

## DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0439</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/10/2021</b>	
NAME OF PROVIDER OR SUPPLIER  <b>BOYSON HEIGHTS SENIOR LIVING COMMUNITY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>765 BOYSON ROAD NE CEDAR RAPIDS, IA 52402</b>			
(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	<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: 18 Number of tenants with cognitive disorder: 1</p> <p>TOTAL census of Assisted Living Program: 19</p> <p>There were no regulatory insufficiencies cited during the onsite infection control survey. The following regulatory insufficiencies were cited during the initial certification visit conducted to determine compliance with certification for an Assisted Living Program:</p>	A 000	<p><b>See Attached</b></p> <p><b>POC</b></p> <p><b>1/14/22</b></p>		
A 285	<p>481-67.5(2)f(4) 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>(4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to document treatments on the treatment administration record (TAR) as indicated in the Program's Medication Management Policy. This pertained to 2 of 3 tenants reviewed (Tenants #1 and #3). Findings</p>	A 285			

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 285	<p>Continued From page 1</p> <p>follow:</p> <p>1. Record review on 8-2-21 and 8-3-21 of Tenant #1's file revealed diagnoses included: diabetes mellitus due to underlying condition with diabetic neuropathy.</p> <p>Continued record review revealed a Boyson Heights 24 hr report Sheet document indicated staff provided assistance with applying and removing anti-embolism hose daily for Tenant #1. Documentation of staff assistance with Tenant #1's anti-embolism hose was not completed on a medication administration record (MAR) or TAR.</p> <p>2. Record review on 8-2-21 and 8-3-21 of Tenant #3's file revealed a Nurse Review document dated 8-2-21 reflected Tenant #3 had her right kidney removed and returned from the hospital on 8-1-21. Tenant #3 had a catheter and needed staff assistance with changing, cleaning and emptying the catheter. The service plan dated 8-2-21 reflected staff was to assist Tenant #3 with catheter care and to notify the nurse of any abdominal discomfort or bloating. Documentation of staff assistance with the catheter care for Tenant #3 was not documented on a MAR or TAR.</p> <p>3. Continued record review revealed the Program's Medication Management policy and procedure indicated a MAR or TAR would be used to document medications or treatments that were delegated to the Program.</p> <p>4. When interviewed on 8-10-21 at 4:15 p.m. the Director of Nursing confirmed MARs and TARs were not used to document the anti-embolism hose or catheter care for the tenants listed above. She said Tenant #3's catheter care was</p>	A 285		

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A 285	Continued From page 2  discontinued on 8-9-21 and the anti-embolism hose for Tenant #1 was added to the TAR.	A 285		
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 have the newly hired registered nurse document a review to ensure staff were sufficiently trained in all tasks within 60 days of the nurse's employment. This pertained to 2 of 3 staff reviewed that assisted with medications and treatments (Staff A and C). Findings follow:  1. Record review of the ALP Monitoring Entrance Form indicated the Director of Nursing (DON) was the delegating nurse and her hire date was 4-28-21.  2. Continued record review on 8-2-21 and 8-3-21 of Tenant #3's file revealed a Nurse Review document dated 8-2-21 reflected Tenant #3 had her right kidney removed and returned from the	A 340		

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A 340	<p>Continued From page 3</p> <p>hospital on 8-1-21. Tenant #3 had a catheter and needed staff assistance with changing, cleaning and emptying the catheter. The service plan dated 8-2-21 reflected staff was to assist Tenant #3 with catheter care and to notify the nurse of any abdominal discomfort or bloating.</p> <p>3. Record review on 8-2-21 of Staff A's training documents revealed a hire date of 2-16-21. Staff A was identified by the Program as a staff that administered medications. Staff A's Nurse Delegation Task document reflected tasks were delegated by the DON dated 6-16-21. The checklist did not include nurse delegated training on catheter care.</p> <p>4. Record review on 8-2-21 of Staff C's training documents revealed a hire date of 11-17-20. Staff C was identified by the Program as a staff that administered medications. Staff C's Nurse Delegation Task document reflected tasks were delegated by the DON dated 7-7-21, which was greater than 60 days from the DON's hire date.</p> <p>5. When interviewed on 8-10-21 at 4:15 p.m. and approximately 4:35 p.m. the DON confirmed the most current delegations were provided for the staff above. There were no additional nurse delegations found for Staff A for catheter care. The DON was hired on 4-28-21; however, did not start full time until 5-23-21.</p>	A 340		
A 400	481-67.19(3) Record Checks	A 400		
	67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of			

