p> <p>6. Record review on 6-3-21 of Staff E's training documents revealed a hire date of 10-2-20. Staff E had nurse delegated training on ADLs, medications and treatments completed completed by the Former Director of Health and Wellness dated 10-8-20. Staff E had medication administration training, completed by Staff G, LPN, dated 2-24-21. Staff E did not have nurse delegated training completed by the current delegating RN within 60 days of the nurse's hire date.</p> <p>7. When interviewed on 6-7-21 at 10:18 a.m. the Director of Health and Wellness confirmed all nurse delegation training for the staff listed above was provided.</p>	A 340		
A 345	<p>481-67.9(4)b Staffing</p> <p>67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following:</p> <p>b. Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s).</p>	A 345		

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A 345	<p>Continued From page 5</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete nurse delegated training by the Program's registered nurse (RN), within 30 days of the staffs' employment. This pertained to 1 of 1 staff reviewed hired after the delegating nurse was employed (Staff F). Findings follow:</p> <ol style="list-style-type: none"> <li>Record review on 6-3-21 of Staff F's training documents revealed a hire date of 3-29-21. Staff F had a Caregiver Orientation Checklist dated 4-5-21, completed by Staff G, a licensed practical nurse. Staff F did not have nurse delegated training completed by the delegating RN within 30 days of Staff F's hire date.</li> <li>When interviewed on 6-7-21 at 10:18 a.m. the Director of Health and Wellness confirmed all delegations for the staff listed above were provided.</li> </ol>	A 345		
A 145	<p>481-69.22(3) Evaluation of Tenant</p> <p>69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a</p>	A 145		

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A 145	<p>Continued From page 6</p> <p>significant change.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete cognitive evaluations with a change in condition. This pertained to 2 of 4 tenants reviewed with a significant change of condition (Tenants #1 and #5). Findings follow:</p> <ol style="list-style-type: none"> <li>Record review on 6-7-21 of Tenant #1's file revealed a Master Assessment document dated 4-14-21, indicated the reason for the evaluation was a change of condition. The document included an evaluation of function and health; however, a cognitive evaluation, scored objective cognitive tool or Global Deterioration Scale (GDS), was not completed with a change of condition.</li> <li>Record review on 6-7-21 of Tenant #5's file revealed a Master Assessment document dated 4-21-21, indicated the reason for the evaluation was a change of condition. Tenant #5 had gall bladder surgery, went to a skilled nursing facility and was returning to the Program. The evaluation was electronically signed by the Director of Health and Wellness (registered nurse); however, the tool indicated it was completed by Staff G, a licensed practical nurse. The evaluation completed on 4-21-21 included an evaluation of function and health; however, a scored objective cognitive tool or GDS, was not completed with a change of condition.</li> <li>When interviewed on 6-7-21 at 10:18 a.m. the Director of Health and Wellness confirmed all evaluations for the tenants listed above in the time period requested were provided.</li> </ol>	A 145		

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A 350	Continued From page 7	A 350		
A 350	<p>481-69.26(1) Service Plans</p> <p>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 at least annually and whenever changes are needed.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update service plans as needed, failed to complete service plans based on evaluations and failed to ensure service plans reflected the identified service needs of tenants. This pertained to 7 of 7 tenants reviewed (Tenants #1, #2, #3, #4, #5, #6 and #7). Findings follow:</p> <p>1. Record review on 6-7-21 of Tenant #1's file revealed Progress Notes indicated the following:</p> <p>-On 4-13-21 it was noted hospice would be completing an evaluation that day for Tenant #1.</p> <p>-On 4-13-21 it was noted hospice recommended the following after their evaluation: oxygen two to four liters as needed, a transport chair, showers twice per week by the home health aide (HHA), to discontinue anti-embolism hose, the hospice nurse would complete weekly visits and therapy services, physical therapy (PT), occupational therapy (OT) and speech therapy (ST) were discontinued.</p> <p>-On 5-31-21 it was noted Tenant #1 had bumps</p>	A 350		

