

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0411	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/18/2022
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NAME OF PROVIDER OR SUPPLIER GARDENS OF CEDAR RAPIDS	STREET ADDRESS, CITY, STATE, ZIP CODE 5710 DEAN ROAD SW CEDAR RAPIDS, IA 52404
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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: 17 Number of tenants with cognitive disorder: 4 Total census of Assisted Living Program: 21</p> <p>The investigation of Complaint #104625-C and the recertification visit conducted to determine compliance with certification for an Assisted Living Program were completed and the following regulatory insufficiencies were cited:</p>	A 000		
A 160	<p>481-67.3(2) Tenant Rights</p> <p>481-67.3 Tenant rights. All tenants have the following rights:</p> <p>67.3(2) To receive care, treatment and services which are adequate and appropriate.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to provide services that were adequate and appropriate related to meals for 1 of 1 tenants reviewed with special dietary needs (Tenant #4). Findings follow:</p> <p>When observed on 5-10-22 at approximately 12:20 p.m. staff served plates of food to Tenants #1 and Tenant #4. The tenants exchanged plates after being served by staff as they were given each others meals. Tenant #1 then cut up Tenant</p>	A 160	The Plan of Correction is attached.	

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

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A 160	<p>Continued From page 1</p> <p>#4's pork for him prior to Tenant #4 eating. The meat that was delivered was not cut up for Tenant #4.</p> <p>On 5-9-22 at 4:05 p.m. Staff B said Tenant #4 wrote on his menu to cut up his food.</p> <p>Review of Tenant #4's file on 5-10-22 revealed the service plan dated 4-21-22 indicated staff was to cut up Tenant #4's food, especially the meat. Tenant #4 had a history of dysphasia.</p>	A 160		
A 335	<p>481-67.9(3) Staffing</p> <p>67.9(3) Training documentation. The program shall have training records and staffing schedules on file and shall maintain documentation of training received by program staff, including training of certified and noncertified staff on nurse-delegated procedures.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to document nurse delegated training for insulin administration for 2 of 3 staff reviewed who administered medications (Staff B and D). Findings follow:</p> <p>When observed on 5-9-22 during the lunch medication pass Staff A administered insulin to two tenants, Tenants #5 and #6. Staff A injected the insulin for both tenants.</p> <p>On 5-9-22 a review of training records for staff who administered insulin to tenants revealed the following: - Staff B was hired on 9-14-21. The Delegation Task record indicated tasks were documented as</p>	A 335		

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A 335	<p>Continued From page 2</p> <p>completed on 3-3-22 (within 60 days of the new delegating nurse). The task of insulin pen self-injection was documented as completed; however, the task of assisting with an insulin pen and injecting the insulin was not documented as completed.</p> <p>- Staff D was hired on 9-25-20. The Delegation Task record did not document training on insulin administration.</p> <p>On 5-18-22 at 1:00 p.m. the Director of Nursing (DON) said three tenants received staff assistance with insulin administration, Tenants #5, #6 and #7. Staff injected the insulin for these tenants. She stated she had delegated Staff B and D on the injection of insulin but neglected to document it on the delegation task sheets.</p>	A 335		
A 106	<p>231C.5 1 Occupancy Agreement</p> <p>231C.5 Written occupancy agreement required.</p> <p>1. An assisted living program shall not operate in this state unless a written occupancy agreement, as prescribed in subsection 2, is executed between the assisted living program and each tenant or the tenant's legal representative, prior to the tenant's occupancy, and unless the assisted living program operates in accordance with the terms of the occupancy agreement. The assisted living program shall deliver to the tenant or the tenant's legal representative a complete copy of the occupancy agreement and all supporting documents and attachments and shall deliver, at least thirty days prior to any changes, a written copy of changes to the occupancy agreement if any changes to the copy originally delivered are subsequently made.</p>	A 106		

