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
	S0440	A. BUILDING: _____ B. WING _____	08/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOYSON HEIGHTS SENIOR LIVING COMMUNITY MEI	765 BOYSON ROAD NE 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: 0 Number of tenants with cognitive disorder: 3 TOTAL Census of Assisted Living Program for People with Dementia: 3 An onsite infection control survey was completed and no regulatory insufficiencies were identified. The initial certification visit to determine compliance with certification for a Dedicated Dementia Specific Assisted Living Program was completed and the following regulatory insufficiencies were identified:	A 000	See Attached POC 1/14/22	
A 340	481-67.9(4)a 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	A 340		

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A 340	Continued From page 1 Program failed to have the newly hired registered nurse document a review to ensure staff were sufficiently trained in all tasks within 60 days of the nurse's employment. This pertained to 2 of 2 staff reviewed hired prior to the delegating nurse (Staff A and B). Findings follow: 1. Record review of the ALP Monitoring Entrance Form indicated the Director of Nursing (DON) was the delegating nurse and had a hire date of 4-28-21. 2. Record review on 8-9-21 of Staff A's training documents revealed a hire date of 9-1-20. The nurse delegated training completed by the DON was dated 7-8-21; which was greater than 60 days from the DON's hire date. 3. Record review on 8-9-21 of Staff B's training documents revealed a hire date of 11-17-20. The nurse delegated training completed by the DON was dated 7-8-21; which was greater than 60 days from the DON's hire date. 4. When interviewed on 8-10-21 at 4:15 p.m. and approximately 4:35 p.m. the DON the confirmed there were no additional nurse delegations completed by the current DON for the staff listed above. The DON was hired on 4-28-21; however, did not start full time until 5-23-21.	A 340		
A 400	481-67.19(3) 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 child and dependent	A 400		

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A 400	Continued From page 2	A 400		

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 request the Department of Public Safety complete a criminal history background check and the Department of Human Services complete a child and dependent adult abuse record check prior to employment. This pertained to 1 of 4 staff reviewed (Staff B). Findings follow:

1. Record review on 8-9-21 of Staff B's training documents revealed a hire date of 11-17-20. A Single Contact License & Background Check was completed dated 11-16-20 and included a Criminal History Background Check and sex offender registry check, which indicated no results were found. A check of child abuse and dependent adult abuse registries was not completed prior to employment.

Continued record review of an Individual Timecard document revealed Staff B first worked on 12-4-20 at 11:00 a.m.

Further record review indicated a Certificate of Completion for Food Safety & Sanitation: The Basics was completed on 11-17-20 and Dependent Adult Abuse Mandatory Reporter Training was completed on 11-19-20.

Continued record review revealed a Single Contact License & Background Check was completed dated 6-25-21 and included Abuse Registries Background Check (child abuse and dependent adult abuse registry check) and Criminal History Background Check. The check

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A 400	Continued From page 3 revealed no records were found. 2. When interviewed on 8-10-21 at approximately 4:55 p.m. the Consultant confirmed there was no additional background check information for Staff B. The Program had previously identified the issue.	A 400		
A 410	481-67.19(3)b Record Checks 67.19(3)b Conducting a background check. The program may access the single contact repository (SING) to perform the required background check. If the SING is used, the program shall submit the person's maiden name, if applicable, with the background check request. If SING is not used, the program must obtain a criminal history check from the department of public safety and a check of the child and dependent adult abuse registries from the department of human services. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete a background, including an individual's maiden name, prior to employment. This pertained to 1 of 4 staff reviewed (Staff C). Findings follow: 1. Record review on 8-9-21 of Staff C's training documents revealed a hire date of 6-3-21. A Single Contact License & Background Check was completed on 5-27-21 and indicated no results for the abuse registries and further research for the criminal history background check. Further research was completed on 6-1-21 and no record was found.	A 410		