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A 350	<p>Continued From page 8</p> <p>on her lower left leg and her lower legs were red.</p> <p>-On 6-1-21 it was noted Tenant #1 had three fluid filled blisters on the left lower extremity (LLE). Hospice would manage the blisters.</p> <p>-On 6-2-21 it was noted new orders were received from hospice regarding the LLE blisters. Meplix dressing was applied to blisters on the LLE, change every three days until healed.</p> <p>Continued record review revealed the June medication administration records reflected the order for the Meplix dressing on the leg every three days. It was documented as completed on 6-7-21 at 8:00 a.m.</p> <p>Further record review revealed the Service Plan Agreement dated 4-16-21 reflected Tenant #1 received hospice services and to coordinate care between the tenant and agency. The service plan did not reflect the oxygen as needed, transport chair, HHA for bathing twice weekly or the hospice nurse visits weekly. The service plan did not reflect the blisters and treatment on the LLE. The service plan was also not based on a cognitive evaluation as it was not completed when the service plan was developed on 4-16-21.</p> <p>2. Record review on 6-7-21 of Tenant #2's file revealed a Master Assessment document, dated 5-13-21, was completed for change of condition. Tenant #2 was sent to the emergency department (ED) for evaluation on 5-9-21 and was diagnosed with sepsis related to an infection in her foot. Tenant #2 went to a skilled nursing facility (SNF) for rehabilitation and a return was planned to the Program on 5-17-21.</p> <p>Continued record review revealed Progress</p>	A 350		

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A 350	<p>Continued From page 9</p> <p>Notes indicated the following:</p> <p>-On 3-25-21 it was noted there would be changes to the service plan beginning 4-1-21, including the home health agency would no longer be completing her shower and the Program would start completing her shower.</p> <p>-On 5-17-21 it was noted Tenant #2 returned to the Program and continued with home health agency, PT, OT, bath aide and nursing services.</p> <p>-On 5-18-21 it was noted the home health nurse was seeing Tenant #2 once per week for the dressing change. Tenant #2's family changed the dressing every day that home health was not there.</p> <p>-On 6-2-21 it was noted Tenant #2 would no longer receive assistance with medication administration.</p> <p>Further record review revealed the most recent Service Plan Agreement was dated 4-1-21. The service plan was not updated upon Tenant #2's return to the Program, following an ED visit, hospital admission and SNF stay. It also did not reflect changes with bathing, medication administration, family assistance with wound care and therapy services.</p> <p>3. Record review on 6-7-21 of Tenant #3's file revealed Progress Notes indicated the following:</p> <p>-On 3-11-21 it was noted Tenant #3 fell in her apartment. No injuries were noted.</p> <p>-On 3-15-21 it was noted Tenant #3 returned from the hospital after having a stent put in. Tenant #3 was doing well and had a private caregiver. A</p>	A 350		

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A 350	<p>Continued From page 10</p> <p>new order was received for Clopidogrel 75 milligram every day.</p> <p>-On 3-24-21 it was noted (late entry for 3-23-21) that Tenant #3 was found on the floor.</p> <p>-On 3-26-21 it was noted therapy reported Tenant #3 would be starting her cardiac rehabilitation on Monday and would be going three times per week.</p> <p>-On 4-2-21 it was noted Tenant #3 fell and hit her head. Tenant #3 was sent to the ED.</p> <p>Continued record review revealed the Service Plan Agreement dated 3-25-21 reflected Tenant #3 was a moderate fall risk and staff administered medications. The service plan did not reflect the therapy services or the anti-coagulant medication.</p> <p>4. Record review on 6-7-21 of Tenant #4's file revealed Tenant #4 was staged at a four on the GDS, which indicated moderate cognitive decline.</p> <p>When interviewed on 6-7-21 at 10:18 a.m. the Director of Health and Wellness revealed Tenant #4 walked daily on the property for about 10 minutes. She had never left the property.</p> <p>When interviewed on 6-7-21 at 10:31 a.m. the Executive Director revealed Tenant #4 walked daily, around the building for about 15 minutes. There were no issues with her returning to the building.</p> <p>Continued record review revealed the Service Plan Agreement dated 3-26-21 did not address all activities of daily living (ADLs) including bathing, dressing/undressing, grooming, mobility, toileting or transfers. The service plan reflected Tenant #4</p>	A 350		

