OK 11/28/2019

PRINTED: 10/01/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALPD401 HFD	A. BUILDING _____ B. WING _____	08/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND LIVING AT INDIAN CREEK	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	A 000		

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: 0
Number of tenants with cognitive disorder: 6

TOTAL Census of Assisted Living Program for People with Dementia: 6

An initial certification visit conducted to determine compliance with certification for a Dedicated Dementia Specific Assisted Living Program resulted in regulatory insufficiencies.

POC 10/28/19 See attached

10/28/19

HEALTH FACILITIES
OCT 21 2019

231C.5 (1) Written occupancy agreement required.
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 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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	Executive Director	10/10/19

OK 1/29/2020

GRAND LIVING.

✓ 2/3/20

Plan of Correction for

Grand Living at Indian Creek

A000 -**Written Occupancy Agreement required**

Regulatory Insufficiency- The program failed to meet the requirement based on the interview and record review.

Correction: - The insufficiency will be corrected as follows:

The Executive director or designee will complete a service agreement for each program regulated in the community. Each program requires a separate agreement.

The following measures will be taken to ensure the problem does not reoccur:

The Executive Director or designee will review files upon move in and with change of programming for accuracy of residency agreement.

The correction of this insufficiency will be corrected by 10/28/19.

A003- **Program Policies and Procedures**

Regulatory Insufficiency- The program failed to meet the requirement regarding the administration and documentation of medications and requesting order from physician for discontinuation of medications that the program would not be providing.

Correction: - The insufficiency will be corrected as follows:

The Director of Health and Wellness (DOHW) or nursing designee will review all new orders as reflected by physician orders on the EMAR for accuracy of frequency and time. If there is an order that the program will not be providing, the correct procedure of notifying the physician to obtain a discontinuation of the order so it is removed from the EMAR.

The following measure will be taken to ensure the problem does not reoccur:

The DOHW or nursing designee will review with all medication aides all new orders for clarity and comprehension. DOHW or nursing designee will obtain all clarifying orders from physician to reflect the medications being administered by the community. DOHW or nursing designee will review EMAR 's as needed and at least weekly for correct administration and accuracy of medications.

The correction of this insufficiency will be corrected by 10/28/19.

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10/10/19

GRAND LIVING

A061- **Staffing Delegation**

Regulatory Insufficiency: - The program failed to meet the requirement as evidenced by failed documentation of staff training on insulin administration.

See attachment- Insulin Administration

Correction: - The insufficiency will be corrected as follows:

The delegation form will include an area that states the staff has demonstrated how to administer the insulin into the subcutaneous tissue. There will be documentation for each medication aide reflecting this training.

The following measure will ensure that the insufficiency does not reoccur: -

The DOHW or designee will update delegation form to include the missing documentation of how to administer the insulin into the subcutaneous tissue. This will be documented for all current med aides.

The correction of this insufficiency will occur by 10/28/19.

A089 **Service Plans**

Regulatory Insufficiency: - The program failed to meet the requirement due to failure to develop service plans that reflect the identified needs of the tenants.

Correction: - The insufficiency will be corrected as follows:

Service plans will be developed and updated to reflect the individual needs of the tenants, including but not limited to, hospice, therapies, falls with interventions, chronic illness management and wounds. Quarterly nurse reviews will be completed for each tenant, and service plans to be reviewed for appropriateness at this time.

The following measures will ensure that the insufficiency does not reoccur:

The DOHW or nursing designee will complete and update service plans with all new orders received to provide the information needed for the caregivers to provide comprehensive care. Fall prevention strategies will be assessed and incorporated into service plans with each occurrence.

The correction of this insufficiency will be corrected by 10/28/19.

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10/10/19