STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0400	A. BUILDING: _____ B. WING _____	C 05/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND LIVING AT INDIAN CREEK AL	325 COLLINS ROAD SE CEDAR RAPIDS, IA 52403

(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: 32 Number of tenants with cognitive disorder: 4 TOTAL census of Assisted Living Program: 36 The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program and the investigation into Complaint #112524-C.	A 000	See Attached POC 8/1/23	
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 an individualized service plan to address the wants and needs of 3 of 5 tenants reviewed (Tenants #1, #2, #3 and #4). Findings follow: 1) Record review on 5/2/23 revealed Tenant #2 had a Master Assessment completed on 4/21/23 following a hospitalization for a hip fracture. In a progress note dated 4/21/23, the RN (registered nurse) noted Tenant #2 had returned to his baseline. Tenant #2 received a physical assist of	A 395		

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A 395	Continued From page 1	A 395		

1 for dressing and bathing. He received verbal reminders for grooming and oral care, but was otherwise able to groom himself. Tenant #1's Master Assessment identified he was resistive to intimate cares, grooming and brushing his teeth. Other significant behavior concerns which required redirection included the inability to complete the activities of daily living without much prompting to include bathing, brushing his hair and teeth.

Tenant #1's Service Plan, dated 4/21/23, identified he was a physical assist of one for bathing and dressing, Tenant #1 required reminders for grooming but he was able to complete the task independently. The service plan made no mention of Tenant #1 resisting cares.

On 4/27/23 at 10:30 AM, Staff A stated Tenant #1 was able to wipe during toileting but did not do this. Tenant #1 often refused showering. When it was time to shower, his incontinence undergardment would be soiled and appeared to be disintegrating. Tenant #1 often wanted to put it back on after his shower. He did not like to shave and would have bits of food in his beard.

On 4/24/23 at 4:35 PM, Staff B reported Tenant #1 resisted assistant with showers and dressing.

2) Tenant #2 had a Master Assessment completed on 2/20/23. According to the assessment, Tenant #2 carried a diagnosis of dementia but did not display any behavioral or psychosocial health needs.

On 4/27/23 at 10:30 AM, Staff A reported Tenant #2 would tell some staff they could sit on his lap. He would tell staff they could wash his genital

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A 395	Continued From page 2	A 395		

area a little more during the showering process. There are caregivers who won't go in and give showers any longer. Staff are directed to tell management when this occurs.

On 4/27/23 at 11:15 AM, Staff C reported she was aware of Tenant #2's actions, although she had not experienced them herself.

Tenant #2's service plan, dated 2/20/23 identified he was a one person assist with a bath or shower. It made no mention of Tenant #2 making sexually inappropriate comments to staff.

3) Tenant #4 moved to the program on 4/11/23. An initial service plan was developed on 4/11/23. The only activities of daily living the program provided were bathing and medication management. On 4/19/23, a progress note indicated a mild, discretionary change was made to Tenant #4's service plan to add assistance with dressing, specifically helping Tenant #4 put on and take off TED hose daily. This was not a discretionary change as it included a new activity of daily living.

4) Tenant #5 had a service plan dated 2/24/23 which identified she had frequent falls. Staff were to check on Tenant #5 every morning to ensure her safety and report any changes in her condition. Tenant #5's Master Assessment, created on the same date, noted she ambulated with problems and with devices. She had an unsteady or shuffling gait. Tenant #5 had a history of seizures, Parkinson's Disease and Cerebal Palsy. The Assessment recommended interventions such as non-skid footwear, a clutter-free apartment, adequate lighting and floors free of trip hazards.

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A 395	Continued From page 3 A review of incident reports for Tenant #4 from 2/28/23 - 4/24/23 revealed Tenant #5 had 14 falls during this time period. Tenant #5's service plan did not address all of her fall needs. The Director of Health and Wellness, Assistant Director of Health and Wellness and RN confirmed these findings on 5/3/23 at 4:15 PM.	A 395		

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Regulatory Insufficiency Number	Corrective Action Taken for the Identified RI	System Measures Taken to Prevent a recurrence of the insufficiency	Monitoring Compliance	Date of Compliance
A395-Service Plan	Tenants #1, #2, #4 and #5 now have updated service plans based on updated evaluations, to include personalized needs, behaviors and preferences.	All tenants will have service plans that reflects their individual needs based on the health, cognitive and functional evaluations.	Upon evaluation and nurse assessments of residents, two nurses will sign off on service plan recognizing and confirming personalized needs for cares and behaviors. The Director of Health and Wellness will monitor Service Plans periodically but minimally on a quarterly basis to ensure all resident's service plans are individualized to services in place.	8/1/2023