DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0366	A. BUILDING: _____ B. WING _____	C 05/18/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS OF CEDAR RAPIDS ALP/D	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: 1 Number of tenants with cognitive disorder: 10 Total census of Assisted Living Program for People with Dementia: 11 The investigation of Complaint #104622-C and the recertification visit conducted to determine compliance with certification for an ALP/D were completed and the following regulatory insufficiencies were cited:	A 000		
A 361	481-67.9(4)f 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: f. Services shall be provided to tenants in accordance with the training provided. This STANDARD is not met as evidenced by: Based on observation, interview and record review the Program failed to ensure services were provided in accordance with the training provided for 1 of 2 tenants observed during a medication pass (Tenant #4). Findings follow: 1. When observed on 5-16-22 at approximately 12:39 p.m. Staff A administered medications to Tenant #4. She removed the oral medications	A 361	The Plan of Correction is attached.	

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and placed them into a medication cup. She handed the cup to Tenant #4. The tenant dropped one of the medications on the floor. Staff A picked up the tablet with a bare hand and placed it into a cup for destruction. Staff A identified the dropped medication as Tylenol. She then took out the Tylenol (spare) and attempted to remove one tablet to replace the tablet dropped and both spare Tylenol tablets went into the medication cup. Staff A, with a bare hand, removed one of the spare tablets and returned it to the medication packaging. The other Tylenol tablet was given to Tenant #4 to consume. There was no hand hygiene observed after Staff A picked up the dropped medication, before administering the new Tylenol tablet or prior to touching the remaining spare tablet (that was placed pack into packaging) with a bare hand.

Review of the medication administration records (MAR) reflected Staff A signed off giving Tylenol Extra Strength 500 mg tablet (two tablets) at 12:00 p.m. There was no notation indicated on the MAR that a Tylenol tablet was dropped and a spare was used.

Review of the Program's Oral Medication Administration training document indicated at the start of the medication pass staff were to wash hands (soap and water or hand sanitizer). The training also indicated to remove the medication from the cassette, put the medication in the medication cup and not to touch the medication with bare hands. The training also indicated to sign off the medication on the MAR that was administered. The dropped medication training included to dispose of the medication, remove the spare medication from the cassette and document on the MAR the medication was dropped and a spare was used.

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A 361	Continued From page 2 Continued record review revealed a Nurse Delegation Task document indicated Staff had training on oral medication administration on 2-14-22. 2. On 5-18-22 at 1:00 p.m. the Director of Nursing said the dropped medication identified as Tylenol could be picked up with a bare hand to be disposed of but then the hand hygiene policy needed to be followed. She expected staff to wash hands (either soap and water or hand sanitizer) prior to continuing the medication pass after picking up the medication from the floor. She confirmed staff should not touch medications to be administered with a bare hand and a medication cup should be used. 3. On 5-18-22 at 1:53 p.m. the Executive Director said hand hygiene should have been completed after picking up the dropped medication and starting a new medication pass process. The medication placed back into the cassette (spare) was destroyed.	A 361		
A 106	231C.5 1 Occupancy Agreement 231C.5 Written occupancy agreement required. 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	A 106		

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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.

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 related to the security deposit for 2 of 2 discharged tenants reviewed (Tenant C1 and C2). Findings follow:

1. Review of Tenant C1's file on 5-12-22 revealed Tenant C1 was admitted to the ALP/D (assisted living program for people with dementia) on 10-7-20. He fell and sustained a fracture while in the program and went to the hospital on 12-21-20. Post hospitalization Tenant C1 was admitted to the attached nursing facility (NF) on 12-30-20. His apartment was held, however he did not return to the ALP/D post hospitalization and was discharged on 2-12-21.

Continued record review revealed an Occupancy Agreement was signed on 10-2-20 (commencement date 10-7-20). 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

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restore the apartment to its original condition (of time of Occupancy Agreement) and to recover expenses if a tenant did not vacate the apartment.

A Refund Authorization form indicated the last day of Tenant C1's occupancy was 2-12-21 and $1485.32 of the $1500.00 security deposit was owed to the program.