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A 106	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to follow the terms of the executed occupancy agreement regarding security deposits for 1 of 2 discharged tenants reviewed (Tenant C2). Findings follow:</p> <p>Record review on 5-12-22 and 5-16-22 of Tenant C2's file revealed an admission date of 9-3-21 and a discharge date of 10-31-21. An Occupancy Agreement was signed dated 9-3-21. The Occupancy Agreement indicated the security deposit (\$1500.00) would be returned within 30 days of the termination of the agreement and if any of the security deposit was withheld, the Program would provide a written explanation of the money withheld. The Occupancy Agreement indicated funds could be withheld for several reasons including to "remedy a Tenant's default in the payment of rent or other funds due to the Program pursuant to the Occupancy Agreement." It also indicated funds could be withheld to restore the apartment to it's original condition (of time of Occupancy Agreement) and to recover expenses if a tenant did not vacate the apartment.</p> <p>Continued record review revealed a Reservation Deposit document dated 6-21-21 indicating a fully refundable Reservation Deposit would hold an apartment and would be returned upon request if things changed prior to move in. After a nursing evaluation, service plan and acceptance into the Program the deposit would be held as a Damage Deposit. The deposit was refundable if there were no damages to apartment at the time of move out. The form indicated the one time non-refundable community fee was waived for Tenant C2.</p>	A 106		

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A 106	<p>Continued From page 4</p> <p>A Refund Authorization form indicated Tenant C2's last day of occupancy was 10-29-21 and a move out inspection was completed on 10-30-21. The apartment was in good condition and a full refund of the security deposit was requested. It was signed by the Executive Director dated 1-14-22. A Resident Refund Check Request form dated 3-4-22 indicated \$84.60 was requested due to overpayment/security deposit. Another Resident Refund Check Request form dated 4-7-22 indicated \$1415.40 was requested and it was due to overpayment. Continued record review revealed two checks were written to Tenant C2/Tenant C2's legal representative; one check was dated 3-9-22 for \$84.60 and the second check was dated 4-20-22 for \$1415.40.</p> <p>When interviewed on 5-11-22 at 1:58 p.m. Tenant C2 said she was told she would have free moving expenses and a discounted rent for six months upon move in. She paid a \$1500.00 deposit. She did not move in right away but moved in on 9-3-21. For various reasons provided she decided to move out by November. The rent was paid, the apartment was cleaned and the keys were returned. She did not receive her deposit back in 30 days and contacted the Program. She was told she had an outstanding balance. She asked what the balance was for but no answer was provided and no written documentation was sent. She called again and was told the promotion was not approved by headquarters. Her legal representative also contacted the Program. She said text messages, calls and emails were sent and were not answered. Tenant C2 said she finally received a check dated 3-23-22 for \$84.60 and a check dated 4-21-22 for \$1415.40.</p> <p>When interviewed on 5-18-22 at 9:53 a.m. Tenant</p>	A 106		

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A 106	<p>Continued From page 5</p> <p>C2's legal representative said when Tenant C2 moved in there were promotions regarding the Program paying for moving expenses and discounted rent for six months. If a tenant left early, they were required to pay the full rent amount. She said Tenant C2's first month was discounted (based on the promotion). Tenant C2 decided to move out in October and the second month rent was paid in full (without the promotion due to leaving before six months). She was told Tenant C2 would receive her security deposit in three weeks to 30 days. In November she called the Program and told them a check had not been received and she was told it was just sent. She said the check was never received. She called multiple times after the first of the year, including four times to speak with the Executive Director, but did not receive a call back. Tenant C2 received a first check in (approximately February) for about \$84.00. There was no explanation provided for the \$84.00 check. In April a second check was received for about \$1400.00. The two checks received totaled \$1500.00. There was no explanation provided for the second check received. Tenant C2's legal representative said a written explanation was not provided by the Program related to the why the security deposit was not returned.</p> <p>On 5-18-22 at 1:53 p.m. the Executive Director indicated there was no written documentation provided to Tenant C2 or her legal representative regarding why the security deposit was not returned in 30 days. Once the concern was brought to her attention there were verbal conversations. She said there were no conditions as indicated in the Occupancy Agreement that should have delayed the payment. There was a change in management and other circumstances and when Tenant C2 moved in the prior</p>	A 106		

