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
	16427_hfd	A. BUILDING: _____ B. WING _____	02/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRYHOUSE RESIDENCES	5710 GIBSON DRIVE NE CEDAR RAPIDS, IA 52411

(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: 0 Number of tenants with cognitive disorder: 16 TOTAL Census of Assisted Living Program for People with Dementia: 16 An onsite infection control survey was completed from 2/10/21 to 2/15/21 and no regulatory insufficiencies were identified. A comment was made to the program to review recommended personal protective equipment to be worn by direct care staff. 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		
A 430	481-67.19(4) Record Checks 67.19(4) Validity of background check results. The results of a background check conducted pursuant to this rule shall be valid for a period of 30 calendar days from the date the results of the background check are received by the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete a valid background check prior to a staff's employment. This pertained to 1 of 7 staff reviewed (Staff A).	A 430		

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A 430	Continued From page 1 Findings follow: 1. Record review on 2/10/21 of Staff A's training documents revealed a hire date of 11/18/20. A criminal history background check and abuse registries background check were completed on 10/1/20 and revealed no records were found. The background check completed was dated more than 30 days from Staff A's hire date and at the time of the hire date was no longer valid. 2. Continued record review revealed time records indicated Staff A first worked on 11/18/20. 3. When interviewed on 2/11/21 at 9:34 a.m. the Director revealed Staff A's hire date was delayed from the initial hire date and another background check was not completed.	A 430		
A 083	481-69.26(1) Service Plans 481-69.26(231C) 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. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to develop service	A 083		

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A 083	Continued From page 2	A 083		

plans based on evaluations to reflect the identified service needs of tenants. This pertained to 3 of 3 tenants reviewed (Tenants #1, #2 and #3). Findings follow:

1. Observation on 2/10/21 at the lunch meal revealed Tenant #1 ate his meal in the activity room kitchen. Staff B assisted Tenant #1 with aspects of his meal, including cueing and prompting.

Record review on 2/11/21 of Tenant #1's file revealed the Resident Assessment Form dated 1/3/21 reflected Tenant #1 needed occasional assistance with eating. The service plan dated 1/3/21 reflected Tenant #1 was independent with eating and did not require staff assistance.

Continued record review revealed three Incident Reports dated 11/17/20, 11/27/20 and 12/2/20 for tenant to tenant altercations that involved Tenant #1 and Tenant #3. The service plan did not reflect the history of altercations.

2. When interviewed on 2/11/21 at 10:25 a.m. Staff A said Tenant #2 made sexually inappropriate comments to staff once per shift and staff redirected him.

Record review on 2/11/21 of Tenant #2's file revealed an Observation Note dated 12/26/20 indicated the Wellness Director had been notified by staff that Tenant #2 had been increasingly verbally aggressive during cares, he cursed and verbalized inappropriate sexual comments.

Continued record review revealed the service plan dated 12/31/20 reflected Tenant #2 was

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A 083	Continued From page 3 prescribed psychotropic medication to control aggression and sexually inappropriate comments (secondary to his diagnosis of frontotemporal lobe dementia); however, did not provide specific interventions related to the behavior. The service plan did not reflect the increased verbally aggressive behavior as indicated in notes and interventions related to the behavior. The service plan reflected Tenant #2 also made socially inappropriate comments towards staff and other tenants and provided interventions for that behavior. 3. Record review on 2/11/21 and 2/15/21 of Tenant #3's file revealed an order dated 10/27/20 to check blood sugars twice a day, before breakfast and before the third meal. The service plan updated on 2/8/20 (90 day) reflected blood glucose monitoring; however the update did not occur until several months after the order for blood glucose monitoring was received. Continued record review revealed Incident Reports indicated the following: -On 11/17/20 Tenant #1 was seated in a chair in the hallway. Tenant #3 got irritated when Tenant #1 looked at him. Tenant #1 got up and went to the medication cart to get a drink of water. There were three other tenants in the area and a staff member. Tenant #3 sat in the chair Tenant #1's was previously seated in. Another tenant told Tenant #3 he could not sit there as Tenant #1 was seated there. Tenant #3 called the other tenant a name and tried to kick her in the shin (no physical contact was made). Another tenant told Tenant #3 he needed to calm down, not to kick a woman, he held his cane up to Tenant #3 and Tenant #3 grabbed the cane and began to pull it away.	A 083		