A review of billing statements, the Occupancy Agreement, the Admission Application Tenant C1's file indicated the following:
- Tenant C1 was in the NF prior to his admission to the ALP/D. NF billing records indicated he was charged $1325.00 (5 days x 265.00 per day 10-2-20 to 10-6-20).
- Tenant C1 was admitted to the ALP/D on 10-7-20. He paid $8200.00 ($6700.00 for rent and $1500.00 non-refundable community fee). A security deposit of $1500.00 was also paid separate from the $8200.00 payment.
- An $8200.00 payment as noted above was applied to the charges for the nursing facility and not to the ALP/D charges. The nursing facility charges were $1325.00 for the five days prior to Tenant C1's admission to the ALP/D (10-2-20 to 10-6-20). That left a surplus of $6875.00 ($8200.00-$1325.00=$6875.00) on the nursing facility side.
- The November 2020 ALP/D bill provided by Tenant C1's family showed no outstanding balance. Rent was charged at $6700.00 and the amount due was $6700.00.
- The December 2020 bill showed a forwarding balance of $5403.28, despite no outstanding balance shown on the November 2020 bill. Rent was charged at $6700.00, the forwarding balance of $5403.28 and the total due was $12,103.28. There were no credits shown on the December

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bill.
- The January 2021 bill provided by Tenant's C1's family showed a forwarding balance of $5403.28 and a total balance of $12,303.28. The January 2021 bill provided by the Program did not show an outstanding balance and the total due of $6900.00. The bills both showed a charge of $6900.00 for rent. There were no credits on the bills.
- The February 2021 bill provided by the ALP/D showed a forwarding balance of $5403.28, a charge for $6900.00 (rent) and a total balance of $12,303.28.
- A February 2021 NF bill showed a charge of $5500.00 for nursing care charge (20 days x 275.00 per day) a payment of $5428.28 (AL February payment applied to nursing care charges) and a balance owed of $71.72. The bill also reflected NF charges due for March 2021.

A review of transaction history statements (ALP/D and NF) indicated the following:
- October 2020 a charge of $5403.28, ALP/D rent 10-7-20 through 10-31-20 (25 days x $216.12) with no credits applied.
- November 2020 a charge of $6700.00 was applied to the existing charges ($5403.28) and balance of $12,103.28 was provided. A credit (payment) was applied of $6700.00.
- December 2020 charges totaled $6700.00 (room hold and memory care room). After credit (payment) of $6700.00, a balance of $5403.28 remained.
- A transfer occurred on 12-21-20 of $6875.00 (credit from the $8200.00 less the $1325.00 in October 2020 when it was applied to the NF and not the ALP/D). A surplus of $1471.72 was noted ($6875.00 credit applied, balance was $5403.28 = $1471.72 surplus).
- January 2021 a charge of $6900.00 was

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applied to the surplus of $1471.72 and a balance of $5428.28 remained. A payment of $6900.00 was received. A surplus of $1471.72 was noted ($6900.00 payment applied, balance of $5428.28 = $1471.72 surplus).

- February 2021 a charge of $2957.04 was applied (ALP/D room hold). The transaction history indicated a surplus of $1471.72 and a charge of $2957.04, which left $1485.32. A credit was applied on 5-4-21 of $1485.32 which was noted as the ALP/D security deposit. This $2957.04 charge was not located on the February 2021 billing statement and was only located on the transaction history. The Program could not provide March or April 2021 statements for the ALP/D.
- The February 2021 payment received ($5428.28) was applied as a credit for the NF fees for February 2021. The NF fees were $5500.00 (20 days x $275.00) and an additional $71.72 was due and paid.
- The 5-25-21 NF statement reflected a credit of $14.68 (security deposit ALP/D). Amount due after application of the credit to the ALP/D room hold ($1500.00-1485.32 = $14.68).

A bill was not provided that indicated the amount due for the ALP/D room hold for the 12 days ($2957.04) and none of the October through February ALP/D bills reflected the $1325.00 the Program charged for NF fees that was removed from initial the $8200.00 paid for the ALP/D rent and fees. Additionally, the monthly invoices/statements did not reflect the charges, credits and balances listed on the transaction histories provided.

When interviewed on 5-10-22 at 5:08 p.m. and 5-17-22 at 12:45 p.m. Tenant C1's legal representative indicated she have not received

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written documentation related to the withholding of the security deposit funds and the bills received did not reflect the credits indicated on the ledgers provided by the Program. At the time of the interview she had not received a written explanation related to the security deposit withheld for Tenant C1.

