

DEPARTMENT OF INSPECTIONS AND APPEALS

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0463	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/12/2023
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CEDARSTONE SENIOR LIVING

**4715 ALGONQUIN DRIVE
CEDAR FALLS, IA 50613**

(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 for People are defined by the population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive impairment: 25 Number of tenants with cognitive impairment: 4 Total census: 29 The following regulatory insufficiencies were cited during the initial certification visit conducted to determine compliance with certification rules for an Assisted Living Program	A 000	See Attached POC 6/14/23	
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 complete criminal, child, and dependent adult abuse background checks prior to employment for 2 of 7 staff reviewed (Staff B and Staff E). Findings follow: Record review of staff files on 4/11/23 revealed the following: Staff B was hired 3/14/22 and no background	A 400		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

TITLE

(X6) DATE

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A 400	Continued From page 1 check for child and dependent adult abuse could be located. Staff E was hired 6/13/22. A Single Contact License and Background Check was completed 6/14/22. The background check failed to be completed prior to employment. On 4/11/23 at 3:55 p.m. the Director confirmed these findings	A 400		
A 415	481-67.19(3)c Record Checks 67.19(3)c If a person considered for employment has been convicted of a crime. If a person being considered for employment in a program has been convicted of a crime under a law of any state, the department of public safety shall notify the program that upon the request of the program the department of human services will perform an evaluation to determine whether the crime warrants prohibition of the person's employment in the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to request an evaluation from the Department of Health and Human Services (HHS) prior to employment for 1 of 1 staff reviewed with a criminal history (Staff A). Finding follows: Record review of staff files on 4/11/23 revealed the following: Staff A was hired 5/15/22. The Orange Tree Services criminal history check completed 4/14/22 noted a discrepancy and revealed	A 415		

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A 415	Continued From page 2 additional research may be required to complete the background check. A Single Contact License and Background Check completed 6/22/22 revealed a criminal history. The Program requested an evaluation from HHS on 7/1/22. On 4/11/23 at 3:55 p.m. the Director confirmed these findings	A 415		
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 criminal, child, and dependent adult abuse background checks within 30 calendar days of employment for 4 of 7 staff reviewed (Staff A, Staff B, Staff C, and Staff D). Findings follow: Record review of staff files on 4/11/23 revealed the following: Staff A was hired 5/16/22. An Orange Tree Services criminal history background check was completed 4/14/22. Staff B was hired 3/14/22 An Orange Tree Services criminal history background check was completed 1/28/22. Staff C was hired 5/30/22. An Orange Tree	A 430		

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A 430	Continued From page 3 Services criminal history background check was completed 4/10/22. Staff D was hired 5/23/22. An Orange Tree Services criminal history background check was completed 4/19/22. The Program failed to ensure background checks were completed within 30 days of hire. On 4/11/23 at 3:55 p.m. the Director confirmed these findings	A 430		
A 135	481-69.22(1) Evaluation of Tenant 69.22(1) Evaluation prior to occupancy. A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale (GDS) shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to evaluate tenant's cognitive status prior to occupancy for 2 of 3 tenants reviewed (Tenant #2 and Tenant #3). Findings follow:	A 135		

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A 135	Continued From page 4 Record review of tenant files on 4/11/23 revealed the following: 1. Tenant #2 was admitted on 9/15/22. Tenant #2's cognitive assessment was completed on 9/18/22. 2. Tenant #3 was admitted on 8/8/22. Tenant #3's cognitive assessment was completed on 8/16/22. On 4/11/23 at 3:55 p.m. the Director confirmed these findings.	A 135		
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, 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to evaluate tenant's functional, cognitive, and health status within 30 days of occupancy for 2 of 3 tenants reviewed (Tenant #1 and Tenant #3). Findings follow: Record review of tenant files on 4/11/23 revealed the following: 1. Tenant #1 was admitted on 2/3/23. No	A 140		

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A 140	Continued From page 5 functional, cognitive, or health assessments completed within 30 days of occupancy could be located. 2. Tenant #3 was admitted on 8/8/22. No functional or health assessments completed within 30 days of occupancy could be located. On 4/11/23 at 3:55 p.m. the Director confirmed these findings.	A 140		
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 Program failed to evaluate tenant's functional, cognitive, and health status as warranted for 1 of 1 tenants reviewed with a significant change in health status (Tenant #2). Findings follow: Record review on 4/11/23 revealed Tenant #2's	A 145		

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A 145	Continued From page 6 Progress Notes dated 11/2/22, documented a request for the Program to administer her medications. A functional and health assessment was completed 11/2/22. No cognitive assessment could be located for this change in health status. On 4/11/23 at 3:55 p.m. the Director confirmed these findings.	A 145		
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 record review and interviews the Program failed to develop service plans based on required assessments. This affected 3 of 3 tenants reviewed (Tenant #1, Tenant #2 and Tenant #3). Findings follow: Record review of tenant files on 4/11/23 revealed the following: 1. Tenant #1 was admitted on 2/3/23. No functional, cognitive, or health assessments completed within 30 days of occupancy could be located. Tenant #1's service plan failed to be based on the required assessments.	A 350		