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A 400	<p>Continued From page 4</p> <p>human services perform child and dependent adult abuse record checks of the person in this state.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review the Program failed to request the Department of Public Safety complete a criminal history background check and the Department of Human Services complete child and dependent adult abuse record checks prior to employment. This pertained to 2 of 5 staff reviewed (Staff B and C). Findings follow:</p> <p>1. Record review on 8-2-21 of Staff B's training documents revealed a hire date of 2-2-21. A Single Contact License &amp; Background Check was completed dated 1-21-21 and included a Criminal History Background Check and sex offender registry check. No results were found for the sex offender registry check and the criminal history check indicated further research was needed initially and it was determined no record was found. A check of child abuse and dependent adult abuse registries was not completed prior to employment.</p> <p>Continued record review revealed a Single Contact License &amp; Background Check was completed dated 3-5-21 and included an Abuse Registries Background Check (child abuse, sex offender and dependent adult abuse registry checks) and a Criminal History Background Check. The check revealed no records were found for the child and dependent adult abuse. Further research was initially indicated for the criminal history background check; however, on 3-5-21, it was completed and no record was</p>	A 400		

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A 400	<p>Continued From page 5</p> <p>found.</p> <p>Further record review revealed an Individual Timecard document indicated Staff B first worked on 2-2-21 from 9:00 a.m. to 1:00 p.m.</p> <p>2. Record review on 8-2-21 of Staff C's training documents revealed a hire date of 11-17-20. A Single Contact License &amp; Background Check was completed dated 10-28-20 and included a Criminal History Background Check and sex offender registry check, which indicated no records were found. A check of child abuse and dependent adult abuse registries was not completed prior to employment.</p> <p>Continued Record review of an Individual Timecard document revealed Staff C first worked on 11-17-20 from 8:15 a.m. to 10:30 a.m.</p> <p>Further record review revealed a Single Contact License &amp; Background Check was completed dated 6-25-21 and included Abuse Registries Background Check (child abuse, sex offender and dependent adult abuse registry check) and a Criminal History Background Check. The check revealed no records were found.</p> <p>3. When interviewed on 8-2-21 at approximately 3:20 p.m. the Executive Director confirmed all background checks for the staff listed above were provided. She said there was a change in management staff and checks were completed again to ensure compliance.</p>	A 400		
A 140	481-69.22(2) Evaluation of Tenant  69.22(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional,	A 140		

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A 140	<p>Continued From page 6</p> <p>cognitive and health status within 30 days of occupancy. 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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete evaluations as needed for 1 of 1 tenant reviewed that was hospitalized in the past three months (Tenant #3). Findings follow:</p> <p>Record review on 8-2-21 and 8-3-21 of Tenant #3's file revealed a Nurse Review document dated 8-2-21 reflected Tenant #3 had her right kidney removed and returned from the hospital on 8-1-21. Tenant #3 had a catheter and needed staff assistance with changing, cleaning and emptying the catheter. There were incision sites on the abdomen and Tenant #3 was educated on cleaning and maintenance of the sites.</p> <p>Continued record review revealed an After Visit Summary indicated Tenant #3 was hospitalized from 7-29-21 to 8-1-21 for a right renal mass.</p> <p>Further record review revealed the service plan dated 8-2-21 reflected staff was to assist Tenant #3 with catheter care and to notify the nurse of any abdominal discomfort or bloating.</p> <p>Continued record review revealed the most recent cognitive, health and functional evaluations were dated 6-14-21. Evaluations were not completed with a change in condition, including Tenant #3's hospitalization, removal of a the right kidney and staff assistance with catheter care</p>	A 140		