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A 083	Continued From page 4 Tenant #3 began to swing and staff (and tenants) got in the middle. Staff called for assistance. Tenant #3 hit staff in the jaw and twisted the wrist of another tenant and staff. -On 11/27/20 Tenant #1 and Tenant #3 were both in the dining room and Tenant #1 was agitated and yelled. Tenant #3 became agitated and tried to punch Tenant #1 and Tenant #1 also tried to punch Tenant #3. Staff stepped between them. Other staff heard the altercation and responded. Both tenants were redirected into separate locations. -On 12/2/20 staff heard Tenant #1 and Tenant #2 exchange verbal threats. Tenant #1 swung at Tenant #3 and Tenant #3 grabbed Tenant #1's throat. Staff stepped between them and Tenant #3 pushed staff with his body, became unsteady and fell. Further record review revealed the service plan dated 11/9/20 reflected Tenant #3 at times became upset with other tenants and became verbally aggressive. The service plan did not reflect any physically aggressive behavior with interventions. The service plan dated 2/8/21 reflected to closely monitor Tenant #3 around Tenant #1 due to agitation in the past. The service plan reflected "standard interventions" during episodes of inappropriate behavior. The service plan was not updated prior to the 2/8/21 service plan to reflect the history of altercations and interventions. 4. When interviewed on 2/15/21 at 11:40 a.m. the Wellness Director said Tenant #1 was independent with eating and most days prompting was not needed. She said the behavior between	A 083		

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A 083	Continued From page 5 Tenant #1 and Tenant #3 had improved. Regarding Tenant #2's behavior, she said the service plan reflected socially inappropriate behavior. Tenant #3's blood glucose monitoring was listed on Tenant #3's medication administration records and it was a fairly recent order.	A 083		
A 092	481-69.26(4)d Service Plans 481-69.26(231C) 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop service plans that reflected planned and spontaneous activities for those tenants unable to plan their own activities. This pertained to 3 of 3 tenants reviewed (Tenants #1, #2 and #3). Findings follow: 1. Record review on 2/11/21 of Tenant #1's file revealed Tenant #1 was staged at a six on the Global Deterioration Scale (GDS), which indicated severe cognitive decline. The most recent service plan dated 1/3/21 reflected Tenant #1 needed cues or reminders on how to spend	A 092		

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A 092	Continued From page 6 leisure time. The service plan did not reflect planned and spontaneous activities based on Tenant #1's interests and abilities. 2. Record review on 2/11/21 of Tenant #2's file revealed Tenant #2 was staged at a five on the GDS, which indicated moderately severe cognitive decline. The most recent service plan dated 12/31/20 reflected Tenant #2 needed cues or reminders on how to spend leisure time. The service plan did not reflect planned and spontaneous activities based on Tenant #2's interests and abilities. 3. Record review on 2/11/21 and 2/15/21 of Tenant #3's file revealed Tenant #3 was staged at a five on the GDS, which indicated moderately severe cognitive decline. The most recent service plan dated 2/8/21 reflected Tenant #3 needed cues or reminders on how to spend leisure time. It also reflected Tenant #3 liked to watch sports on television. The service plan did not reflect other planned and spontaneous activities based on Tenant #3's interests and abilities. 4. When interviewed on 2/15/21 at 11:40 a.m. the Wellness Director indicated the service plans for the tenants reflected the assistance needed related to activities.	A 092		

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CountryHouse Cedar Rapids

Plan of Correction

The preparation of the following plan of correction for the regulatory insufficiencies cited during the initial certification visit on 2/15/21 does not constitute and should not be interpreted as an admission nor an agreement by the program of the truth of the facts alleged or conclusions set forth in statements of regulatory insufficiencies. The plan of correction prepared for these insufficiencies was executed solely because provisions of State law require it.

67.19(4) Record Checks

Regulatory Insufficiency: Based on interview and record review the Program failed to complete a valid background check prior to staff's employment.

Plan of Correction:

The insufficiency will be corrected as follows:

1. After staff A was hired on 1/18/20, a file review by Program Manager on 11/23/20 found that Staff A's SING was not re-run prior to hire as it had been 30 days and her employment start date was delayed due to hospitalization for kidney stones. Program Manager educated Wellness Coordinator(supervisor) and Service Coordinator(administrative assistant) of regulations and to double check dates and SING prior to hire.
2. Staff A no longer works at the Program.

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

The program's service coordinator has been educated on Assisted Living regulations requiring a clear SING be completed before hire and within 30 days of hire. The service coordinator will re-run any SING that is over 30 days old prior to start date. All supervisors have been educated on rules governing background checks at staff meeting on 12/3/20.

