

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IAALP447 HFD</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/15/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>CEDAR RIDGE VILLAGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>8950 COACHLIGHT DRIVE WEST DES MOINES, IA 50266</b>		
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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: 4 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 4  TOTAL census of Assisted Living Program: 4  The following regulatory insufficiencies were cited during the initial certification visit conducted to determine compliance with certification of an Assisted Living Program  No regulatory insufficiencies were cited during the on-site infection control survey.	A 000	<b>See Attached</b>  <b>POC</b> <b>11/15/21</b>		
A 145	481-69.22(3) Evaluation of Tenant  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 significant change.  This Requirement is not met as evidenced by: Based on interview and record review the	A 145			

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

TITLE

(X6) DATE

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A 145	Continued From Page 1  Program failed to evaluate a tenant's functional, cognitive, and health status as needed with a significant change in health status to determine any changes to services needed. This pertained to 2 of 4 tenants reviewed (Tenant #1 and Tenant #3). Findings follow:  1. Record review revealed Tenant #1's Functional Assessments dated 4-28-21 and 5-31-21 revealed she administered her medications independently. A Service Plan dated 6-3-21 revealed she required assistance with medication administration. No functional, cognitive, and health assessments could be located for this change in services.  2. Record review revealed Tenant #3's Progress Notes included the following: a. On 7-3-21 noted increased swelling of left lower leg, redness, and warmth. It was noted to be painful to the touch, firm with noted streaking, and required transport to the emergency room for evaluation. b. On 7-3-21 noted a diagnosis of cellulitis and required treatment of antibiotics. c. On 7-9-21 noted elevated heart rate, irregular heart rhythm, and complained of left leg pain, shortness of breath, and fatigue. Emergency services arrived and transported for evaluation. d. On 7-14-21 noted a diagnosis of sepsis and weakness with fluid overload due to heart failure and reported okay to return to the assisted living.  No functional, cognitive, and health assessments could be located following the changes in health status.  On 7-15-21 at 2:12 p.m. the Director of Nursing confirmed these findings.	A 145			

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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 the required assessments and designed to meet the specific service needs of the individual tenant. This pertained to 3 of 4 tenants reviewed (Tenant #1, Tenant #2, and Tenant #3). Findings follow:</p> <p>1. Record review revealed Tenant #1's Functional Assessments dated 4-28-21 and 5-31-21 revealed she administered her medications independently. A Service Plan dated 6-3-21 revealed she required assistance with medication administration. No functional, cognitive, and health assessments could be located for this change in services. The Program failed to update the service plan based on the required assessments.</p> <p>2. Tenant #2's Functional Assessment dated 5-5-21 and 6-5-21 indicated she required no assistance with medication administration. The Service Plan dated 5-5-21 revealed she received assistance with medication administration. The Director of Nursing confirmed she received assistance with medication administration since 5-5-21. The Program failed to base the service plan on the required assessments.</p>	A 350			

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A 350	Continued From Page 3  3. Record review revealed Tenant #3's Progress Notes included the following: a. On 7-3-21 noted increased swelling of left lower leg, redness, and warmth. It was noted to be painful to the touch, firm with noted streaking, and required transport to the emergency room for evaluation.  b. On 7-3-21 noted a diagnosis of cellulitis and required treatment of antibiotics.  c. On 7-9-21 noted elevated heart rate, irregular heart rhythm, and complained of left leg pain, shortness of breath, and fatigue. Emergency services arrived and transported for evaluation.  d. On 7-14-21 noted a diagnosis of sepsis and weakness with fluid overload due to heart failure and reported okay to return to the assisted living.  No functional, cognitive, and health assessments could be located following the changes in health status. The Program failed to update Tenant #3's service plan based on required assessments.  On 7-15-21 at 2:12 p.m. the Director of Nursing confirmed these findings.	A 350			
A 395	481-69.26(4)a Service Plans  69.26(4) The service plan shall be individualized and shall indicate, at a minimum:  a. The tenant's identified needs and preferences for assistance  This Requirement is not met as evidenced by: Based on interview and record review the	A 395			

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A 395	<p>Continued From Page 4</p> <p>Program failed to indicate tenant's identified needs and preference for assistance on service plans. This pertained to 3 of 4 tenants reviewed (Tenant #1, Tenant #2, and Tenant #3). Findings follow:</p> <p>Record review of Tenant files on 7-15-21 revealed the following:</p> <p>1. Tenant #1's Medication Administration Records for June and July 2021 revealed an order for .5 milligrams(mg) of Ativan to be given every 12 hours as needed (PRN) for anxiety. Continued review revealed she received Ativan for anxiety 19 times in June 2021 and 8 times from July 1-15, 2021. The service plan failed to indicate the identified need for PRN medication for anxiety.</p> <p>2. Tenant #2's admission record revealed diagnoses of chronic kidney disease, anemia, obstructive sleep apnea, carpal tunnel syndrome, hypertension, paroxysmal atrial fibrillation, and congestive heart failure. Functional Assessments dated 5-5-21 and 6-5-21 revealed she required no assistance with medication administration, used a CPAP, and had a pacemaker. A Health Assessment dated 5-5-21 revealed she used a CPAP at night due to sleep apnea and received medication for pain PRN. A Health Assessment dated 6-5-21 revealed she required daily weights and needed to elevate her legs. The service plan failed to indicate these identified needs for assistance.</p> <p>3. Tenant #3 Admission Record revealed diagnoses of atrial fibrillation and congestive heart failure. A Health Assessment dated 6-21-21 revealed she had 2 plus edema, an amputated toe that is healing, and chronic pain.</p>	A 395			

