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
	S0401	A. BUILDING: _____ B. WING _____	C 03/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND LIVING AT INDIAN CREEK MC	**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 for People with Dementia 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: 3 Number of tenants with cognitive disorder: 15 TOTAL census of Assisted Living Program for People with Dementia: 18 The following regulatory insufficiencies were cited during the Investigation of Incident #100654-I and Incident #103582-I. No regulatory insufficiencies were cited during the investigation of Complaint #103600-C.	A 000		
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 for elopement risk assessments. This pertained to 2 of 3 tenants reviewed (Tenant #1 and Tenant #2). Findings follow: 1. Record review on 3-28-22 revealed Tenant #1 was admitted on 11-1-21. An Elopement Risk assessment completed upon admission could not be located. 2. Record review on 3-29-22 revealed Tenant #2 was admitted on 1-13-22. An Elopement Risk	A 150		

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A 150	Continued From page 1 assessment completed upon admission could not be located. The Elopement Risk assessment revealed the policy/instructions noted each tenant would be assessed for elopement potential upon admission, every 6 months with the updated service plan, and after each elopement. On 3-30-22 at 10:57 a.m. the Director of Luminations (memory care unit) confirmed these findings.	A 150		
A 140	481-69.22(2) Evaluation of Tenant 69.22(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to evaluate tenant's functional, cognitive, and health status within 30 days of occupancy for 2 of 3 tenants reviewed (Tenant #1 and Tenant #2). Findings follow: 1. Record review on 3-28-22 revealed Tenant #1 was admitted on 11-1-21. No functional, cognitive, and health assessments completed within 30 days of occupancy could be located. 2. Record review on 3-29-22 revealed Tenant #2 was admitted on 1-13-22. No functional,	A 140		

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A 140	Continued From page 2 cognitive, and health assessments completed within 30 days of occupancy could be located. On 3-30-22 at 10:57 a.m. the Director of Luminations (memory care unit) confirmed these findings.	A 140		
A 145	481-69.22(3) Evaluation of Tenant 69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to evaluate the functional, cognitive, and health status as needed for 1 of 3 tenants reviewed with a significant change in health status (Tenant #3). Findings follow: Record review on 3-29-22 of Tenant #3's file revealed the following: Tenant #3's Resident Incident Reports documented the following: *10-29-21 noted she rolled out of bed, hit her head on the ground, and was sent to the hospital	A 145		

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A 145	Continued From page 3 for evaluation. *1-20-22 noted she informed staff she fell and hit her head. Her daughter transported her to the hospital for evaluation. *2-23-22 noted she fell and hit the back of her head. Her daughter transported her to the hospital for evaluation. Review of Progress Notes revealed the following: *10-29-21 documented she was sent to the emergency room (ER) for a fall and returned the same day. She had a fracture to her neck and required a cervical collar for 6 weeks. *2-20-22 (late entry for 1-20-22) documented she returned with new orders after a fall and striking her head. She had a neck fracture that was slightly worse than before her fall and required a cervical collar for 5 weeks. She also had a pelvic fracture with no treatment required. Review of Master Assessment dated 11-5-21 revealed a functional, cognitive, and health assessment failed to be completed timely after a fall with a neck fracture that required treatment with a cervical collar. No functional, cognitive, and health assessments for 1-20-22 and 2-23-22 could be located. On 3-30-22 at 10:57 a.m. the Director of Luminations (memory care unit) confirmed these findings.	A 145		
A 350	481-69.26(1) Service Plans 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant.	A 350		

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A 350	Continued From page 4	A 350		

The service plan shall subsequently be updated at least annually and whenever changes are needed.

This REQUIREMENT is not met as evidenced by:
Based on interview and record review the Program failed to base service plans on the required evaluations for 3 of 3 tenants reviewed (Tenant #1, Tenant #2, and Tenant #3). Findings follow:

1. Record review on 3-28-22 revealed Tenant #1 was admitted on 11-1-21. No functional, cognitive, and health assessments completed within 30 days of occupancy could be located. The service plan failed to be updated based on the required assessments.