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A 140	Continued From page 7  post operative.  When interviewed on 8-10-21 at 4:15 p.m. the Director of Nursing confirmed the most recent evaluations for Tenant #1 were provided.	A 140		
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 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 develop a service plan that was based on evaluations and failed to develop service plans that reflected the service needs of the tenants. This pertained to 3 of 3 tenants reviewed (Tenants #1, #2 and #3). Findings follow:  1. Record record review on 8-2-21 and 8-3-21 of Tenant #1's file revealed diagnoses included: diabetes mellitus due to underlying condition with diabetic neuropathy.  Continued record review revealed a Boyson Heights 24 hr report Sheet document indicated staff provided assistance with applying and removing anti-embolism hose daily for Tenant #1.  Further record review revealed the Health and Functional Assessment dated 5-17-21 reflected	A 350		

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A 350	<p>Continued From page 8</p> <p>Tenant #1 wore anti-embolism hose daily and transferred independently out of her wheelchair.</p> <p>Continued record review revealed the current service plan (undated) did not reflect the use of the wheelchair for Tenant #1 and indicated staff was to ensure she used her walker. The service plan also did not reflect staff assistance with the anti-embolism hose.</p> <p>2. Record review on 8-2-21 and 8-3-21 of Tenant #2's file revealed the Health and Functional Assessment dated 7-13-21 indicated outside services were added. The evaluation indicated Tenant #2 had skin issues to the bottom of the right foot and gastrostomy tube to his abdomen. Services and dressing changes were provided by the outside agency. The evaluation also indicated Tenant #2 was diabetic.</p> <p>Continued record review revealed the service plan most recently signed on 8-3-21 reflected an outside agency provided services; however, the skin issue on Tenant #2's foot was not reflected on the service plan.</p> <p>3. Record review on 8-2-21 and 8-3-21 of Tenant #3's file revealed a Nurse Review document dated 8-2-21 reflected Tenant #3 had her right kidney removed and returned from the hospital on 8-1-21. Tenant #3 had a catheter and needed staff assistance with changing, cleaning and emptying the catheter. There were incision sites on the abdomen and Tenant #3 was educated on cleaning and maintenance of the sites.</p> <p>Continued record review revealed an After Visit Summary indicated Tenant #3 was hospitalized</p>	A 350		

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A 350	<p>Continued From page 9</p> <p>from 7-29-21 to 8-1-21 for a right renal mass.</p> <p>Further record review revealed the service plan dated 8-2-21 reflected staff was to assist Tenant #3 with catheter care and to notify the nurse of any abdominal discomfort or bloating.</p> <p>Continued record review revealed the most recent cognitive, health and functional evaluations were dated 6-14-21. The service plan was updated on 8-2-21; however, the service plan was not based on evaluations.</p> <p>4. When interviewed on 8-10-21 at 4:15 p.m. the Director of Nursing confirmed Tenant #1's service plan did not reflect the wheelchair or anti-embolism hose. She said the area on Tenant #2's foot had healed. The most current service plans for the tenants listed above were provided.</p>	A 350		

On behalf of Boyson Heights Senior Living, I respectfully submit our Plan of Correction for your approval. Our response is specific to the Monitoring Report dated 8/10/2021. 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 conclusions set forth in the statement of insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of state law.

### **Medications**

1. Elements detailing how the Program will correct each regulatory insufficiency
  - The necessary staff assistance with applying and removing anti-embolism hose daily for Tenant #1 was added to the MAR/TAR on 8/4/2021.
  - The catheter for Tenant #3 was discontinued on 8/9/2021.
2. Measures taken to ensure the problem does not recur
  - Director of Nursing and/or Nurse Designee will be re-educated on the Program's written medication policy including proper documentation on MAR/TAR as indicated for physician ordered tasks.
3. How the Program plans to monitor performance to ensure compliance
  - Ongoing internal audits of tenant charts including physician orders will be completed at least quarterly to ensure compliance of tenant evaluations and needs.
4. The date by which the regulatory insufficiency will be corrected
  - The regulatory insufficiency will be corrected on or before January 14<sup>th</sup>, 2022.

