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3/12/21

PRINTED: 02/26/2021
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALPD415 HFD	A. BUILDING _____ B. WING _____	10/15/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COTTAGE GROVE PLACE - CONNECTIONS	2115 1ST AVENUE SE CEDAR RAPIDS, IA 52402

(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 population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive disorder: 4 Number of tenants with cognitive disorder: 6 TOTAL Census of Assisted Living Program for People with Dementia: 10 The investigation of Complaint #93873-C was completed. The initial certification visit conducted to determine compliance with certification for a Dedicated Dementia Specific Assisted Living Program was also completed. The following regulatory insufficiencies were identified:	A 000	See Attached POC 3/15/21	
A 007	481-67.2(1)d Program Policies and Procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse. 67.2(1) The program's policies and procedures on incident reports, at a minimum, shall include the following: d. The incident report shall include statements from individuals, if any, who witnessed the incident.	A 007		

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 007	Continued From Page 1 This Requirement is not met as evidenced by: Based on interview and record review the Program failed to follow established policy and procedure regarding the completion of incident reports. The Program also failed to develop an incident report policy and procedure that met the minimum standards including a statement regarding the inclusion of witness statements from any individuals who witnessed the incident. This pertained to 2 of 3 tenants reviewed (Tenants #1 and #2) and potentially affected all tenants (census of 10). Findings follow: 1. Record review on 10-13-20 of Tenant #1's file revealed Resident Notes indicated the following: a. On 8-26-20 the Navigator received a call from a night security staff indicating he witnessed Tenant #1 leave the building. He followed Tenant #1 until he got to the edge of campus and then directed him back towards the building. The night security staff escorted Tenant #1 back to the memory care unit. Tenant #1 was placed on 15 minute checks. b. On 8-27-20 it was noted the prior Assistant Director of Nursing reported she found Tenant #1 outside of the memory care unit and he was going down the first floor hallway. He was redirected to the memory care area and staff was informed. c. On 8-28-20 it was noted no alarm went off when the override code was used and the door did not latch. The override codes were changed and not provided to staff and an alarm was added that would go off if the door did not latch after 15 seconds with any code used. Continued record review revealed Connections Report Sheet dated 8-25-20 indicated Tenant #1 "eloped" in the afternoon. It could not be determined how he left but was found coming	A 007		

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A 007	Continued From Page 2 back from the road. Tenant #1 was not injured and it was reported to management that he walked outside. A Connections Report Sheet dated 8-26-20 indicated Tenant #1 was missing at 6:05 p.m. and an alarm went off. Tenant #1 was on 1st Avenue per the security staff and was located by 6:30 p.m. One staff was on break and three people looked for him. Tenant #1 said he just kept pushing buttons until it let him out. Further record review revealed Tenant #1 had a diagnosis of dementia and was staged at a three on the Global Deterioration Scale (GDS), which indicated mild cognitive decline. There were no incident reports documented related to the two incidents when Tenant #1 left the memory care unit. Additionally, for those staff involved with both incidents, only one written statement was provided by the night security staff. 2. When interviewed on 10-13-20 at 9:31 a.m. Staff H said Tenant #2 had physical behaviors towards other staff and grabbed a staff's neck. When interviewed on 10-13-20 at 9:57 a.m. Staff I said Tenant #2 had physical behaviors towards staff and was really hard to get up. When interviewed on 10-14-20 Staff J said Tenant #2 had behaviors towards staff and hit out and grabbed a staff's hair. Staff J also said Tenant #2 had trouble feeding herself. Record review of Connections Report Sheets for August and October 2020 reflected Tenant #2 had verbal and physical behaviors towards staff, required staff assistance with feeding at times and	A 007		