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A 350	<p>Continued From page 7</p> <p>2. Tenant #2 was admitted on 9/15/22. The cognitive assessment was completed on 9/18/22. Her Progress Notes dated 11/2/22 revealed a request for the Program to administer her medications. No cognitive assessment could be located for this change in health status. The service plan failed to be based on the required assessments.</p> <p>3. Tenant #3 was admitted on 8/8/22. The cognitive assessment was completed on 8/16/22. The service plan failed to be based on the required assessments.</p> <p>On 4/11/23 at 3:55 p.m. the Director confirmed these findings.</p>	A 350		

CedarStone

A SENIOR LIVING COMMUNITY

AN **ECUMEN** MANAGED LIVING SPACE

Plan of correction related to survey 4/10/23-4/12/23.

Preparation and implementation of the plan of correction should not be construed as an admission of the insufficiencies cited. This plan of correction is prepared solely because it is required under federal or state law.

A000 Correction Date: 06/14/23

A400 481-67.19(3) Record Checks

67.19(3) Requirements for employer prior to employing an individual.

1. Administration completed an audit of all employee records.
2. To ensure continued compliance, all background checks and dependent adult and child abuse checks will be completed prior to employment via SING as tracked on new hire tracker and quarterly audits by People Services or designee.

Correction date: 6/14/23

A415 481-67.19(3)c Record Checks

67.19(3)c If a person considered for employment has been convicted of a crime .

1. Administration completed an audit of all employee records.
2. To ensure continued compliance, community will request an evaluation from Department of Health and Human Services prior to employment as tracked on new hire tracker and quarterly audits by People Services or designee.

Correction date: 6/14/23

A430 481-67.19(4) Record Checks

67.19(4) Validity of background check results.

1. Administration has completed an audit of employee records.

2. Team members were hired in anticipation of pending licensure approval and in preparation of a facility opening date.
3. Background checks are completed within 30 days of hire date, as tracked on new hire tracker and quarterly audits by People Services or designee.

Correction date: 6/14/23

A135 481-69.22(1) Evaluation of Tenant

69.22(1) Evaluation prior to occupancy. Correction date:

1. An audit was initiated 3/20/23 for all current residents to ensure that all residents are in compliance. All resident charts after 3/30/2023 are in compliance.
2. All future residents will receive an evaluation for functional, cognitive, and health status prior to signing the occupancy agreement and taking occupancy of a dwelling unit. Clinical has adopted the procedure of completing all supplemental assessments (BIMS, GDS and Fall) during the initial assessment.
3. This will be audited monthly by Clinical Director or designee.

Correction date: 06/14/23

A140 481-69.22(2) Evaluation of Tenant

69.22(2) Evaluation within 30 days of occupancy.

1. An audit was initiated 3/20/2023 for all current residents to ensure all residents are in compliance. All resident charts after 3/30/2023 are in compliance.
2. All future residents will receive an evaluation for functional, cognitive, and health status within 30 days of occupancy. Clinical has began tracking on paper in addition to software tracking of assessment due dates.
3. This will be audited monthly by Clinical Director or designee.

Correction date: 06/14/23

A145 481-69.22(3) Evaluation of Tenant

69.22(3) Evaluation annually and with significant change.

1. An audit was initiated 3/20/203 for all current residents to ensure all residents are in compliance. All resident charts after 03/30/23 are in compliance.
2. All current and future residents will receive an evaluation for functional, cognitive, and health status with a significant change in health status. Clinical has begun tracking on paper in addition to software tracking of assessment due dates.

3. This will be audited monthly by Clinical Director or designee.

Correction date: 06/14/23

A350 481-69.26(1) Service Plans

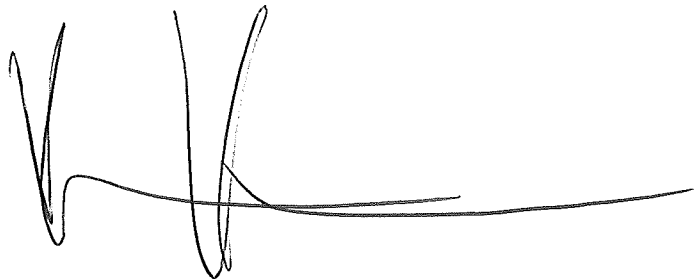
69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant.

1. An audit was initiated 2/27/2023 for all current residents to ensure resident service plans were in compliance and reflected the comprehensive assessments completed. All resident charts are in compliance as of 3/31/2023.

2. All current and future residents will receive a full evaluation for functional, cognitive and health status and service plan created to meet their needs based on this assessment. Clinical to ensure service plan is completed in its entirety prior to move in and adjust with each significant change assessment.

3. This will be audited monthly by Clinical Director or designee.

Correction date: 06/14/23

A handwritten signature in black ink, appearing to be 'Kersten Kleinlein', with a long horizontal line extending to the right.

Kersten Kleinlein, Executive Director

CedarStone Senior Living

319-595-2065