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 insufficiency was cited during the investigation of 101828-M	A 000		
A 160	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide adequate and appropriate care, treatment, and services to 1 of 1 tenants reviewed (Tenant #2). Findings follow: Record review on 3-29-22 of Tenant #2's Resident Incident Report dated 1-26-22 revealed Staff E attempted to redirect Tenant #2 from entering other tenants rooms around 2:10 a.m. on 1-15-22 Tenant #2 swung at Staff E each time Staff E tried to redirect her by grabbing at her	A 160		

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

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A 160	Continued From page 1	A 160		

arms. Staff E grabbed Tenant #2's arm forcefully and she lost her balance and fell. She hit the hallway arm rail with the side of her body, hit her head on the floor and was bleeding from her head. The report noted injuries as a four inch bruise on her left thigh under her buttock, a cut and bruise above her left eye, and swelling where she hit her head on the left side of her face above her eye. Staff E notified the nurse and sent her a picture. Another staff arrived to assist getting Tenant #2 off the floor. The Director of Health and Wellness was notified on 1-15-22 at 3:22 a.m., the family was notified on 1-17-22, and the physician was notified on 1-19-22.

Review of Progress Notes dated 1-18-22 revealed an assessment completed at 10:00 a.m. noted a large bruise on the left leg below her buttock from the gluteal fold area to the hip area and was dark purple in color. Tenant #2 complained of left hip pain by wincing when lightly touched over left hip. Her left eye had a black and blue bruise around the eye with some yellow discoloration and no other bruising or skin tears noted. Her vitals were taken and were within normal limits. Continued review revealed a note later documented her family refused further evaluation and wanted to wait until the ARNP visited on 1-19-22.

Review of Fall with Possible Head Injury policy confirmed if a tenant fell and striked their head on a solid surface, the identified nurse in charge will be notified immediately. The Nurse will direct the tenant to be transported to the hospital emergency room for evaluation for possible trauma. If the tenant refuses medical care, the nurse shall complete neuro checks. The nurse will complete a nurse review, update the service plan to include interventions as needed.

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A 160	Continued From page 2 On 1-17-22 Staff E signed a Corrective Action Form indicating her termination of employment for behavior/conduct infractions and performance issues. The Director of Health and Wellness (DHW) signed a letter termination based on her performance on 1-18-22. Staff E and the DHW were not able to be contacted to provide a statement. On 3-30-22 at 11:35 a.m. the Executive Director (ED) stated Staff E was terminated for disorderly conduct by not providing appropriate redirection to a tenant. She reported Staff E informed the DHW of the fall with head injury and sent a picture that showed blood on Tenant #2's forehead. The DHW was terminated for failure to send Tenant #2 to the emergency room for her head injury per the Program's policy. The DHW stated the call woke her up and failed to recall if the staff informed her of the head injury. The ED reported the DHW stated she had not received the picture and . The ED confirmed Tenant #2 failed to receive adequate and appropriate care from both employees.	A 160		