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A 007	Continued From Page 3 refused cares. Continued record review revealed a Physician Fax document dated 9-28-20 revealed Tenant #2 had combative behavior in the morning frequently. Tenant #2 had refused showers, scratched, and had been verbally aggressive. The behavior started 30 days ago but was "progressively worsening." Tenant #2 choked someone on the weekend and said "I'll kill you." Further record review revealed Tenant #2 had a diagnosis of Alzheimer's disease and was staged at a five on the GDS, which indicated moderately severe cognitive decline. There were no incident reports completed related to Tenant #2's behavior, including the incident where were choked someone and said "I'll kill you." Additionally, there were no witness statements completed related to the incidents. 3. Record review of the Program's policy and procedures for Accident and Emergency Response indicated when a incident/accident occurred that involved a tenant emergency care would be provided as required. An incident report would be completed and notifications would be made. When the tenant was safe an incident report would be completed and documentation in nurses' notes would review the incident/accident. The Program's policy and procedure did not include a statement regarding the incident report would include statements from any staff who witnessed the incident. 4. When interviewed on 10-15-20 at 10:06 a.m. the Navigator and Resident Services Director confirmed the above finding.	A 007		

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A 037	Continued From Page 4	A 037		
A 037	481-69.22(2) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also 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 or human service professional. A licensed practical nurse may complete the evaluation 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 complete evaluations as needed with significant change. This pertained to 2 of 3 tenants reviewed (Tenants #1 and #2). Findings follow: 1. Record review on 10-13-20 of Tenant #1's file revealed Resident Notes indicated the following: a. On 8-26-20 the Navigator received a call from a night security staff that he witnessed Tenant #1 leave the building. He followed Tenant #1 until he got to the edge of campus and then directed him back towards the building. The night security staff escorted Tenant #1 back to the memory care unit. Tenant #1 was placed on 15 minute checks.	A 037		

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A 037	Continued From Page 5 b. On 8-27-20 it was noted the prior Assistant Director of Nursing reported she found Tenant #1 outside of the memory care unit and he was going down the first floor hallway. He was redirected to the memory care area and staff was informed. c. On 8-28-20 it was noted no alarm that went off when the override code was used and the door did not latch. The override codes were changed and not provided to staff and an alarm was added that would go off if the door did not latch after 15 seconds with any code used. Continued record review revealed Connections Report Sheet dated 8-25-20 indicated Tenant #1 "eloped" in the afternoon. It could not be determined how he left but was found coming back from the road. Tenant #1 was not injured and it was reported to management that he walked outside. A Connections Report Sheet dated 8-26-20 indicated Tenant #1 was missing at 6:05 p.m. and an alarm went off. Tenant #1 was on 1st Avenue per the security staff and was located by 6:30 p.m. One staff was on break and three people looked for him. Tenant #1 said he just kept pushing buttons until it let him out. Further record review revealed Connections Report Sheets from August to October 2020 indicated Tenant #1 would try to leave, requested to leave, wanted to go to the drug store, wanted to get his car and set off elevator alarms. Continued record review revealed Tenant #1 had a diagnosis of dementia and was staged at a three on the Global Deterioration Scale (GDS), which indicated mild cognitive decline. The evaluations were updated within 30 days on	A 037		

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A 037	Continued From Page 6 8-7-20 and then a 90 day review was completed on 10-2-20. Evaluations were not completed as needed with two incidents when Tenant #1 left the memory care unit and other requests or attempts to leave the secured memory care unit. 2. When interviewed on 10-13-20 at 9:31 a.m. Staff H said Tenant #2 had physical behaviors towards other staff and had grabbed a staff's neck. When interviewed on 10-13-20 at 9:57 a.m. Staff I said Tenant #2 had physical behaviors towards staff and was really hard to get up. When interviewed on 10-14-20 Staff J said Tenant #2 had behaviors towards staff and hit out and had grabbed a staff's hair. Staff J also said Tenant #2 had trouble feeding herself. Record review of Connections Report Sheets for August and October 2020 reflected Tenant #2 had verbal and physical behaviors towards staff, required staff assistance with feeding at times and refused cares. Continued record review revealed a Physician Fax document dated 9-28-20 revealed Tenant #2 had combative behavior in the morning frequently. Tenant #2 had refused showers, scratched, and had been verbally aggressive. The behavior started 30 days ago but was "progressively worsening." Tenant #2 choked someone on the weekend and said "I'll kill you." Further record review revealed Tenant #2 had a diagnosis of Alzheimer's disease and was staged at a five on the GDS, which indicated moderately severe cognitive decline.	A 037		