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A 106	Continued From page 6 administration approved a move in special. They looked back at charges and it was determined it could not be figured out what was promised (related to the move in special). A full refund was issued. In summary, the Program did not return the security deposit to Tenant C2 in the timeframe as indicated in the Occupancy Agreement. Tenant C2 moved out on 10-29-21 and did not receive her \$1500.00 in full until April of 2022. There was no written notification provided to her or her legal representative regarding any funds withheld from the security deposit or the reason for any funds to be withheld. The refund authorization form indicated the apartment was in good condition and Tenant C2 had vacated the apartment. The Program did not follow the executed Occupancy Agreement.	A 106		
A 290	481-69.25(1)i Tenant Documents 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: i. When any personal or health-related care is delegated to the program, the medical information sheet; documentation of health professionals' orders, such as those for treatment, therapy, and medication; and nurses' notes written by exception This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to document nurse's notes by exception for 2 of 4 current tenants reviewed (Tenants #1 and #4) and 2 of 2 discharged	A 290		

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A 290	<p>Continued From page 7</p> <p>tenants reviewed (Tenant C1 and Tenant C2). Findings follow:</p> <p>1. Review of Tenant #1's file on 5-10-22 revealed a Health and Functional Assessment dated 1-14-22 indicating Tenant #1 had a small dime size wound on the right lower extremity (RLE) that was weeping. The RLE had 4+ edema, redness and was warm to the touch. Tenant #1 was currently prescribed antibiotics. A dry dressing was completed with tubigrip and anti-embolism hose.</p> <p>The Health and Functional Assessment dated 4-20-22 indicated Tenant #1 had a skin tear (stage 2) on the front of the RLE. The evaluation reflected Tenant #1 had a history of RLE wounds. The wound was nickel size and weeping.</p> <p>An order was received dated 2-25-22 to discontinue the order for Meplix border to the RLE inner leg, change every three days or as needed. The order indicated the reason it was discontinued was the wound was healed.</p> <p>An Order Summary Sheet reflected an order for Silver Sulfadiazine Cream 1%, to be applied topically to the right lower leg, covered with an ABD pad and wrapped with Kerlix every morning. The order date was 3-31-22 and the start date was 4-1-22.</p> <p>Further review revealed a Progress Note dated 2-25-22 indicated the wound was healed. There were no other nurse's notes completed related to the wound including when the wound returned (after noted it was healed on 2-25-22) or with new orders dated 3-31-22.</p> <p>2. Review of Tenant #4's file on 5-10-22 revealed</p>	A 290		

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A 290	<p>Continued From page 8</p> <p>the Order Summary Report reflected the following:</p> <ul style="list-style-type: none"> - Apply warm compresses to the bilateral eyes two times per day for 14 days for blepharoconjunctivitis (order date 5-6-22) - Erythromycin Gel 2% to upper and lower eyelids two times per day, for 10 days (order date of 5-6-22). <p>The most recent entry in Tenant #4's Progress Notes was dated 3-31-22. There was no entry in nurse's notes related to new orders indicated above or diagnosis of blepharoconjunctivitis.</p> <p>3. Review of Tenant C1's file on 5-12-22 revealed a move in date of 8-11-21 and a discharge date of 9-21-21. Review of Progress Notes indicated the last entry was dated 8-26-21 which reflected Tenant C1 was out to her home with family and would return in one week. An entry in nurse's notes was not completed when Tenant C1 discharged from the Program on 9-21-21 or if/when she returned after a week at her home (8-26-21).</p> <p>4. Review of Tenant C2's file on 5-12-22 revealed a move in date of 9-3-21 and a discharge date of 10-31-21. Review of Progress Notes indicated on 10-8-21 Tenant C2 was admitted to the hospital for dehydration and hypothermia. A nurse's note was not completed with Tenant C2's return from the hospital.</p> <p>5. When interviewed on 5-18-22 at 1:00 p.m. the Director of Nursing confirmed all nurse's notes in the timeframe requested were provided for tenants noted above.</p>	A 290		

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A 350	Continued From page 9	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 develop service plans based on evaluations and identified needs of 2 of 4 current tenants reviewed (Tenants #1 and #2). Findings follow:</p> <p>1. Review of Tenant #1's file on 5-10-22 revealed a Health and Functional Assessment dated 1-14-22 indicating Tenant #1 had a small dime size wound on the right lower extremity (RLE) that was weeping. The RLE had 4+ edema, redness and was warm to the touch. Tenant #1 was currently prescribed antibiotics. A dry dressing was completed with tubigrip and anti-embolism hose.</p> <p>The Health and Functional Assessment dated 4-20-22 indicated Tenant #1 had a skin tear (stage 2) on the front of the RLE. The evaluation reflected Tenant #1 had a history of RLE wounds. The wound was nickel size and weeping.</p> <p>Review of an Order Summary Sheet reflected an order for Silver Sulfadiazine Cream 1%, apply topically, to the right lower leg, cover with ABD pad and wrap with Kerlix every morning. The order date was 3-31-22 and the start date was</p>	A 350		

