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 12/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS OF CEDAR RAPIDS MEMORY CARE	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 impairment: 2 Number of tenants with cognitive impairment: 9 Total census: 11 The following regulatory insufficiencies were cited during the investigation of Complaint #113616-C:	A 000	See Attached POC 3/26/24	
A 200	481-67.4(1)a(2) Program Notification to Department 481-67.4(231B,231C,231D) Program notification to the department. The director or the director's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available: 67.4(1) Of any accident causing major injury. For the purposes of this rule, "major injury" shall also mean a substantial injury. a. "Major injury" shall be defined as any injury which: (2) Requires admission to a higher level of care for treatment, other than for observation This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to report a fall with fracture to the Department. This pertained to 1 of 1 discharged	A 200		

The Gardens of Cedar Rapids ALP-D Plan of Correction

Re: Findings during Investigation of Complaint that occurred 12/4/23-12/6/23

1. **A200 Program Notification to Department**
    1. It was determined that a failure to notify occurred due to multiple transitions to and from different levels of care without adequate communication between departments.
        a. All Incident Reports will be sent to clinical consultants for review.
        b. Training provided to Director of Nursing and Administrator to notify their clinical consultant of all transitions to and from the hospital 3/22/24.
        c. Executive Director and Director of Nursing completed incident reporting training provided by nurse consultants 3/22/24.
        d. The Director of Nursing will keep a record of those who require assistance with transfers and ambulation by staff to support timely reporting. This list will be provided to the Executive Director and available to both AL nurses and the on-call nurse updated with significant changes and reviewed monthly, at minimum.
2. **A365 Staffing**
    1. It was determined that the universal worker did not communicate in writing changes in a tenant's condition.
        a. Provided all universal workers with re-education on 3/22/24, 3/25/24 and 3/26/24 on when they should use the iCAL communication tool to notify the nurse of changes with tenants.
        b. ICAL communication sheets are readily available in the Dementia unit for ease of use- verified 3/21/24.
3. **A395 Service Plans**
    1. It was determined that the tenant's identified needs and services were not adequately reflected in their service plan. The following changes were made:
        a. Provide two safety check options in the service plan library for ease of use and direction clarity.
            1. Routine safety checks at specified intervals
            2. Safety checks as needed as determined by the nurse when the need arises for a specified duration and frequency.
        b. Using flow sheets for documentation of safety checks. Staff education provided on flowsheets. Long-term improvement project to transition safety checks into EHR after staff exhibit competency in using POC module for documentation in PCC.
        c. Provide re-education on the identification of tenant health history on the service plan on admission and with significant changes, completed 3/22/24 with program nurses by nurse consultants.
        d. Audit service plans in ALP-D to ensure health history is appropriately identified for each tenant and add discretionary changes as appropriate, completed 3/22/24.

e. DON and ADON to Initiate use of communication tab in PointClickCare to track items that require follow-up such as infections, ER visits/hospitalizations, new orders/medication changes, falls for the last 7 days, those with therapy, those on hospice. System in place and being utilized effective 3/26/24.

4. A430 Nurse Review

1. It was determined that reviews were not completed for timely follow-up on tenant changes.

    a. PIP started on 12/8/2023 and reeducation was implemented for ADON who was unable to improve performance and was eventually terminated on 1/9/2024.
    b. Initiate use of the communication tab in PointClickCare to track items that require follow-up such as infections, ER visits/hospitalizations, new orders/medication changes, falls for the last 7 days, those with therapy, those on hospice. System in place and being utilized effective 3/26/24.
    c. Clinical consultant provided re-education to Director of Nursing and Assistant Director of Nursing on when it is appropriate to conduct a nurse review on 3/22/24.