2. Record review on 3-29-22 revealed Tenant #2 was admitted on 1-13-22. No functional, cognitive, and health assessments completed within 30 days of occupancy could be located. The service plan failed to be updated based on the required assessments.

3. Review of Tenant #3's Resident Incident Reports revealed the following:
*10-29-21 noted she rolled out of bed, hit her head on the ground, and was sent to the hospital for evaluation.
*1-20-22 noted she informed staff she fell and hit her head. Her daughter transported her to the hospital for evaluation.
*2-23-22 noted she fell and hit the back of her head. Her daughter transported her to the hospital for evaluation.

Review of Progress Notes revealed the following:
*10-29-21 documented she was sent to the

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A 350	Continued From page 5 emergency room (ER) for a fall and returned the same day. She had a fracture to her neck and required a cervical collar for 6 weeks. *2-20-22 (late entry for 1-20-22) documented she returned with new orders after a fall and striking her head. She had a neck fracture that was slightly worse than before her fall and required a cervical collar for 5 weeks. She also had a pelvic fracture with no treatment required. Review of Master Assessment dated 11-5-21 revealed a functional, cognitive, and health assessment failed to be completed timely after a fall with a neck fracture that required treatment with a cervical collar. No functional, cognitive, and health assessments for 1-20-22 and 2-23-22 could be located. Review of Service Plans dated 10-29-21 and 11-5-21 failed to be updated based on the required assessments to reflect use of cervical collar. No updated Service Plan for 1-20-22 could be located to reflect use of cervical collar. On 3-30-22 at 10:57 a.m. the Director of Luminations (memory care unit) confirmed these findings.	A 350		
A 410	481-69.26(4)d Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: d. For tenants who are unable to plan their own activities, including tenants with dementia, a list of person-centered planned and spontaneous activities based on the tenant's abilities and personal interests.	A 410		

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A 410	Continued From page 6 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to include a list of person-centered planned and spontaneous activities for tenants unable to plan their activities for 3 of 3 tenants reviewed (Tenant #1, Tenant #2, and Tenant #3). Findings follow: 1. Record review on 3-28-22 revealed Tenant #1's Global Deterioration Scale dated 11-1-21 documented he scored a 6 which indicated severe cognitive decline and moderately severe dementia. The service plan dated 11-1-21 and 3-25-22 failed to include a list of spontaneous and planned activities based on his interests. 2. Record review on 3-29-22 revealed Tenant #2's Global Deterioration Scale dated 12-8-21 documented she scored a 5 which indicated moderately severe cognitive decline and moderate dementia. The service plan dated 1-26-22 and 3-28-22 failed to include a list of spontaneous and planned activities based on her interests. 3. Record review on 3-29-22 revealed Tenant #3's Global Deterioration Scale dated 3-24-22 documented she scored a 5 which indicated moderately severe cognitive decline and moderate dementia. The service plan dated 11-5-21 and 3-29-22 failed to include a list of spontaneous and planned activities based on her interests. On 3-30-22 at 10:57 a.m. the Director of Luminations (memory care unit) confirmed these findings.	A 410		

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A 430	Continued From page 7	A 430		
A 430	481-69.27(1)c Nurse Review 69.27(1) If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse: c. To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status; This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete comprehensive nurse reviews every 90 days or with a change in health status. This pertained to 2 of 3 tenants reviewed. (Tenant #1 and Tenant #3). Findings follow: 1. Record review on 3-28-22 of Tenant #1's file revealed he was admitted to the memory care unit on 11-1-21. The Master Assessment dated 11-1-21 documented he required redirection for wandering. The Global Deterioration Scale revealed he staged at a 6 which indicated severe cognitive decline and moderately severe dementia. No comprehensive nurse review assessing, documenting, and monitoring his health status at least every 90 days could be located. 2. Review of Tenant #3's Resident Incident Reports revealed the following: *10-29-21 noted she rolled out of bed, hit her	A 430		

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A 430	Continued From page 8	A 430		

head on the ground, and was sent to the hospital for evaluation.

*1-20-22 noted she informed staff she fell and hit her head. Her daughter transported her to the hospital for evaluation.

