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 _____	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOYSON HEIGHTS SENIOR LIVING COMMUNI	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 impairment: 0 Number of tenants with cognitive impairment: 8 Total census: 8 The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program for People with Dementia.	A 000		
A 370	481-69.26(3)a 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. a. If a significant change triggers the review and update of the service plan, the updated service plan shall be signed and dated by all parties. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the program failed to ensure a service plan was updated to meet the needs of 1 of 3 tenants reviewed following a fracture (Tenant #2). Findings follow: On 9/24/24 review of an incident report dated	A 370	The POC is attached	

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A 370	Continued From page 1	A 370		

9/1/24 at 5:00 PM noted staff went into Tenant #2's room and saw her on the floor. Tenant #2 complained of pain to her right hand, wrist and knee. Staff took vitals, called the nurse and put ice on her hand. Tenant #2 went to the emergency room.

An Emergency Room After Visit Summary dated 9/1/24 noted Tenant #2 was diagnosed with a right distal radius fracture which was treated with a splint. Tenant #2 was not to lift anything with her right hand. She was to wear her splint at all times according to her doctor's instructions. The splint was to stay dry and clean.

An observation of the lunchtime meal on 9/24/24 at 11:50 AM revealed Tenant #2 had a cast on her right wrist and lower forearm. She moved her silverware from her right to her left hand. Food dropped off her silverware as she attempted to bring it to her mouth.

On 9/24/24 at 2:25 PM, Staff A reported since Tenant #2 fractured her wrist, it was more difficult for the tenant to feed herself as she was right handed. Tenant #2 needed staff to dress her since having a cast, whereas before she was able to get dressed with staff providing verbal cues.

Tenant #2 had a service plan dated 9/2/24. The service plan identified she had a hard splint to the right lower arm/wrist related to her fracture. The plan did not include any information about how often Tenant #2 was to wear the splint, how to care for the splint or the increased needs regarding dining and dressing.

On 9/24/24 at 4:44 PM, the Director of Nursing (DON) confirmed these findings and reported she was not aware Tenant #2 had increased

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A 370	Continued From page 2 functional needs following her wrist fracture. The DON did not watch Tenant #2 complete functional tasks to see what her abilities were after the wrist fracture. Staff did not notify her of Tenant #2's increased needs. The service plan was not signed by Tenant #2, her representative or the DON.	A 370		

Boyson Heights Senior Living Community ALP-D Plan of Correction

Re: Findings during recertification survey that occurred 9/24/24-9/25/24

1. **A370**
    1. It was determined that the tenant's identified needs and services were not adequately reflected in their service plan:
        i. One on one coaching and education provided to Director of Nursing on when it is appropriate to update tenant service plans with changes, importance of tenant observations following a significant change for potential ADL needs, and appropriate documentation of attempts to obtain signatures on the service plan on 9/25/24.
        ii. All incident reports will be sent to clinical consultants for review.