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A 037	Continued From Page 7 Continued record review revealed evaluations were completed most recently on 7-24-20 (90 day review) and were not completed as needed with significant change including with verbal and physical behaviors, refusals of cares and feeding assistance. 3. When interviewed on 10-15-20 at 10:06 a.m. the Navigator and Resident Services Director confirmed the above finding.	A 037		
A 058	481-67.9(4)a Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: a. The program's newly hired registered nurse shall within 60 days of beginning employment as the program's registered nurse document a review to ensure that staff are sufficiently trained and competent in all tasks that are assigned or delegated. This Requirement is not met as evidenced by: Based on interview and record review the Program failed to ensure staff were trained and competent in all tasks assigned or delegated within 60 days of the new delegating nurse. This pertained to 5 of 5 staff that provided direct care staff reviewed (Staff A, C, D, E and F). Findings follow:	A 058		

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A 058	Continued From Page 8 1. Record review of staffing information provided by Human Resources dated 10-12-20 indicated the Current Director of Nursing (DON) was hired on 8-10-20. The Prior DON's dates of employment were from 4-2-17 to 7-8-20. 2. Record review on 10-12-20 of Staff A's employee and training records indicated Staff A was hired on 7-8-20. The Current DON had not documented a review within 60 days of her employment to ensure Staff A was competent and trained in all tasks. 3. Record review on 10-12-20 of Staff C's employee and training records indicated Staff C was hired on 9-11-19. The Current DON had not documented a review within 60 days of her employment to ensure Staff C was competent and trained in all tasks. 4. Record review on 10-12-20 of Staff D's employee and training records indicated Staff D was hired on 6-24-20. The Current DON had not documented a review within 60 days of her employment to ensure Staff D was competent and trained in all tasks. 5. Record review on 10-12-20 of Staff E's employee and training records indicated Staff E was hired on 3-13-20. The Current DON had not documented a review within 60 days of her employment to ensure Staff E was competent and trained in all tasks. 6. Record review on 10-12-20 of Staff F's employee and training records indicated Staff F was hired on 4-29-20. The Current DON had not documented a review within 60 days of her employment to ensure Staff F was competent and trained in all tasks.	A 058		

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A 058	Continued From Page 9 7. When interviewed on 10-14-20 at approximately 10:45 a.m. and 10-15-20 at 10:06 a.m. the Navigator and Resident Services Director confirmed the above finding.	A 058		
A 071	481-69.25(1)i Tenant Documents 481-69.25(231C) Tenant documents. 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: i. When any personal or health-related care is delegated to the program, the medical information sheet; documentation of health professionals' orders, such as those for treatment, therapy, and medication; and nurses' notes written by exception This Requirement is not met as evidenced by: Based on interview and record review the Program failed to document nurse's notes by exception. This pertained to 2 of 3 tenants reviewed (Tenants #1 and #2). Findings follow: 1. Record review on 10-13-20 of Tenant #1's file revealed Connections Report Sheets from August to October 2020 indicated Tenant #1 would try to leave, requested to leave, wanted to go to the drug store, wanted to get his car and set off the elevator alarms. Continued record review revealed Tenant #1 had a diagnosis of dementia and was staged at a three on the Global Deterioration Scale (GDS), which	A 071		

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A 071	Continued From Page 10 indicated mild cognitive decline. Further record review revealed there was one entry in Clinical Notes dated 10-1-20 indicated Tenant #1 had an episode of agitation yesterday "worse than usual wanting to leave." A new order was received for Celexa 10 milligram daily. There were no other nurses' notes documented for Tenant #1's behavior including for the exit seeking behaviors listed above. 2. When interviewed on 10-13-20 at 9:31 a.m. Staff H said Tenant #2 had physical behaviors towards other staff and had grabbed a staff's neck. When interviewed on 10-13-20 at 9:57 a.m. Staff I said Tenant #2 had physical behaviors towards staff and was really hard to get up. When interviewed on 10-14-20 Staff J said Tenant #2 had behaviors towards staff and hit out and had grabbed a staff's hair. Staff J also said Tenant #2 had trouble feeding herself. Record review of Connections Report Sheets for August and October 2020 reflected Tenant #2 had verbal and physical behaviors towards staff, required staff assistance with feeding at times and refused cares. Continued record review revealed a Physician Fax document dated 9-28-20 revealed Tenant #2 had combative behavior in the morning frequently. Tenant #2 had refused showers, scratched, and had been verbally aggressive. The behavior started 30 days ago but was "progressively worsening." Tenant #2 choked someone on the weekend and said "I'll kill you."	A 071		