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A 350	<p>Continued From page 10</p> <p>4-1-22. The Order Summary Sheet also reflected an order for Nystatin Powder to be applied to the bilateral axilla twice daily. April 2022 and May 2022 medication administration records (MARs) reflected documented refusals of the wound treatment and Nystatin Powder.</p> <p>The service plan dated 1-19-22 indicated Tenant #1 had an open area on the RLE and to see the MAR for treatment instructions. The service plan did not reflect the refusals of the treatment and did not reflect the rash to the bilateral axilla, treatment and refusals of the treatment.</p> <p>2. Review of Tenant #2's file on 5-10-22 revealed a Nurse Review dated 4-5-22 indicating Tenant #2 returned to the Program from skilled care. Staff were going to begin to administer his medications. The service plan was updated on 4-5-22 to reflect staff administered his medications. The service plan was updated with significant change; however, was not based on cognitive and functional evaluations, as only a nurse review was completed.</p> <p>A Nurse Review dated 4-5-22 indicated Tenant #2 ambulated with a front wheeled walker and used a wheelchair for long distances. The service plan dated 4-5-22 indicated Tenant #2 had a history of falls and used a walker at times due to weakness. The service plan did not reflect the use of the wheelchair for long distances.</p> <p>A Gardens ALF Progress Note, primary care provider (PCP), dated 3-15-22 indicated Tenant #2 reported he had significant issues with insomnia and not sleeping well. A Gardens ALF Progress Note (PCP) dated 4-12-22 indicated Tenant #2 reported he continued to not sleep on dialysis nights. He said he slept a little the night</p>	A 350		

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A 350	Continued From page 11 prior but "globally continues to struggle after dialysis 3 nights a week." The service plan dated 4-5-22 reflected hemodialysis three times per week and low blood pressure after the dialysis. The service plan did not reflect Tenant #2's insomnia. 3. When interviewed on 5-18-22 at 1:00 p.m. the Director of Nursing confirmed all current service plans for the tenants listed above were provided.	A 350		
A 465	481-69.28(5) Food Service 69.28(5) Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have annual in-service training on food protection. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to have staff complete an annual training on food protection. This pertained to 1 of 1 staff reviewed overdue for annual food safety training (Staff D). Findings follow: Review of Staff D's training documents on 5-9-22 revealed a hire date of 9-25-20. Staff D had a Certificate of Completion for Food Safety and Sanitation dated 9-29-20 (initial training upon hire). She had not completed food safety training since 9-29-20 despite being due for annual training in September of 2021. On 5-18-22 at 1:00 p.m. the Director of Nursing confirmed Staff D worked second shift and	A 465		

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A 465	Continued From page 12 served meals to tenants. On 5-18-22 at 1:53 p.m. the Executive Director confirmed this finding.	A 465		

Department of Inspections and Appeals
Attn: Deb Dixon
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319

Dear Ms. Dixon:

On behalf of The Gardens Assisted Living in Cedar Rapids, Iowa, I respectfully submit our Plan of Correction for your approval. This response is specific to the recertification report for the onsite visit between 05/05/2022 and 05/18/2022. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the alleged facts or conclusions set forth in the statement of insufficiencies. The Plan of Correction is executed solely because it is required by the provisions of Iowa Law.

Tenant Rights

1. Elements detailing how the Program will correct each regulatory insufficiency
 - Tenant #4 will receive care, treatment and services which are adequate and appropriate related to meals and his special dietary needs.
2. Measures taken to ensure the problem does not recur
 - Staff responsible for serving meals in Assisted Living will be provided re-education on meal service including but not limited to reading the service plan and menu for needs and preferences.
3. How the Program plans to monitor performance to ensure compliance
 - The Director of Nursing will review services provided, including meal service, every 90 days and provide re-education as needed.
4. The date by which the regulatory insufficiency will be corrected
 - The regulatory insufficiency will be corrected on or before July 17, 2022.

