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 _____	03/17/2025

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: 0 Number of tenants with cognitive impairment: 11 Total census: 11 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of a Dedicated Dementia Specific Assisted Living Program:	A 000	see attached POC	
A 150	481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to follow its policy and procedure related to medication management. This pertained to 1 of 3 current tenants reviewed (Tenant #3). Findings follow: 1. Review of Tenant #3's file on 3/13/25 and 3/14/25 revealed an order for Tubigrips to both lower legs once per day for edema to be applied and removed per schedule. The tenant's October through December 2024 and February through March 2025 medication	A 150		

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A 150	Continued From page 1 administration records (MARs) reflected the order for Tubigrips for bilateral lower extremities to be put on at 7:00 a.m. and removed at 8:00 p.m. - In October 2024 on 10/4/24, 10/17/24, 10/26/24 and 10/30/24 at 8:00 p.m. the tubigrips were not documented as removed and staff documented a numeric code of 9, which indicated other/see progress notes. - In November 2024 on 11/1/24, 11/15/24, and 11/29/24 at 8:00 p.m. the tubigrips were not documented as removed and staff documented a numeric code of 9, which indicated other/see progress notes. - In December 2024 on 12/2/24, 12/8/24, 12/16/24, 12/17/24, 12/20/24, 12/21/24, 12/22/24 and 12/25/24 at 8:00 p.m. the tubigrips were not documented as removed and staff documented a numeric code of 9, which indicated other/see progress notes. - In February 2025 on 2/10/25, 2/13/25 and 2/21/25 at 8:00 p.m. the tubigrips were not documented as removed and staff documented a numeric code of 9, which indicated other/see progress notes. - In March 2025 on 3/2/25 at 8:00 p.m. the tubigrips were not documented as removed and staff documented a numeric code of 9, which indicated other/see progress notes. Review of Progress Notes (administration notes) indicated the following: - On 10/17/24 it was noted the tubigrips were either already taken off or they were not put on. - On 10/16/24 it was noted the tubigrips were already off. - On 10/30/24 it was noted the tubigrips were not put on that morning. - On 11/1/24 it was noted the tubigrips were off. - On 11/8/24, 11/15/24 and 11/29/24 it was noted Tenant #3 was not wearing the tubigrips.	A 150		

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A 150	Continued From page 2 - On 12/2/24, 12/8/24, 12/16/24, 12/17/24, 12/21/24, 12/22/24 and 12/25/24 it was noted Tenant #3 did not have his tubigrips on or was not wearing them. - On 2/10/25 it was noted Tenant #3 was not wearing the tubigrips. - On 2/13/25 it was noted first shift staff did not put the tubigrips on that day. - On 2/21/25 it was noted Tenant #3 did not have his tubigrips on that morning. - On 3/3/25 it was noted Tenant #3 was not wearing his tubigrips. 2. Review of the November and December 2024 MARs reflected an order for Xarelto oral tablet 15 milligram (mg), in the evening for blood thinner. It was charted as not administered on 11/8/24 and 12/5/24 and staff documented a numeric code of 9, which indicated other/see progress notes. The Progress Notes indicated on 11/8/24 and 12/5/24 the medication was not available to administer. 3. The Program's policy and procedure for medication management indicated when medications were administered by the Program, medications and treatments would be administered as prescribed and would be documented on the MAR or treatment administration record (TAR). 4. When interviewed on 3/17/25 at 11:45 a.m. the Assisted Living Director said sometimes Tenant #3 would take off his tubigrips and he also rolled them down and staff would then remove them. She confirmed all MARs were provided for the tenants reviewed.	A 150		
A 435	481-67.19(5) Record Checks	A 435		

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A 435	Continued From page 3 67.19(5) Employment prohibition. A person who has committed a crime or has a record of founded child or dependent adult abuse shall not be employed in a program unless an evaluation has been performed by the department of human services. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to obtain an evaluation from the Department of Health and Human Services (DHHS) prior to hire for 1 of 1 staff reviewed with a history of child abuse (Staff A). Findings include: Findings follow 1. Review of Staff A's file on 3/12/25 revealed a hire date of 5/2/24. A Single Contact License & Background Check (SING) form was completed on 4/29/24. The child abuse results indicated to initiate the record check evaluation process by submitting the appropriate form to DHHS. A partially completed Record Check Evaluation form dated 4/29/24 was located in Staff A's employee file. Staff A indicated a prior record check evaluation had been completed giving her approval to work at a different agency. An Evaluation Determination/Notice of Decision form related to the Record Check Evaluation Form dated 4/29/24 could not be located. On 3/12/25 the Program completed a new background check for Staff A and the background check returned with no results for the Abuse Registries Background Check. 2. When interviewed on 3/17/25 at 11:33 a.m. the Chief Nursing Officer and partner with the management company confirmed there was not a	A 435		