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A 071	Continued From Page 11 Further record review revealed Tenant #2 had a diagnosis of Alzheimer's disease and was staged at a five on the GDS, which indicated moderately severe cognitive decline. Nurses' notes were not documented for Tenant #2's including for physical and verbal behaviors, care refusals, and increased feeding assistance. 3. When interviewed on 10-15-20 at 10:06 a.m. the Navigator and Resident Services Director confirmed the above finding.	A 071		
A 104	481-69.28(5) Food Service 481-69.28(231C) Food service. 69.28(5) Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have annual in-service training on food protection. This Requirement is not met as evidenced by: Based on interview and record review the Program failed to complete an orientation on sanitation and safe food handling prior to handling food for staff that served or prepared food. This pertained to 5 of 5 staff reviewed that served food (Staff A, C, D, E and F). Findings follow: 1. Record review on 10-12-20 of Staff A's employee and training records indicated Staff A was hired on 7-8-20. Staff A did not have an orientation on safe food handling prior to handling food.	A 104		

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A 104	Continued From Page 12 2. Record review on 10-12-20 of Staff C's employee and training records indicated Staff C was hired on 9-11-19. Staff C did not have an orientation on safe food handling prior to handling food. 3. Record review on 10-12-20 of Staff D's employee and training records indicated Staff D was hired on 6-24-20. Staff D did not have an orientation on safe food handling prior to handling food. 4. Record review on 10-12-20 of Staff E's employee and training records indicated Staff E was hired on 3-13-20. Staff E did not have an orientation on safe food handling prior to handling food. 5. Record review on 10-12-20 of Staff F's employee and training records indicated Staff F was hired on 4-29-20. Staff F did not have an orientation on safe food handling prior to handling food. 6. When interviewed on 10-14-20 at approximately 10:45 a.m. and 10-15-20 at 10:06 a.m. the Navigator and Resident Services Director confirmed the above finding.	A 104		
A 118	481-67.19(3) Record Checks 481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks. 67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform	A 118		

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A 118	Continued From Page 13 child and dependent adult abuse record checks of the person in this state. This Requirement is not met as evidenced by: Based on interview and record review the Program failed to complete a background check prior to employment of an individual. This pertained to 1 of 7 staff reviewed (Staff A). Findings follow: 1. Record review of staffing information provided by Human Resources dated 10-12-20 indicated Staff s had previously been employed at the Program from 5-22-19 to 4-30-20. She was then rehired and had a current hire date of 7-8-20. Continued record review of Staff A's employee and training records indicated a criminal history background check and abuse registries background check was completed on 5-9-19. There were no records found for the abuse registries background check. The criminal history background check reflected further research was required. On 5-14-19 the further research was completed and no record was found. A background check was not completed with Staff A's most current employment with the Program despite a lapse in employment from 4-30-20 to 7-8-20. 2. Further record review record review of staffing information provided by Human Resources dated 10-12-20 indicated Staff A first worked (current employment) on 7-12-20 from 1:55 p.m. to 6:00 a.m. 3. When interviewed on 10-14-20 at approximately 10:45 a.m. the Navigator and Resident Services Director confirmed the above	A 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALPD415 HFD	A. BUILDING _____ B. WING _____	10/15/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COTTAGE GROVE PLACE - CONNECTIONS	2116 1ST AVENUE SE CEDAR RAPIDS, IA 52402

