STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALPD366 HFD	A. BUILDING _____ B. WING _____	03/09/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS OF CEDAR RAPIDS	5710 DEAN ROAD SW CEDAR RAPIDS, IA 52404

(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 with Dementia 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 disorder: 4 Number of tenants with cognitive disorder: 8 TOTAL Census of Assisted Living Program for People with Dementia: 12 The recertification visit conducted to determine compliance with certification for a Dedicated Dementia Specific Assisted Living Program resulted in a regulatory insufficiency.	A 000	See attached POC 3/10/20	
A 089	481-69.26(4)a Service Plans 481-69.26(231C) 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 Program failed to develop service plans to reflect the identified needs of the tenants. This pertained to 2 of 3 tenants reviewed (Tenants #2 and #3). Findings follow: 1. Record review on 3-9-20 of Tenant #2's file revealed Tenant #2 was staged at a five on the Global Deterioration Scale (GDS), which indicated moderately severe cognitive decline.	A 089		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 089	Continued From Page 1 A fax to Tenant #2's physician dated 11-26-19 indicated Tenant #2 slid off of his chair in his apartment. No injuries were noted. Continued record review revealed Progress Notes reflected the following: -On 2-17-20 it was noted Tenant #2 fell on 2-15-20. Staff reported per Tenant #2's spouse he slid off of his recliner to the floor. No injuries were reported. -On 3-2-20 it was noted Tenant #2 fell on 3-2-20. Tenant #2 attempted to exit the memory care unit after eating breakfast and was redirected back to his apartment. Tenant #2 lost his balance and fell in the hallway near the double doors leading to the memory care dining room. Tenant #2 hit his head, reported head pain and discomfort. Tenant #2 was transported to the emergency room and returned with no new orders. Further record review revealed Tenant #2's service plan dated 3-3-20 did not reflect a history of falls. 2. Record review on 3-9-20 of Tenant #3's service plan reflected Tenant #3 was staged at a six on the GDS, which indicated severe cognitive decline. A service plan dated 10-1-19 and updated on 10-17-19 reflected Tenant #3 received occupational therapy (OT) services. The service plan was updated again on 11-6-19; however, did not reflect the OT services despite the continuation of the services. Continued record review revealed a Program document reflected OT services were	A 089		

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A 089	Continued From Page 2 discontinued on 12-20-19 with the last day of treatment on 12-26-19. Further record review revealed Progress Notes dated 3-9-20 reflected Tenant #3's spouse passed a month prior. The entry indicated Tenant #3 had been doing well and had not asked about her spouse. Tenant #3's service plan discussed her spouse and doing activities with him. The note indicated Tenant #3 did not need 30 minute checks as reflected on the service plan when Tenant #3's spouse was away. Tenant #3's wandering and exit seeking had decreased since Tenant #3's spouse died. It indicated the service plan would be updated with the changes. Continued record review revealed Tenant #3's service plan signed on 1-21-20 reflected several statements regarding Tenant #3's spouse related to Tenant #3's cares including: when Tenant #3's spouse was away staff were to complete safety checks every 30 minutes and the spouse would notify staff when he was leaving. It also reflected Tenant #3 could leave the memory care unit with her spouse and he ensured her safety. The service plan also reflected Tenant #3 became protective over her spouse and regarding activities she enjoyed being with her spouse. The service plan was updated on 3-9-20 and reflected the death of Tenant #3's spouse. The service plan was not updated until 3-9-20; despite the death of Tenant #3's spouse and changes for Tenant #3's care a month prior. 3. When interviewed on 3-9-20 at approximately 3:35 p.m., 3:58 p.m. and 4:25 p.m. the Nurse revealed Tenant #2's prior service plan had reflected a fall history; however, it was not carried over to the current service plan. The Nurse also reflected OT was reflected on the service plan on	A 089		

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A 089	Continued From Page 3 10-17-19 for Tenant #3; however, it was not carried over to the 11-6-19 service plan. There were no service plan updates prior to the update on 3-9-20 regarding the death of Tenant #3's spouse.	A 089		

DC
5/28/20

✓ 6/1/20

May 18, 2020

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

Dear Ms. Campbell:

On behalf of The Gardens of Cedar Rapids, I respectfully submit our Plan of Correction for your approval. Our response is specific to the Investigation Report dated May 8, 2020. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the alleged insufficiencies or conclusions set forth in the report. The plan of correction is prepared and/or executed solely because it is required by the provision of the law.

Service Plans

1. Elements detailing how the program will correct each regulatory insufficiency.
    - For tenant 2 & 3 the service plans were updated as appropriate.
2. What measure will be taken to ensure the problem does not recur.
    - Nurse education on updating service plans was done on 3/10/2020 and reviewed 4/8/20.
3. How the program plans to monitor performance to ensure compliance.
    - We will audit service plans monthly for 3 months.
4. The date by which the regulatory insufficiency will be corrected.
    - This insufficiency was correct 3/10/2020

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

Sincerely,

Jenna Gardner
Executive Director