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A 395	Continued From Page 5  Progress Notes dated 6-21-21 revealed she required encouragement to elevate legs due to edema in lower extremities; ongoing treatment and daily dressings for 2 amputated toes. Continued review of Progress Notes dated 7-14-21 revealed ongoing edema and need to elevate legs when in bed or chair.  A fax dated 6-24-21 revealed a request to crush medications due to difficulty swallowing the larger pills and noted the physician approved the request on 6-24-21.  The service plan failed to indicate these identified needs for assistance.  4. On 7-15-21 at 2:12 p.m. the Director of Nursing confirmed these findings.	A 395			
A 400	481-67.19(3) Record Checks  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 human services perform child and dependent adult abuse record checks of the person in this state.  This Requirement is not met as evidenced by: Based on interview and record review the Program failed to request a child and dependent adult abuse record check from the department of human services for 1 of 8 staff reviewed (Staff A). Findings follow:  Record review on 7-14-21 revealed Staff A was hired on 3-24-21. A Single Contact License and	A 400			

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A 400	Continued From Page 6  Background check for criminal history was completed 3-18-21 and a Single Contact License and Background check was completed for child and dependent adult abuse on 3-30-21.  On 7-14-21 at 4:33 p.m. the Administrator confirmed these findings.	A 400			

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# Cedar Ridge Village Plan of Correction

A XXX	Who corrected deficiency (include title and date)	Explain specifically how deficiency was corrected	Explain specifically what measures were put in place to ensure deficiency does not happen again	Explain how often QA/Safety reviews for compliance
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**Accept this as the facilities credible allegation of compliance**

A145	The deficiency was corrected by Director of Nursing and Assisted Living Director on 7/15/2021.	Tenant evaluations identified were corrected and an audit was completed of all tenants to ensure compliance. From 30 days of admission, all tenant significant changes have been properly addressed.	Assisted Living Director and/or designee will complete audits monthly for 3 months and then random audits to ensure compliance regarding tenant evaluations for specific service needs. Assisted Living Director and DON have been educated to the requirements of evaluating significant changes. An interdisciplinary inservice was held for the leadership on 11/15/2021 to review the findings.	As part of Cedar Ridge Villages' ongoing commitment to quality assurance the facility Assisted Living Director or designee will report findings to the monthly QAPI committee.
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**Accept this as the facilities credible allegation of compliance**

A350	The deficiency was corrected by Director of Nursing and Assisted Living Director on 7/15/2021.	An audit was completed of all service plans and assessments to capture their individual needs. Moving forward service plans will be designed to meet the specific service needs of the tenants.	Assisted Living Director and/or designee will complete audits monthly for 3 months and then random audits to ensure service plans exhibit required assessments and specific service needs. Assisted Living Director and DON have been educated to the requirements of evaluating significant changes. An interdisciplinary inservice was held for the leadership on 11/15/2021 to review the findings.	As part of Cedar Ridge Villages' ongoing commitment to quality assurance the facility Assisted Living Director or designee will report findings to the QAPI committee.
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**Accept this as the facilities credible allegation of compliance**

# Cedar Ridge Village Plan of Correction

A XXX	Who corrected deficiency (include title and date)	Explain specifically how deficiency was corrected	Explain specifically what measures were put in place to ensure deficiency does not happen again	Explain how often QA/Safety reviews for compliance
A395	The deficiency was corrected by Director of Nursing and Assisted Living Director on 7/15/2021.	An audit was completed of all service plans to capture their individual needs. Moving forward service plans will be designed to meet the specific service needs of the tenants.	Assisted Living Director and/or designee will complete audits monthly for 3 months and then random audits to ensure service plans are individualized. Assisted Living Director and DON have been educated to the requirements of evaluating significant changes. An interdisciplinary inservice was held for the leadership on 11/15/2021 to review the findings.	As part of Cedar Ridge Villages' ongoing commitment to quality assurance the facility Assisted Living Director or designee will report findings to the QAPI committee.
A400	The deficiency was corrected by Director of Human Resources on 7/15/2021.	Background checks for criminal history and dependent adult and child abuse have been completed prior to hire on all staff. Director of Human Resources has been educated to the requirements and an audit of employee files was completed.	Director of Human Resources and/or designee will complete audits monthly for 3 months to ensure compliance. An interdisciplinary inservice was held for the leadership on 11/15/2021 to review the findings.	As part of Cedar Ridge Villages' ongoing commitment to quality assurance the facility Director of Human Resources or designee will report findings to the QAPI committee.