(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 118	Continued From Page 14 finding.	A 118		
A 121	481-69.30(1) Dementia Specific Education for Personnel 481-69.30(231C) Dementia-specific education for program personnel. 69.30(1) All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. This Requirement is not met as evidenced by: Based on interview and record review the Program failed to ensure staff completed eight hours of dementia specific education and training within 30 days of employment. This pertained to 5 of 6 staff reviewed that worked at the Program for 30 days or greater (Staff B, C, D, E and F). Findings follow: 1. Record review on 10-12-20 of Staff B's employee and training records indicated Staff B was hired on 6-22-20. She did not have eight hours of documented dementia specific education and training completed within 30 days of employment. 2. Record review on 10-12-20 of Staff C's employee and training records indicated Staff C was hired on 9-11-19. She did not have eight hours of documented dementia specific education and training completed within 30 days of employment. 3. Record review on 10-12-20 of Staff D's employee and training records indicated Staff D	A 121		

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A 121	Continued From Page 15 was hired on 6-24-20. She did not have eight hours of documented dementia specific education and training completed within 30 days of employment. 4. Record review on 10-12-20 of Staff E's employee and training records indicated Staff E was hired on 3-13-20. She did not have eight hours of documented dementia specific education and training completed within 30 days of employment. 5. Record review on 10-12-20 of Staff F's employee and training records indicated Staff F was hired on 4-29-20. She did not have eight hours of documented dementia specific education and training completed within 30 days of employment. 6. When interviewed on 10-15-20 at 10:06 a.m. the Navigator and Resident Services Director confirmed the above finding.	A 121		
A 224	481-69.26(3)d Service Plans 481-69.26(231C) Service plans. 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant ' s occupancy and as needed with significant change, but not less than annually. d. The service plan updated within 30 days of the tenant ' s occupancy shall be signed and dated by all parties. This Requirement is not met as evidenced by: Based on interview and record review the Program failed to update service plans within 30	A 224		

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A 224	Continued From Page 16 days (signed and dated by all parties) and failed to update service plans with significant change. This pertained to 3 of 3 tenants reviewed (Tenants #1, #2 and #3). Findings follow: 1. Record review on 10-13-20 of Tenant #1's file revealed Tenant #1 was admitted on 7-10-20. An initial service plan was developed, signed and dated on 7-10-20. A service plan was not developed, signed and dated by all parties within 30 days of taking occupancy. Continued record review revealed Resident Notes indicated the following: a. On 8-26-20 the Navigator received a call from a night security staff that he witnessed Tenant #1 leave the building. He followed Tenant #1 until he got to the edge of campus and then directed him back towards the building. The night security staff escorted Tenant #1 back to the memory care unit. Tenant #1 was placed on 15 minute checks. b. On 8-27-20 it was noted the prior Assistant Director of Nursing reported she found Tenant #1 outside of the memory care unit and he was going down the first floor hallway. He was redirected to the memory care area and staff was informed. c. On 8-28-20 it was noted it was determined there was no alarm that went off when the override code was used and the door did not latch. The override codes were changed and not provided to staff and an alarm was added that would go off if the door did not latch after 15 seconds with any code used. Further record review revealed Connections Report Sheet dated 8-25-20 indicated Tenant #1 "eloped" in the afternoon. It could not be determined how he left but was found coming	A 224		

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A 224	Continued From Page 17 back from the road. Tenant #1 was not injured and it was reported to management that he walked outside. A Connections Report Sheet dated 8-26-20 indicated Tenant #1 was missing at 6:05 p.m. and an alarm went off. Tenant #1 was on 1st Avenue per the security staff and was located by 6:30 p.m. One staff was on break and three people looked for him. Tenant #1 said he just kept pushing buttons until it let him out. Connections Report Sheets from August to October 2020 indicated Tenant #1 would try to leave, requested to leave, wanted to go to the drug store, wanted to get his car, set off elevator alarms and walked in the courtyard. Continued record review revealed Tenant #1 had a diagnosis of dementia and was staged at a three on the Global Deterioration Scale (GDS), which indicated mild cognitive decline. The September medication administration records (MARs) reflected hourly safety checks. The service plan was not updated as needed with two incidents when Tenant #1 left the memory care unit and was redirected by staff back to the memory care unit. The service plan was also not updated as needed and did not reflect Tenant #1's frequent requests or attempts to leave the building and interventions, Tenant #1's safety checks or arrangements for walking in the courtyard. 2. Record review on 10-13-20 of Tenant #2's file revealed Tenant #2 was admitted on 10-29-19. An initial service plan was developed, signed and dated on 10-29-19. A service plan was not developed, signed and dated by all parties within 30 days of taking occupancy.	A 224		