On 5-18-22 at 1:53 p.m. the Executive Director indicated the amount Tenant C1 owed was from 2-1-21 to 2-12-21 for the February ALP/D room hold ($246.42 x 12 days). The security deposit from the ALP/D was used to cover the remaining balance owed from the ALP/D room hold for February as that money was credited to the NF charges for February. The ALP/D room hold was a separate charge as the room could not be rented during the time it was held. The amount left from the security deposit was applied to NF and a refund was issued. She said a written document was not provided to Tenant C1's family regarding the withholding of security deposit funds, outside of the occupancy agreement.

In summary, it was determined there was an outstanding balance owed for an ALP/D room hold in February 2021. A monthly bill was not provided related to the ALP/D room hold charges; however, the charges appeared on the transaction history provided. The ALP/D security deposit was used to cover the remaining amount owed and was applied on 5-4-21, which was more than 30 days from discharge and termination of the occupancy agreement. A credit of $14.68 remained and was applied to the NF account. The security deposit was utilized to remedy funds owed to the Program, per the occupancy agreement. Neither Tenant C1 or his legal representative received written documentation that provided an explanation for

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the funds withheld as required by the occupancy agreement.

2. Review of Tenant C2's file on 5-12-22 revealed Tenant C2 was admitted on 2-3-21 and discharged on 2-24-21. Tenant C2 transferred to the attached NF.

An Occupancy Agreement was signed 2-3-21. 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.

A Refund Authorization form indicated Tenant C2's apartment was in good condition upon move out. The $1500.00 security deposit would be transferred in full to the NF account.

The transaction history document reflected a $1500.00 credit was applied on 5-4-21 and it was indicated as ALP/D security deposit.

When interviewed on 5-18-22 at 1:53 p.m. the Executive Director indicated no funds were withheld from the security deposit for Tenant C2 and it was applied to the NF. She said there was no written documentation provided for Tenant C2 or Tenant C2's legal representative regarding the security deposit being applied to the NF.

In summary, Tenant C2 was discharged on 2-23-21. A credit of his security deposit was applied to his nursing facility account on 5-4-21, more than 30 days after his discharge and termination of the occupancy agreement. Additionally, there was no written documentation provided to Tenant C2 or Tenant C2's legal

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A 106	Continued From page 9 representative regarding security deposit amount and where it would be applied if not returned.	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 3 current tenants reviewed (Tenants #2 and #3) and 1 of 2 discharged tenants reviewed (Tenant C2). Findings follow: 1. Review of Tenant #2's file on 5-11-22 and 5-12-22 revealed the Order Summary Report reflected the following orders: - Gently irrigate tooth extraction sites after each meal using a plastic syringe and clean water, beginning on 5-3-22. It was ordered 4-29-22 to start on 5-3-22. - Rinse mouth with warm salt water, five times per day after oral surgery. Rinse and spit out salt water. It was ordered 4-29-22 to start on 5-2-22. Continued record review revealed Progress Notes indicated an entry was recorded on 4-9-22 and the next entry was 5-11-22. Nurse's notes were not completed related to the new orders and	A 290		

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A 290	Continued From page 10 oral surgery procedure as indicated above. 2. Review of Tenant #3's file on 5-12-22 revealed a Progress Note dated 5-2-22 indicating an x-ray was ordered for the right hip and pelvis due to a fall that day. Review of Progress Notes provided indicated nurse's notes were not documented by exception related to the results of the x-rays completed on 5-2-22 and if any new orders were received. 3. Review of Tenant C2's file on 5-12-22 revealed Tenant C2 was admitted on 2-3-21 and was discharged on 2-24-21. Progress Notes indicated the following: - On 2-8-21 (late entry) Tenant C2 was found on the floor by staff at 6:25 a.m. He had a skin tear on his left wrist and right elbow. Tenant C2 was not wearing gripper socks and lost his balance. The late entry was created on 2-15-21 (7 days late). - On 2-9-21 (late entry) Tenant C2 returned from the hospital with his family late on 2-8-21. Family took him to the emergency room to have his elbow checked. The late entry was created on 2-16-21 (7 days late). - On 2-22-21 it was noted Tenant C2 was had a large amount of blood in the toilet, on the floor and bed. He had bladder cancer and it was not abnormal but it more than usual. The last entry in Progress Notes was dated 2-22-21 and a nurse's note was not completed related to the date or reason for Tenant C2's discharge on 2-24-21. Nurse's notes were not documented by exception for Tenant C2, including timely documentation of entries and a discharge note.	A 290		