### **Staffing**

5. Elements detailing how the Program will correct each regulatory insufficiency
  - Staff A was delegated on 6/16/2021 and Staff C was delegated on 7/8/2021.
  - A new DON started on 9/28/2021. Staff A is no longer employed by the program and Staff C was delegated by current Director of Nursing on 11/9/2021.
6. Measures taken to ensure the problem does not recur
  - The Director of Nursing and Nurse Designee will be re-educated on the Nurse Delegation procedures.
  - All nursing staff will receive delegations within 30 days of hire.
  - A bi-annual skills day will be completed with all nursing staff to satisfy ongoing education requirements.
  - The Director of Nursing or Nurse Designee will complete delegation of staff regarding additional tasks not documented on the original delegation form.
  - Delegations will be completed within 60 days with a change in delegating RN.
7. How the Program plans to monitor performance to ensure compliance
  - Ongoing internal audits of employee files will be completed at least every six months to ensure compliance of staff education requirements.
8. The date by which the regulatory insufficiency will be corrected
  - The regulatory insufficiency will be corrected on or before January 14<sup>th</sup>, 2022.

### **Record Checks**

1. Elements detailing how the Program will correct each regulatory insufficiency
  - Staff B is no longer employed by the program.
  - All staff, prior to hire, will be ran through the Single Contact License & Background Check system for Criminal History, Dependent Adult Abuse Registry, Sex Offender, Child Abuse Registry, Nurses

Aid Registry (when applicable), and Nurse (when applicable). Program will also ensure that all required information/aliases are completed on initial SING record.

2. Measures taken to ensure the problem does not recur
  - Prior to in-ratio shiftwork; Program will audit new hires' employee files to ensure that all necessary documentation is completed and compliant.
3. How the Program plans to monitor performance to ensure compliance
  - Ongoing internal audits of employee files will be completed at least every six months to ensure compliance of staff education requirements.
4. The date by which the regulatory insufficiency will be corrected
  - The regulatory insufficiency will be corrected on or before January 14<sup>th</sup>, 2022.

#### **Evaluation of Tenant**

1. Elements detailing how the Program will correct each regulatory insufficiency
  - Tenant #3 will have a health, function, and cognitive assessment with any significant change of condition.
  - All tenants will have a health, functional, and cognitive status assessment prior to admission, within 30 days of occupancy, and with any significant change of condition noted to have a major decline or improvement in status.
2. Measures taken to ensure the problem does not recur
  - The Director of Health Services and/or RN Designee will be re-educated on regulatory requirements regarding completion Evaluation of a Tenant including significant change in condition.
3. How the Program plans to monitor performance to ensure compliance
  - Ongoing internal audits of tenant charts will be completed at least quarterly to ensure compliance of tenant evaluations.
4. The date by which the regulatory insufficiency will be corrected
  - The regulatory insufficiency will be corrected on or before January 14<sup>th</sup>, 2022.

#### **Service Plans**

5. Elements detailing how the Program will correct each regulatory insufficiency
  - Tenant #1 and Tenant #2 will have service plans designed to meet their specific needs and updated with any changes per evaluation.
  - The Program will develop service plans designed to meet the specific service needs of the individual tenant with updates at least annually and when changes occur.
6. Measures taken to ensure the problem does not recur
  - The Director of Nursing and/or Nurse Designee will be re-educated on regulatory requirements regarding designing the service plan based on evaluation, to meet the individual needs of the tenant.
  - The Director of Nursing and/or Nurse Designee will be re-education regarding updating the service plan at least annually and whenever changes are needed.
7. How the Program plans to monitor performance to ensure compliance
  - Ongoing internal audits of tenant charts will be completed at least quarterly to ensure compliance of tenant evaluations.
8. The date by which the regulatory insufficiency will be corrected
  - The regulatory insufficiency will be corrected on or before January 14<sup>th</sup>, 2022.