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A 224	Continued From Page 18 When interviewed on 10-13-20 at 9:31 a.m. Staff H said Tenant #2 had physical behaviors towards other staff and had grabbed a staff's neck. When interviewed on 10-13-20 at 9:57 a.m. Staff I said Tenant #2 had physical behaviors towards staff and was really hard to get up. When interviewed on 10-14-20 Staff J said Tenant #2 had behaviors towards staff and hit out and had grabbed a staff's hair. Staff J also said Tenant #2 had trouble feeding herself. Record review of Connections Report Sheets for August and October 2020 reflected Tenant #2 had verbal and physical behaviors towards staff, required staff assistance with feeding at times and refused cares. Continued record review revealed a Physician Fax document dated 9-28-20 revealed Tenant #2 had combative behavior in the morning frequently. Tenant #2 had refused showers, scratched, and had been verbally aggressive. The behavior started 30 days ago but was "progressively worsening." Tenant #2 choked someone on the weekend and said "I'll kill you." Further record review revealed Tenant #2 had a diagnosis of Alzheimer's disease and was staged at a five on the GDS, which indicated moderately severe cognitive decline. The September MARs reflected hourly safety checks. The service plan was not updated as needed and did not reflect Tenant #2's verbal and physical behaviors and interventions, refusals of cares, Tenant #2's safety checks and feeding assistance.	A 224		

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A 224	Continued From Page 19 3. Record review on 10-13-20 of Tenant #3's file revealed Tenant #3 was admitted on 10-18-19. An initial service plan was developed signed and dated on 10-18-19. A service plan was not developed, signed and dated by all parties within 30 days of taking occupancy. 4. When interviewed on 10-15-20 at 10:06 a.m. the Navigator and Resident Services Director confirmed the above finding.	A 224		

ok
3/12/21

Connections Initial Certification Visit and Investigation #93873-C

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or the conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and/or State Law.

A007

The programs Policies and procedures related to reporting of incidents including allegations of dependent adult was updated with the minimum reporting criteria set forth by the State of Iowa on 10/28/20. Updated incident reporting packets are located on each Assisted Living floor. Assisted Living Nurse provided education on how to properly fill out the packets was provided to all clinical staff on 1/13/21 and 1/18/21. Nurse will continue to monitor the incident reports to make sure they are being completed properly and on time.

Resident review of all Service Plans, overall wellbeing will be reviewed for changes weekly by Assisted Living Nurse, Resident Services Director and Navigator. These meetings are designed to discuss all communication reports from each floor, review service plans and changes in residents to ensure updates of changes occur timely.

A037

Assisted Living designee will review all service plans by 03/15/2021 to ensure accuracy and residents will be evaluated per guidelines unless a significant change has occurred. Behaviors are considered significant changes and will be added to the service plan and be signed by responsible parties. Tenant #1 service plan has been updated and reviewed with responsible party. Staff will continue to monitor behaviors and these changes will be noted as significant changes. Update occurred on 3/02/21.

Tenant #2 has a diagnosis of Alzheimer's disease and staged at a five GDS indicating moderately severe cognitive decline. Tenants service plan was updated on 3/01/21 and sent to responsible party for signature. Tenant has been monitored for significant change since incident with behaviors had occurred. No behaviors of this nature have been observed since initial incident.