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A 290	Continued From page 11 4. 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.	A 290		
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 develop service plans based on evaluations and identified needs of tenants for 3 of 3 tenants reviewed (Tenants #1, #2 and #3). Findings follow: 1. Review of Tenant #1's file on 5-11-22 and 5-12-22 revealed an Order Summary Report indicating the following orders: - Voltaren Gel 1% to be applied to areas of pain (shoulders) twice daily. - Menthol Zinc Oxide ointment to be applied to the perineal area three times daily. Continued record review revealed the April and May 2022 medication administration records reflected consistent refusals of the scheduled Voltaren Gel and the scheduled Menthol Zinc Oxide treatments. Tenant #1's service plan reflected staff	A 350		

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administered her medications. The service plan did not reflect the shoulder pain or skin issue as noted above, the treatments ordered or refusals of the treatments.

2. Review of Tenant #2's file on 5-11-22 and 5-12-22 revealed a Health and Functional Assessment dated 2-22-22 was completed for a worsened cough and additional assistance with transfers. Tenant #2 needed assistance of one person for transfers and ambulation. She occasionally needed the assistance of two people due to lower extremity weakness.

Tenant #2's service plan reflected she was a stand by assistance of one person and required the use of a gait belt for transfers. The service plan did not reflect Tenant #2 occasionally needed the assistance of two people for transfers as indicated in the evaluation.

3. Review of Tenant #3's file on 5-12-22 revealed a diagnosis of dementia without behavioral disturbance. Tenant #3 was staged at a five on the Global Deterioration Scale, which indicated moderate cognitive decline. A Nurse Review document (effective date) 5-6-22 reflected the assessment was completed related to the staff reports of a "romantic interest" in another tenant. The interactions included hand holding and attempts for "pecks" on the cheek or lips. A sexual consent assessment tool was completed and it was determined Tenant #3 was not able to consent. Family was updated regarding the relationship. Family was okay with hand holding and kissing on the check but did not want her to be in sexual relationship. The service plan was updated related to reflect the relationship. A nurse review was completed; however, cognitive and functional evaluations were not completed when

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0366	A. BUILDING: _____ B. WING _____	C 05/18/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS OF CEDAR RAPIDS ALP/D	**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 350	Continued From page 13 the relationship was noted. The service plan was updated to reflect the relationship Tenant #3 had with another tenant; however, the service plan was not based on evaluations. 4. When interviewed on 5-18-22 at 1:00 p.m. the Director of Nursing confirmed the all current service plans for the tenants listed above were provided.	A 350		

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 Dementia Specific Assisted Living Program 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 05/11/2022 through 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.

Staffing

1. Elements detailing how the program will correct each regulatory insufficiency
    - Tenants shall be provided services in accordance with the training provided via delegations. The Director of Nursing has completed re-delegation regarding medication administration including but not limited to hand hygiene and process of dropped medications with Staff A as of 5/25/2022
2. Measures taken to ensure the problem does not recur
    - All staff will receive delegations according to the services to be provided within 30 days of initial employment or as needed.
    - All staff who provide medication administration will complete an approved medication manager course and receive delegations by the RN prior to administering any medications and ongoing as needed.
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.
    - Ongoing education will be provided at least annually regarding medication administration policies and procedures.
4. The date by which the regulatory insufficiency will be corrected
    - The regulatory insufficiency will be corrected on or before July 17, 2022.

Occupancy Agreement

1. Elements detailing how the Program will correct each regulatory insufficiency
    a. Tenant C1 and C2 no longer reside 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.

ok 7/1/22

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 #2 will have documentation of health professional orders and nurses' notes written by exception per regulation including but not limited to oral surgery procedures.
    - Tenant #3 will have documentation of health professional orders and nurses' notes written by exception per regulation including but not limited to imaging results and any necessary follow up.
    - 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 5/26/2022 to reflect the refusal of treatment, skin issues, should pain, and treatments ordered.
    - Tenant #2 was reassessed on 5/23/2022, nurse noted no need for assist of 2 transfers by staff, service plan updated to reflect assessment on 5/23/22
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.

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