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
	S0389	A. BUILDING: _____ B. WING _____	11/28/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEYSTONE CEDARS ALP	6325 ROCKWELL DRIVE NE CEDAR RAPIDS, IA 52402

(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 are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive disorder: 56 Number of tenants with cognitive disorder: 8 TOTAL census of Assisted Living Program: 64 An initial certification visit conducted to determine compliance with certification for an Assisted Living Program resulted in a regulatory insufficiency.	A 000	See attached PK 2/8/19	
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 tenants' identified needs and preferences for assistance. This pertained to 4 of 6 tenants reviewed (Tenants #1, #2, #3, and #6). Findings follow: 1. Record review on 11-28-18 of Tenant #1's file revealed a diagnosis of Parkinson's disease. Observations (nurse's notes) revealed the	A 089		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 089	Continued From page 1 following: a. On 11-25-18 it was noted on 11-23-18 at approximately 8:30 p.m. Tenant #1 fell walking back to her bed from the bathroom. Tenant #1 fell face forward, hit her head on the side of the bed, and sustained a deep cut on her head. Tenant #1 was taken to the hospital via ambulance and returned that night with sutures. b. On 11-26-18 it was noted Tenant #1 had three falls in 90 days. On 11-1-18 staff found Tenant #1 on the floor after she paged for assistance and no injuries were sustained. Tenant #1 fell early in the morning on 11-9-18 and did not sustain any injuries. Tenant #1 fell on 11-23-18 when walking back from the bathroom carrying a package of protective undergarments. Tenant #1 tripped on the divider between the bathroom and carpet in the bedroom. Tenant #1's fell face forward and hit her head on the side of the bed and box spring mattress. Tenant #1 sustained a "gash" to the forehead/head (approximately 11 centimeters) and required the placement of 17 sutures. Review of the service plan revealed the service plan did not reflect Tenant #1's history of falls and interventions. When interviewed on 11-28-18 at approximately 1:25 p.m. and 1:55 p.m. the Director of Health and Wellness revealed interventions for Tenant #1's falls included: safety checks hourly, staff offered assistance to set out clothes and provided assistance with rinsing compression stockings. 2. Record review on 11-28-18 of Tenant #2's file revealed Observations (nurse's notes) dated 11-26-18 revealed Tenant #1's sore on the middle bridge of the nose resolved. Tenant #2 had a	A 089		

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A 089	Continued From page 2 small pink spot but it was closed. Tenant #2 had two smaller areas on the side of the nose and a sore on the chin. Tenant #2 went to the doctor and staff had began to apply Gloves in a Bottle lotion to her face to help with dry skin and picking. The medication administration record (MAR) and service plan were updated. A physician's order, received 11-20-18, directed to apply a thin layer of Gloves in Bottle lotion to her face, three times daily, for dry skin. Review of Tenant #2's service plan, updated 11-26-18, reflected Tenant #2 had a habit of picking at her face which caused sores to occur on her nose and chin. Staff was to encourage Tenant #2 not to pick at her face and notify nursing if areas became inflamed, red, or bled. The service plan failed to reflect the use of the Gloves in a Bottle lotion, to be applied three times per day to for dry skin. When interviewed on 11-28-18 at approximately 1:25 p.m. and 1:55 p.m. the Director of Health and Wellness revealed Tenant #2's Gloves in a Bottle treatment was reflected on the MAR. 3. Record review of Tenant #3's file on 11-28-18 revealed Observations (nurse's notes) dated 11-16-18 revealed Tenant #3 had a history of falls, including multiple falls in the past 90 days. Tenant #3 fell on 8-23-18, 9-1-18, 9-23-18, 9-24-18 and 10-26-18. Tenant #3's falls occurred either in his bathroom, living room (majority of the time), or bedroom. Review of Tenant #3's service plan revealed the service plan failed to reflect Tenant #3's history of falls and interventions.	A 089		

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A 089	Continued From page 3 4. Record review of Tenant #6's file revealed a 90 Day Assessment, dated 11-6-18, indicated on 8-27-18 Tenant #6 was diagnosed with a yeast infection, which resolved with antibiotic therapy. The assessment indicated Tenant #6 had a history of yeast infections. It also indicated on 10-8-18 Tenant #6 had an unresponsive episode, appeared to be sleeping, and did not respond to verbal or tactile stimuli. After a short time Tenant #6 awoke and returned to her baseline. Tenant #6 had a history of unresponsive episodes. A document provided by the Program indicted the service plan was updated in the computer system to reflect yeast infections and treatment as they occurred on 7-31-18 to 8-17-18 and 8-27-18 to 9-4-18. The paper service plan failed to reflect a history of the yeast infections, once the current infection was resolved and removed from the service plan. The service plan also failed to reflect Tenant #6's history of unresponsive episodes.	A 089		

Keystone Cedars

Assisted Living Residence

1/30/19 OK 1/29/19

HEALTH F

JAN 28 2019

January 11, 2019

To: Iowa Department of Inspections & Appeals
Health Facilities Division - Adult Service Bureau
Attention: Linda Kellen
Lucas State Office Building-Third Floor
321 East 12th Street
Des Moines, IA 50319- 0083

Dear Linda:
On behalf of Keystone Cedars in Cedar Rapids, Iowa, I respectfully submit our Plan of Correction for your approval. Our response is specific to the Final Recertification Monitoring Evaluation completed by the DIA on November 28, 2018. Preparation and/ or execution of this plan of correction does not constitute admission or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and /or executed solely because it is required by the provision of the state law.

Alleged Regulatory Insufficiency- 481-69.26(4) Service Plans

1. Elements detailing how the Program will correct each regulatory insufficiency.

   - *Resident Service Plans will reflect the needs, desires and history of the tenant. Service Plans will identify prior medical conditions which may have propensity to recur.*

2. What measures will be taken to ensure the problem does not recur?

   - *Nursing staff will receive educational trainings, specific to developing service plans which will include identification of prior medical conditions which may have propensity to recur.*

3. How the Program plans to monitor performance to ensure compliance.

   - *All resident Service Plans will be audited by the Director of Health and Wellness to ensure they reflect the needs, desires and history of the tenant.*

4. The date by which the regulatory insufficiency will be corrected.

   - *The staff retraining and audit of resident service places will be completed by by February 8, 2019.*

If you have any questions regarding this plan of correction, please feel free to contact me at 319-393-9500.

JAN 28 2019

Sincerely,

Lisa Cleland

Lisa Cleland
Executive Director
Keystone Cedars Assisted Living
6325 Rockwell Drive, NE
Cedar Rapids, IA 52402
W) 319-393-9500
C) 319-361-8221