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A 350	<p>Continued From page 11</p> <p>was a fall risk and had mild confusion. The service plan did not reflect that Tenant #4 had daily walks outside the building.</p> <p>5. Record review on 6-7-21 of Tenant #5's file revealed a Master Assessment document dated 4-21-21, indicated the reason for the evaluation was a change of condition. Tenant #5 had gall bladder surgery and went to a SNF and returned to the Program.</p> <p>When interviewed on 6-7-21 at 10:18 a.m. the Director of Health and Wellness confirmed Tenant #5 received therapy services.</p> <p>Continued record review revealed the Service Plan Agreement dated 4-27-21 did not reflect the therapy services. The service plan was also not based on a cognitive evaluation as it was not completed when the service plan was developed on 4-27-21.</p> <p>6. Record review on 6-7-21 of Tenant #6's file revealed the Service Plan Agreement dated 5-12-21 did not address all ADLs, including dressing/undressing, grooming, mobility, toileting and transfers.</p> <p>7. Record review on 6-7-21 of Tenant #7's file revealed Progress Notes indicated the following:</p> <p>-On 3-11-21 it was noted Tenant #7 had fallen twice around 6:00 a.m. and the second time she hit her head against the wall. Tenant #7 reported not feeling well and had "jerking type sensation." Tenant #7 was sent to the hospital.</p> <p>-On 3-11-21 it was noted Tenant #7 was admitted for seizures.</p>	A 350		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0400</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/07/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GRAND LIVING AT INDIAN CREEK AL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>325 COLLINS ROAD SE CEDAR RAPIDS, IA 52403</b>
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(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 350	<p>Continued From page 12</p> <p>-On 3-15-21 it was noted Tenant #7 returned on Saturday and had a diagnosis of weakness.</p> <p>-On 3-17-21 it was noted a verbal order was received to start PT, OT and ST.</p> <p>Continued record review revealed the Service Plan Agreement dated 3-20-21 did not address any ADLs, including bathing, dressing/undressing, grooming, mobility, toileting and transfers. The service plan also did not reflect therapy services.</p> <p>8. When interviewed on 6-7-21 at 10:18 a.m. the Director of Health and Wellness confirmed all service plans in the time period requested were provided for the tenants listed above.</p>	A 350		
A 430	<p>481-69.27(1)c Nurse Review</p> <p>69.27(1) If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse:</p> <p>c. To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status;</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete nurse reviews at least every 90 days. This pertained to 5 of 5 of tenants reviewed that received personal or health-related</p>	A 430		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0400</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/07/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GRAND LIVING AT INDIAN CREEK AL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>325 COLLINS ROAD SE CEDAR RAPIDS, IA 52403</b>
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(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 430	<p>Continued From page 13</p> <p>care (Tenants #1, #2, #3, #4 and #5). Findings follow:</p> <ol style="list-style-type: none"> <li>1. Record review on 6-7-21 of Tenant #1's file revealed staff assisted Tenant #1 with cares and medication administration. The most recent 90 day nurse review was dated 4-30-20.</li> <li>2. Record review on 6-7-21 of Tenant #2's file revealed she was admitted on 3-19-20 and staff assisted Tenant #2 with medication administration. There were no 90 day nurse reviews found for Tenant #2.</li> <li>3. Record review on 6-7-21 of Tenant #3's file revealed staff assisted Tenant #3 with medication administration. The most recent 90 day nurse review was dated 4-23-20.</li> <li>4. Record review on 6-7-21 of Tenant #4's file revealed she was admitted on 11-12-19 and staff assisted Tenant #4 with activity reminders, blood pressure and weight monitoring, medication administration and safety checks. There were no 90 day reviews found for Tenant #4.</li> <li>5. Record review on 6-7-21 of Tenant #5's file revealed staff assisted Tenant #5 with cares and medication administration. The most recent 90 day nurse review was dated 4-30-20.</li> <li>6. When interviewed on 6-7-21 at 10:18 a.m. the Director of Health and Wellness confirmed all 90 day nurse reviews for the tenants listed above were provided.</li> </ol>	A 430		