*2-23-22 noted she fell and hit the back of her head. Her daughter transported her to the hospital for evaluation.

Review of Progress Notes revealed the following:

*10-29-21 documented she was sent to the emergency room (ER) for a fall and returned the same day. She had a fracture to her neck and required a cervical collar for 6 weeks.

*2-8-22 documented she exhibited increased aggression towards staff.

*2-10-22 documented her physician was contacted regarding increased aggression.

*2-20-22 (late entry for 1-20-22) documented she returned with new orders after a fall and striking her head. She had a neck fracture that was slightly worse than before her fall and required a cervical collar for 5 weeks. She also had a pelvic fracture with no treatment required.

Review of Master Assessments revealed a quarterly assessment completed 9-10-21, a change of condition comprehensive assessment completed 11-5-21, and a quarterly assessment completed 3-24-22. The 3-24-22 assessment failed to be completed within 90 days of the previous assessment and failed to include a review of her increased aggression and any recommended treatment/interventions.

On 3-30-22 at 10:57 a.m. the Director of Luminations (memory care unit) confirmed these findings.

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A 635	Continued From page 9	A 635		
A 635	481-69.32(2) Life Safety - Emergency Policies / Structure 69.32(2) An operating alarm system shall be connected to each exit door in a dementia-specific program. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure an operating alarm system was connected to exit doors of a dementia unit for 1 of 1 tenants reviewed (Tenant #1) as a result of Incident #103582-I and potentially affected all tenants in the memory care unit. Findings follow: Record review on 3-28-22 of Tenant #1's file revealed he resided in the locked memory care unit. Review of the Master Assessment dated 11-1-21 revealed he required redirection for wandering. The Global Deterioration Scale revealed he staged at a 6 which indicated severe cognitive decline and moderately severe dementia. Review of Tenant #1's Resident Incident Report dated 3-16-22 revealed a tenant notified the front desk around 12:30 p.m. a tenant was walking outside the memory care gate. Staff checked the area immediately and found no one outside. They completed a head count of the memory care tenants and all were accounted for. Tenant #1 walked out of the courtyard and returned to the unit without staff knowledge. On 3-28-22 at 2:11 p.m. Staff A stated on 3-16-22 the Activity Director propped open the doors to the courtyard because the weather was nice that day. She confirmed Tenant #1 walked into the	A 635		

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A 635	Continued From page 10	A 635		

courtyard with no staff in the courtyard to supervise. She reported staff were informed to no longer prop the doors open and steps to ensure the courtyard gate was locked.

On 3-28-22 at 2:28 p.m. Staff B acknowledged the exit doors to the courtyard were propped open and Tenant #1 walked outside with no staff in the courtyard to supervise. She confirmed staff received training on how to ensure the courtyard gate was securely locked.

On 3-28-22 at 3:35 p.m. Staff C confirmed they propped open the exit doors to the courtyard occasionally.

On 3-28-22 at 3:54 p.m. Staff D stated she propped open the exit doors once in a while to allow the tenants to come and go with staff supervision.

Review of the Program's Dementia Specific Exit Doors policy on 3-28-22 revealed staff were to promptly check the door when an alarm sounds and failed to include steps to ensure an operating alarm system was connected to each exit door. The Program updated the policy on 3-28-22 to also include a log to be maintained of door alarm checks, staff were to check all exit doors in the memory care unit, including the non-alarmed locked gate, courtyard doors were not to be locked and not propped open at any time, any failures of the alarm were to be immediately reported to the Executive Director.

According to the state climatologist the weather in Cedar Rapids on 3-16-22 around 12:30 p.m. was 65 degrees Fahrenheit with relative humidity of 47%, the sky was clear, and the winds were out of the SSW at 18 mph, gusting to 26 mph.

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A 635	Continued From page 11 Observations on March 28-31, 2022 revealed the Program was located adjacent to a moderate to heavily traveled four lane road. The memory care unit was located in the back of the building near a wooded area with a steep ravine. On 3-28-22 at 10:47 a.m. the Regional Director of Health and Wellness confirmed these findings.	A 635		