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A 410	Continued From page 4 Continued record review revealed a Single Contact License & Background Check was completed on 6-7-21 and the document had a different last name indicated than the first background check completed on 5-27-21. The background check returned on 6-7-21 with no records found. Further record review revealed an Individual Timecard document revealed Staff C first worked on 6-3-21 at 2:45 p.m. 2. When interviewed on 8-10-21 at approximatley 4:55 p.m. the Consultant confirmed it was Staff C's maiden name (second check) and there was no additional background check information for Staff C.	A 410		
A 360	481-69.26(3) 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update service plans within 30 days of tenant admission. This pertained to 1 of 1 tenant reviewed (Tenant #1). Findings follow: 1. Record review on 8-9-21 of Tenant #1's file revealed Tenant #1 admitted on 4-1-21. An initial service plan was developed 3-31-21; however,	A 360		

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A 360	Continued From page 5 updates to the service plan did not occur within 30 days of taking occupancy. 2. When interviewed on 8-10-21 at 4:15 p.m. the Director of Nursing confirmed the above the finding.	A 360		
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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop service plans to reflect planned and spontaneous activities as necessary. This pertained to 1 of 1 tenant reviewed (Tenant #1). Findings follow: 1. Record review on 8-9-21 of Tenant #1's file revealed diagnoses included: anxiety disorder and Alzheimer's disease. Tenant #1 was staged at a five on the Global Deterioration Scale, which indicated moderately severe cognitive decline. Continued record review of Tenant #1's current signed service plan dated 6-22-21 indicated Tenant #1 was provided with a daily activity schedule and staff encouraged her to attend activities of her choice. The service plan did not identify planned and spontaneous activities for	A 410		

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A 410	Continued From page 6 Tenant #1. 2. When interviewed on 8-10-21 at 4:15 p.m. the Director of Nursing confirmed the most current service plan for Tenant #1 was provided. She said Tenant #1 liked to stay in her room and sleep.	A 410		

On behalf of Boyson Heights Senior Living Memory Support, I respectfully submit our Plan of Correction for your approval. Our response is specific to the Monitoring Report dated 8/10/2021. 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 conclusions set forth in the statement of insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of state law.

Staffing

1. Elements detailing how the Program will correct each regulatory insufficiency
    - Staff A and B are no longer employed at the assisted living.
2. Measures taken to ensure the problem does not recur
    - All nursing staff will receive delegations within 30 days of hire. Delegations will be completed within 60 days of a change in delegating RN.
3. How the Program plans to monitor performance to ensure compliance
    - Ongoing internal audits of employee files will be completed at least every six months to ensure compliance of staff education requirements.
4. The date by which the regulatory insufficiency will be corrected
    - The regulatory insufficiency will be corrected by January 14th, 2022.

Record Checks

1. Elements detailing how the Program will correct each regulatory insufficiency
    - Staff A and B are no longer employed at the assisted living.
2. Measures taken to ensure the problem does not recur
    - All staff, prior to hire, will be ran through the Single Contact License & Background Check system for Criminal History, Dependent Adult Abuse Registry, Sex Offender, Child Abuse Registry, Nurses Aid Registry (when applicable), and Nurse (when applicable). Program will also ensure that all required information/aliases are completed on initial SING record.
3. How the Program plans to monitor performance to ensure compliance
    - Ongoing internal audits of employee files will be completed at least every six months to ensure compliance of staff education requirements.
4. The date by which the regulatory insufficiency will be corrected
    - The regulatory insufficiency will be corrected by January 14th, 2022.

Service Plans

1. Elements detailing how the Program will correct each regulatory insufficiency
    - A full assessment was completed for Tenant #1 on 9/8/2021.
    - Tenant #1 service plan was updated on 9/8/2021 to address spontaneous activities specific to this tenant's preferences.
2. Measures taken to ensure the problem does not recur
    - The Director of Health Services and/or RN Designee will be re-educated on regulatory requirements regarding timing of completion of assessments.

- Upon pre-admission, Program will gather activity preferences of choice by appropriate parties to ensure a list of person-centered planned and spontaneous activities based on tenant's abilities and personal interests are met and implemented on the service plan(s). If any activities, planned or spontaneous, change based on tenant's abilities during the review period, the Program will reflect those changes in the most current service plan.

3. How the Program plans to monitor performance to ensure compliance
    - Ongoing internal audits of tenant charts will be completed at least quarterly to ensure compliance of tenant evaluations and service plans.
4. The date by which the regulatory insufficiency will be corrected
    - The regulatory insufficiency will be corrected by January 14th, 2022.