Staffing

1. Elements detailing how the program will correct each regulatory insufficiency
 - The Director of Nursing has completed delegations with Staff B and D as of 6/1/2022.
2. Measures taken to ensure the problem does not recur
 - All staff will receive delegations within 30 days of initial employment.
 - If not completed within 30 days of hire date, staff will be removed from the schedule until training is finished.
3. How the Program plans to monitor performance to ensure compliance
 - The Director of Nursing and/or Designee will monitor completion of delegation for all new employees. Staff who do not complete within 30 days of hire will be removed from the schedule.
4. The date by which the regulatory insufficiency will be corrected
 - The regulatory insufficiency will be corrected on or before July 17, 2022.

ok 7/1/22

Written occupancy Agreement

1. Elements detailing how the Program will correct each regulatory insufficiency
 - a. Tenant C2 no longer resides in the program
2. Measures taken to ensure the problem does not recur
 - a. The Administrator was re-educated on following the executed Occupancy Agreement.
3. How the program plans to monitor performance to ensure compliance
 - a. Audits of discharging tenants will be completed by the Administrator and/or Designee to ensure compliance of the Occupancy Agreement.
4. The date by which the regulatory insufficiency will be corrected
 - a. The regulatory insufficiency will be corrected on or before July 17, 2022

Tenant Documents

1. Elements detailing how the Program will correct each regulatory insufficiency
 - Tenant #1 will have documentation of health professional orders and nurses' notes written by exception per regulation including but not limited to wounds.
 - Tenant #4 will have documentation of health professional orders and nurses' notes written by exception per regulation including but not limited to treatments for the eye.
 - Tenant C1 no longer resides in the program.
 - Tenant C2 no longer resides in the program.
2. Measures taken to ensure the problem does not recur
 - The Director of Nursing will be re-educated on regulatory requirements regarding documentation of health professional orders and nurses' notes by exception.
3. How the Program plans to monitor performance to ensure compliance
 - The Director of Nursing and/or Nurse Designee will perform ongoing internal audits of tenant charts at least quarterly to ensure compliance of documentation in nurse's notes by exception.
4. The date by which the regulatory insufficiency will be corrected
 - The regulatory insufficiency will be correct on or before July 17, 2022.

Service Plans

1. Elements detailing how the Program will correct each regulatory insufficiency
 - Tenant #1 service plan was updated on 7/8/2022 to reflect the refusal of treatment, the history of rash to bilateral axilla with treatment, and the refusal of treatment.
 - Tenant #2 service plan was updated on 7/8/2022 to reflect the history of insomnia.
2. Measures taken to ensure the problem does not recur
 - The Director of Nursing will be re-educated on developing an individualized service plan for each tenant
 - Service Plans will be based on the evaluation, individualized, updated whenever changes are needed and at least annually in accordance with regulation.
3. How the Program plans to monitor performance to ensure compliance
 - The Director of Nursing and/or Nurse Designee will audit tenant service plans at least quarterly to ensure they are following regulatory requirements.
4. The date by which the regulatory insufficiency will be corrected

- The regulatory insufficiency will be corrected on or before July 17, 2022.

Food Service

1. Elements detailing how the Program will correct each regulatory insufficiency
 - Staff D completed her Food Safety and Sanitation annual training on 7/15/2022
2. Measures taken to ensure the problem does not recur
 - All staff who are responsible for food preparation and/or service will receive orientation on sanitation and safe food handling prior to handling food.
 - All staff who are responsible for food preparation and/or service will receive orientation on sanitation and safe food handling annually.
 - If the annual training is not completed by due date, staff will be removed from the schedule until the training is completed.
3. How the Program plans to monitor performance to ensure compliance
 - The Administrator, Dietary Manager, and/or Designee will monitor completion of training.
4. The date by which the regulatory insufficiency will be corrected
 - The regulatory insufficiency will be corrected on or before July 17, 2022.

If you have any questions regarding this plan of correction, please feel free to contact me at 319-632-1350.

Sincerely,
Samantha Gaspar
Executive Director