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
	S0411	A. BUILDING: _____ B. WING _____	03/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS OF CEDAR RAPIDS	5710 DEAN ROAD SW CEDAR RAPIDS, IA 52404

(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 impairment: 27 Number of tenants with cognitive impairment: 2 Total census: 29 The following regulatory insufficiencies were cited related to the recertification visit to determine compliance with certification rules for an Assisted Living Program:	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 and procedure related to incident reports. This pertained to 1 of 1 tenants reviewed with a history of suicidal ideations (Tenant #1). Findings follow: 1. Review of the Adult Services Monitoring Entrance Form identified Tenant #1 as a tenant who had a history of suicidal ideations. Review of Tenant #1's file on 3/12/25 revealed a Tenant Health Review dated 1/23/25 indicating the tenant made a comment to staff that if he could not get his pain under control he was going to "kill himself." The primary care provider (PCP)	A 150	see attached POC	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Executive Director (X6) DATE: 4/15/2025

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A 150	Continued From page 1 was in the building at the time and assessed Tenant #1. He had no active thoughts of suicide or plans to harm himself or others. He said he was tired of being in pain. He said he knew what symptoms to look for if he got to that point. The PCP was adjusted medications and added orders for speech therapy to evaluate and treat cognition. An incident report could not be located related to the above incident with Tenant #1. 2. Review of the Program's policy and procedure indicated any incidents, accidents or unusual occurrences that occurred in the building or on the premises would be reported as incidents. Any incidents would have a documented incident report form. 3. When interviewed on 3/17/25 at 11:46 a.m. the Assisted Living Director confirmed an incident report was not completed related to the incident noted above with Tenant #1.	A 150		
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. The service plan shall subsequently be updated at least annually and whenever changes are needed.	A 350		

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A 350	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update service plans as needed and failed to have service plans that reflected the service needs of tenants. This pertained to 2 of 4 tenants reviewed (Tenants #2 and #3). Findings follow: 1. Review of Tenant #2's file on 3/12/25 and 3/13/25 revealed a Department of Veterans Affairs document dated 2/13/25 indicating he was seen in the Emergency Department recently after a ground level fall. While there a wound check was requested due to some new breakdown on the right hip and existing breakdown on the buttocks. The wound on the right hip was located over the trochanter. It was likely a stage two pressure injury. There were wounds on both buttocks that were covered with dry flaky tissue. These wounds were likely the result of exposure to some bodily fluid and friction. There was also a small wound located over the coccyx. That wound was deeper and extended into the subcutaneous tissue. It was likely a stage 3 pressure injury. Treatment orders were received for these wounds. When interviewed on 3/17/25 at 11:45 a.m. the Assisted Living Director said Tenant #2's service plan reflected a history of pressure areas. Review of the document revealed no plan in place specific to the pressure wounds, their treatment or ways to prevent reoccurrence. 2. On 3/13/25 review of Tenant #3's file revealed a Primary Care Provider (PCP) Progress Note dated 11/12/24 indicating Tenant #3 had a head lesion. Tenant #3 reported it had been there for months to years. With the exam it appeared	A 350		

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A 350	Continued From page 3 hypertrophic in nature, with no open ulcerations. There were two small lesions less than 1 centimeter (cm) in diameter. An antifungal steroid cream would be tried. Nursing had been applying bacitracin. Orders were received to discontinue present treatment of the pad and bacitracin and to start clotrimazole/Betametasone lotion to area twice daily. The PCP Progress Note dated 3/4/25 indicated Tenant #3 had a head lesion. It was approximately one centimeter. It was a persistent long term (issue) with no significant benefit noted with past treatment. Tenant #3 likely picked (the area) which complicated the course. Tenant #3's service plan indicated she had a history of skin issues/rashes that might require antibiotics. The service plan did not reflect the long term head lesions, picking of the lesions and treatment. When interviewed on 3/17/25 at 11:45 a.m. the Assisted Living Director confirmed Tenant #3's service plan reflected skin rashes. She confirmed it did not reflect the head lesions specifically.	A 350		

The Gardens of Cedar Rapids ALP Plan of Correction

Re: Findings during the Recertification Visit that occurred 3/12/25 to 3/17/25

1. **A150 Program Policies and Procedures**
    A. It was determined that the program failed to complete an incident report for a tenant with suicidal ideation.
        1. Medication aides and universal workers to receive re-education and training on when to use communication forms and the process for incident reporting on 4/15/25.
        2. Incident reporting and use of communication forms added to the Delegations checklist to provide 1:1 education with the Registered Nurse along with regular training of new hires starting 4/10/25.

2. **A350 Service Plans**
    A. It was determined that the tenant's identified needs and services were not adequately reflected in their service plan. The following changes were made:
        1. Training provided to Director of Nursing and Assistant Director of Nursing regarding appropriate identification of wounds, including locations, current treatments, and interventions on the service plan on 4/9/25.
        2. AL Skin Review assessment created for use in PointClickCare that will prompt user to complete a significant change assessment and/or update service plan as appropriate.