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A 435	Continued From page 4 determination evaluation for Staff A at the time of hire. She said a new background check was completed during the recertification visit and returned without further research required in any category. She spoke with a person at the Iowa Department of Health and Human Services who said the child abuse record could have fallen off of the registry.	A 435		
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 Program failed to develop service plans that reflected the identified needs of the tenants. This pertained to 2 of 3 current tenants reviewed (Tenant #1 and Tenant #3). Findings follow: 1. Review of Tenant #1's file on 3/13/25 and 3/17/25 revealed she received hospice services. The service plan reflected Tenant #1 had hospice nursing visits once per week and hospice aide visits two to three times per week. The tenant utilized a hospital bed, however the bed was not included in her service plan. When interviewed on 3/17/25 at 11:45 a.m. the Assisted Living Director confirmed Tenant #1's service plan did not reflect the use of a hospital bed.	A 395		

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A 395	Continued From page 5 2. Review of Tenant #3's file review on 3/13/25 and 3/17/25 revealed an order for tubigrips to be applied to the bilateral lower extremities once per day for edema. The October through December 2024 and January through March 2025 medication administration records (MARs) reflected the order for tubigrips to be applied to bilateral lower extremities at 7:00 a.m. and removed at 8:00 p.m. The MARs from October 2024 to March 2025 reflected 19 times the tubigrips were not removed at 8:00 p.m. Progress Notes from October 2024 to March 2025 reflected the tubigrips were not removed either due to him not wearing them, first shift not applying them or they were already removed. When interviewed on 3/17/25 at 11:45 a.m. the Assisted Living Director said sometimes Tenant #3 would take off his tubigrips and he also rolled them down and staff would then remove them. Tenant #3's service plan reflected he had lower extremity swelling and he wore tubigrips. Staff assisted with applying the stockings every morning and removing at bedtime. The service plan did not reflect Tenant #3 would at times remove them or roll them down. 3. When interviewed on 3/17/25 at 11:45 a.m. the Assisted Living Director confirmed all service plans were provided for the tenants reviewed.	A 395		

The Gardens of Cedar Rapids ALP-D Plan of Correction

Re: Findings during the Recertification Visit that occurred 3/12/25 to 3/17/25

1. **A150 Program Policies and Procedures**
    A. It was determined that the medications and treatments were not provided as ordered by the physician.
        1. The practice for order entry of non-pharmacy items with multiple times will be updated; any such items will be entered with separate orders for each administration time with additional instructions added for clarity of what to document when unable to administer order/treatments.
        2. Medication aides to receive re-education and training on when to use communication forms and the process for incident reporting on 4/15/25.
        3. Incident reporting and use of communication forms added to delegations checklist in order to provide 1:1 education with the Registered Nurse along with regular training of new hires starting 4/10/25.

2. **A435 Record Checks**
    A. It was determined that the program failed to ensure an appropriate background check and DHS clearance to work was completed prior to hire.
        1. Provided re-education on background check requirements to staff responsible for hiring on 3/17/25.
        2. Starting 4/15/25, the hiring manager will utilize the hiring checklist to ensure that all required background checks are complete with signature and date. The Executive Director of the program will then review the documentation to double-check all required checks are complete and sign and date the checklist. Both parties will sign the checklist prior to offering employment to an applicant.

3. **A395 Service Plans**
    A. It was determined that the tenant's identified needs and services were not adequately reflected in their service plan.
        1. Training provided to Director of Nursing and Assistant Director of Nursing regarding appropriate identification of assistive devices and identification of tenant refusal of treatments/medications on the service plan on 4/9/25.
        2. Medication aides and universal workers to receive re-education and training on when to use communication forms and the process for incident reporting on 4/15/25.
        3. Incident reporting and use of communication forms added to the Delegations checklist to provide 1:1 education with the Registered Nurse along with regular training of new hires starting 4/10/25.
        4. Process for reviewing hospice care plans updated to include signatures and dates by nursing staff to indicate appropriate updates to the service plan are completed and documented.