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
	570617	A. BUILDING: _____ B. WING _____	C 04/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORRIDOR CROSSING PLACE	136 36TH AVENUE 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
R 000	Initial Comments The following deficiencies were cited during the investigation of Complaint #82073-C.	R 000		
R 373	481-57.11(7) Personnel 57.11(7) Orders for medications and treatments. Orders for medications and treatments shall be correctly implemented by qualified personnel. (I, II, III) This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure prescribed medications were administered as ordered for 1 of 4 residents reviewed (Resident #1). Findings include: A review of Resident #1's record revealed a hospitalization from 2/28/19 through 3/2/19 for dehydration and diarrhea. On 1/4/19 an order for Immodium was signed by the physician to be given on a PRN (as needed) basis. The medication was never added to Resident #1's Medication Administration Record (MAR). A second fax from the clinic indicated on 3/11/19, Resident #1's family contacted the clinic to inquire about an order for medicine to treat Resident #1's random diarrhea. The fax indicated the facility stated they had not ever received any orders for diarrhea for Resident #1. On 3/14/19 the clinic sent a new order for	R 373	Plan of Correction is attached	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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R 373	Continued From page 1 Immodium to be given for diarrhea as needed. As of 4/4/19, the MARs did not contain any orders for Immodium. On 4/8/19 at 9:45 AM, the Senior Housing Clinical Quality Manager and the facility Manager confirmed the above findings. Loperamide HCl (generic Immodium) was added to the MARS on 4/4/19, after being addressed with the facility.	R 373		
R 832	481-57.22(3)b Orientation and Service Plan 57.22(3) Service plan. Within 30 days of admission, the administrator or the administrator's designee, in conjunction with the resident, the resident's responsible party, the interdisciplinary team, and any organization that works with or serves the resident, shall develop a written, individualized, and integrated service plan for the resident. The service plan shall be developed and implemented to address the resident's priorities and assessed needs, such as activities of daily living, rehabilitation, activity, and social, behavioral, emotional, physical and mental health. (I, II, III) b. The service plan shall include the documentation procedure for each goal and objective. (II, III) This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews, the	R 832		

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R 832	Continued From page 2 facility failed to ensure all need areas were addressed and documentation procedures were included in the service plan for 2 of 4 residents reviewed (Resident #1, Resident #2). Findings include: Review of Resident #1's record revealed documentation indicating she was hospitalized from 2/28/19 to 3/2/19 in part due to diarrhea and dehydration. A review of Resident #1's initial care plan dated 1/3/19 reflected she was independent with eating and drinking, but had to be reminded to go to meals. The service plan was updated on 3/30/19 to state the resident needed encouragement with eating and preferred to have smaller portions at meals. The service plan failed to indicate a documentation process such as meal monitoring for this assessed need. In addition the service plan failed to include a goal or objective to monitor fluid intake following her hospitalization due in part to dehydration. A review of Resident #2's record revealed an admission date of 3/18/19. Resident #2's service plan dated 4/1/19 revealed a goal of eating 2-3 meals a day. The goal described Resident #2 as having a poor/fair appetite and frequently leaving the table saying she was not hungry. Staff were to encourage fluids throughout the day and provide Ensure drinks with her meals. The record did not contain any data on eating or drinking status. The service plan failed to indicate the documentation process such as meal monitoring or weights for this goal. On 4/4/19 at 10:51 AM, Staff A stated RA (resident attendant) staff had no monitoring system in place to keep track of how much residents ate or drank. Staff A reported Resident	R 832		

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R 832	Continued From page 3 #1 often did not go to breakfast. She could generally get the resident to go to lunch on the days she missed breakfast. Staff A stated Resident #2 came out for a meal only one time for her since admission. She did encourage the resident to drink fluids throughout the day. On 4/4/19 at 11:20 AM, Staff C stated the kitchen staff did not keep track of how much residents ate or drank. Staff C stated Resident #1 almost never ate anything when she came out to the dining room. The resident did like chocolate milk though, so she allowed her to drink as much as she wanted in order to consume some calories. Staff C stated she had rarely seen Resident #2 eat. On 4/8/19 at 9:45 AM, the Senior Housing Clinical Quality Manager and the facility Manager confirmed these findings.	R 832		