Resident Services Director and Navigator provided education to Program nurse on documentation and regular reviews of all resident behaviors on 11/04/20. Nurse will monitor this through visiting floors, reading the communication logs and at monthly staff meetings. Staff will monitor changes in resident's behavior, document in daily logs and report it to the Nurse or Resident Services Director if needed. This request was also discussed with staff on 11/04/20. Documentation of changes will be reflected on service plans, will be signed and dated by all parties going forward.

The program has developed a spreadsheet to track all assessment and the due dates. This tracking device will be monitored by the Resident Services Director, Assisted Living nurse, and navigator to ensure timely completion of assessments.

Resident review of all Service Plans and overall wellbeing will be reviewed for changes weekly by Assisted Living Nurse, Resident Services Director and Navigator. These meetings are designed to discuss all communication reports from each floor, review service plans and changes in residents to ensure updates of changes occur timely.

Resident review of all Service Plans, overall wellbeing will be reviewed for changes weekly by Assisted Living Nurse, Resident Services Director and Navigator. These meetings are designed to discuss all communication reports from each floor, review service plans and changes in residents to ensure updates of changes occur timely.

A058

Nurse delegation/skills training by new DON occurred on 10/27/20, 11/18/20, and 11/21/20 for Assisted Living staff by the Director of Nursing.

A tracking sheet has been created to monitor when staff need to be re-delegated by the Director of Nursing.

Resident review of all Service Plans, overall wellbeing will be reviewed for changes weekly by Assisted Living Nurse, Resident Services Director and Navigator. These meetings are designed to discuss all communication reports from each floor, review service plans and changes in residents to ensure updates of changes occur timely.

A071

Tenant #1 behavior changes were noted in the nurses' notes for a single occasion. Program reviewed and updated service plan for tenant and had responsible party sign. Resident Services Director and Navigator provided education on 10/28/20 to program nurse regarding follow up documentation of all behaviors outside of what is considered normal for the individual.

Tenant #2 lacked discharge information for tenant in the clinical notes. Program has recently added myUnity electronic charting and will discuss with the program nurse proper charting for all discharges from the program.

Resident review of all Service Plans, overall wellbeing will be reviewed for changes weekly by Assisted Living Nurse, Resident Services Director and Navigator. These meetings are designed to discuss all communication reports from each floor, review service plans, update nurses notes and changes in residents to ensure updates of changes occur timely.

A104

Food Service training occurred on 11/04/20 for all staff by Dining Services Supervisor. New hire training will take place prior to food handling in all Assisted Living areas.

Food service training has been added to all new hire orientation for staff working in Assisted Living. A tracking sheet was also created to see when the annual training is due. Human Resources conduct chart auditing of all Assisted Living staff quarterly to ensure paper works is completed and filed. In addition to their new hire check-list.

A118

Record Check – Staff A was previously employed at CGP and background check was completed on 5/9/19. Upon rehire on 7/12/20 the background checks were not completed for rehire. Staff A background recheck was done on 10/15/20 and returned on 10/16/20 with no concern. Human Resources conducted an audit for compliance of all Assisted Living staff re: background checks on 10/15/20.

Human Resources conduct chart auditing of all Assisted Living staff quarterly to ensure paper works is completed and filed. In addition to their new hire check-list.

A121

All Assisted Living Memory Care and Assisting Living Staff member will be required to complete 8 hours of dementia training as part of their new hire orientation or annually for existing staff. Eight hours of training was added to all employees working in Assisted Living and Assisted Living Memory Care on 11/06/20 and give 30 days to complete.

Human Resources conduct chart auditing of all Assisted Living staff quarterly to ensure paper works is completed and filed. In addition to their new hire check-list.

A224

Assisted Living designee will review all service plans by 03/15/2021 to ensure accuracy and residents will be evaluated per guidelines unless a significant change has occurred. Behaviors are considered significant changes and will be added to the service plan and be signed by responsible parties. Staff will continue to monitor behaviors and these changes will be noted as significant changes. Update occurred on 3/02/21.

Resident review of all Service Plans, overall wellbeing will be reviewed for changes weekly by Assisted Living Nurse, Resident Services Director and Navigator. These meetings are designed to discuss all communication reports from each floor, review service plans and changes in residents to ensure updates of changes occur timely.