The program will monitor performance to ensure compliance as follows:

The Program Manger and Wellness Coordinator (RN) will verify that all new hire record checks have been completed within 30 days of hire, prior to a start date being scheduled for any new employees.

Date insufficiency corrected:

Unable to correct in the case of Staff A. All background checks as of 12/3/20 are conducted within 30 days prior to hire.

481-69.26(1) Service Plans

Regulatory Insufficiency: Based on observation, interview and record review the Program failed to develop service plans based on evaluations to reflect the identified service needs of tenants.

Plan of Correction:

The insufficiency will be corrected as follows:

1. Service Plan updated 2/16/21 to reflect that tenant #1 needs occasional assistance with eating.

2. Service plan for Tenant #2 was updated on 3/18/21 to reflect additional specific interventions for staff to assist and redirect resident when he displays verbally aggressive and sexually inappropriate behaviors.

3. Service plan for Tenant #3 was updated on 12/26/20 to reflect blood glucose monitoring when the glucose meter was received by the Program from the VA.

4. Service plan for Tenant #3 was updated on 3/18/21 to reflect specific interventions when tenant #3 displays physical aggression with other tenants.

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

1. Wellness Coordinator RN will update the service plan when a new assessment or nurse review triggers changes to the service plan, either with significant change or minor discretionary change.
2. Wellness Coordinator RN will update the service plan when new behaviors or incidents trigger a nurse review or full assessment, either with significant or minor discretionary change.
3. Wellness Coordinator RN will chart when there is a delay in the implementation of new orders due to supplies not being available. RN will chart and update the service plan accordingly when supplies arrive.
4. Incident reports and/or staff communication regarding tenants will trigger the Wellness Coordinator RN to do a nurse review and update the service plan with interventions when applicable.

The program will monitor performance to ensure compliance as follows:

1. Wellness coordinator will ensure that care plans are updated appropriately to reflect changes in assessment or nurse review. Program Manager will review service plans and assessments monthly to ensure compliance.
2. Service plans will be updated with interventions and strategies for staff to reflect tenants' changes in behaviors.

3. Wellness Coordinator RN will ensure that service plans are updated appropriately to reflect changes in assessment or nurse review. Program Manager will audit service plans and assessments monthly for six months to ensure compliance. If compliance is found intact, audit will cease.
4. Wellness Coordinator RN will ensure that service plans are updated appropriately to reflect interventions associated with incident reports.

Date Insufficiencies corrected:

1. Care plan was updated on 2/16/21 to reflect assistance needed with eating.
2. Service plan was updated on 3/15/21 to reflect additional interventions for tenant #2's verbally aggressive and verbally sexual behavior.
3. Service plan was updated on 12/26/20 to reflect receipt of blood glucose monitor and addition of routine glucose checks.
4. Service plan was updated on 3/15/2021 to reflect specific interventions for tenant #3's verbally and physically aggressive behavior toward other tenants, specifically tenant #1.

481-69.26(4)d Service Plans

Regulatory Insufficiency: Based on interview and record review, the Program failed to develop service plans that reflected planned and spontaneous activities for those tenants unable to plan their own activities.

Plan of Correction:

The insufficiency will be corrected as follows:

1. Service Plan for tenant #1 was updated on 3/17/21 to reflect planned and spontaneous activities as tenant is not able to plan his/her own activities.
2. Service Plan for tenant #2 was updated on 3/15/21 to reflect planned and spontaneous activities as tenant is not able to plan his/her own activities.
3. Service Plan for tenant #3 was updated on 3/15/21 to reflect planned and spontaneous activities as tenant is not able to plan his/her own activities.

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

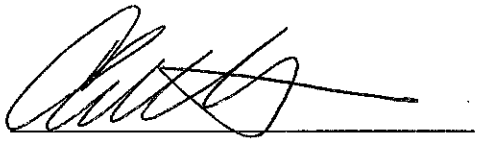
The Wellness Coordinator RN will include specific spontaneous activities tenants enjoy on the service plan.

The program will monitor performance to ensure compliance as follows:

The Program Manager will audit care plans monthly for a period of six months to ensure compliance. If compliance is found intact, audits will cease.

Date Insufficiencies corrected:

1. Service plan for tenant #1 was updated to include planned and spontaneous activities on 3/17/21.
2. Service plan for tenant #2 was updated to include planned and spontaneous activities on 3/15/21.
3. Service plan for tenant #3 was updated to include planned and spontaneous activities on 3/15/21.



Signature

3/23/21

Date