Corridor Crossing Place

5/8/19

April 30, 2019
Corridor Crossing Place
136 36th Avenue SW
Cedar Rapids, Iowa 52404

Iowa Department of Inspection & Appeals
[redacted]
Program Coordinator
Adult Services Bureau
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083

To Whom It May Concern,

Complaint/Investigation Intake #'s:
#82073-C: Service Plan: Not Substantiated / Substantiated

Please consider this our plan of correction for the deficiencies cited during 4/3/19 – 4/8/2019 complaint investigation, with the **Final Results, Corridor Crossing Place, Cedar Rapids, IA** completed by the Department of Inspection and Appeals (DIA) in accordance with the Code of Iowa, section 481 and Iowa Administrative Code, chapter 57.

Personnel 481.57.11(7)
R373
57.11(7) Orders for medications and treatments

Orders for medications and treatments shall be correctly implemented by qualified personnel. (I, II, III)

1. **Step-by-step description of method(s) used to correct the system level problem which caused the deficiencies. The Plan of correction must provide information which assures the intent of the regulation, as evidenced by the examples, is corrected. A statement that the correction has been made for the specific examples cited is not acceptable.**
    a. All medications will be correctly implemented by qualified personnel.
    b. Resident # 1, medications have been implemented by qualified personnel on 4/4/19.
    c. LPN Manager/Manager or designee will ensure that all resident medications are correctly implemented by qualified personnel.
2. **State the method(s) to be used to maintain and monitor compliance. Indicate the position or positions responsible for monitoring the correction to prevent the deficiencies reoccurrence. State your anticipated frequency of monitoring.**

5/6/19
DD

a. LPN Manager/Manager or designee will ensure that all resident medications are correctly implemented by qualified personnel. LPN Manager/Manager or designee will review at minimum 5 resident's medications to ensure all medications are correctly implemented weekly for three weeks, monthly for three months and then as determined as LPN Manager/Manager on an ongoing basis.

3. **A realistic date of correction by month, date, and year.**
   a. Deficiencies will be corrected, as of 5/15/2019.

Orientation and Service Plan
57.22(3)b Service Plan.
R832

Within 30 days of admission, the administrator or the administrator's designee, in conjunction with the resident, the resident's responsible party, the interdisciplinary team, and any organization that works with or serves the resident, shall develop a written, individualized, and integrated service plan for the resident. The service plan shall be developed and implemented to address the resident's priorities and assessed needs, such as activities of daily living, rehabilitation, activity, and social, behavioral, emotional, physical and mental health. (I, II, III) b. The service plan shall include the documentation procedure for each goal and objective. (II, III)

1. **Step-by-step description of method(s) used to correct the system level problem which caused the deficiencies. The Plan of correction must provide information which assures the intent of the regulation, as evidenced by the examples, is corrected. A statement that the correction has been made for the specific examples cited is not acceptable.**

   a. All service plans will be reviewed by Nurse/Manager/Designee and updated to reflect resident's current status to include documentation process for each goal/assessed need by 5/15/19.
   b. LPN Manager/Manager or designee will audit that service plans include documentation process for each goal/assessed need.
   c. Resident #1 service plan has been updated to include documentation process for meal monitoring and a goal/documentation process to monitor fluid intake due to her recent hospitalization for dehydration. Resident # 2 service plan updated to include documentation process for meal monitoring or weights to monitor eating and drinking status.

2. **State the method(s) to be used to maintain and monitor compliance. Indicate the position or positions responsible for monitoring the correction to prevent the deficiencies reoccurrence. State your anticipated frequency of monitoring.**
    a. LPN Manager/Manager or designee will review that a minimum of 5 service plans accurately reflect resident's current status to include documentation process for each goal/assessed need weekly for 4 weeks, monthly for 3 months and then as determined by the manager ongoing.
3. **A realistic date of correction by month, date, and year.**
    a. The community will develop a written, individualized, and integrated service plan for all residents by 5/15/2019.

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 regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.

Sincerely,

Lyla Erwin

Lyla Erwin
Operations Manager of Corridor Crossing Place