IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #:
56932-M

March 21, 2016

Ms. Susan Schmitt, Director of Health Services
Arbor Place
1140 K Avenue NW
Cedar Rapids, IA 52405

RE: Final Recertification & Complaint/Incident Investigation Report, Arbor Place, Cedar Rapids, Iowa

Dear Ms. Schmitt:

Enclosed is the **Final Recertification & Complaint/Incident Investigation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C and Iowa Administrative Code (IAC) chapters 481—67 and 481—69, following an investigation by DIA on **March 1 - 7, 2016.** The Report notes Regulatory Insufficiencies in the area(s) of: Service Plans and Nurse Review.

Each Regulatory Insufficiency requires that the Program submit a written Plan of Correction (POC).

In preparing the POC, please use the tenant identifiers from the Report, i.e. Tenant #1, when reference is made to specific tenants. If your response includes a specific tenant's assessment or service plan, it is the Program's responsibility to conceal the tenant's name in order to maintain the tenant's anonymity. Your response shall include the following:

1. Elements detailing how the Program will correct each regulatory insufficiency.
2. What measures will be taken to ensure the problem does not recur.
3. How the Program plans to monitor performance to ensure compliance.
4. The date by which the regulatory insufficiency will be corrected.

Please note that all regulatory insufficiencies must be **corrected within 30 days of the date of the exit conference**; however, there may be situations where the timeframe may be shortened or lengthened, at the discretion of the department.

The POC must be submitted/emailed to DIA to my attention within ten (10) working days of receipt of this letter. It may be necessary for DIA to revisit the Program to confirm progress in fulfilling the POC's corrective measures.

As provided by IAC rule 481-67.14, you are afforded one opportunity to refute cited regulatory insufficiencies through the informal conference process. A request for an informal conference must be made within 20 working days of the notice or service of this letter and the final report. Please refer to rule 67.14 for more information.

If you have any questions in regard to the enclosed Report, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

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
	S0065	A. BUILDING. _____ B. WING _____	C 03/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR PLACE	1140 K AVENUE NW CEDAR RAPIDS, IA 52405

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A 000	481-67 Initial Comments Assisted Living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site.	A 000		
	Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 12 Number of tenants with cognitive disorder: 12 Total Population of Program at time of on-site: 24 TOTAL census of Assisted Living Program: 24 A recertification visit and investigation of Incident #56932-M were completed. There were no regulatory insufficiencies identified related to Incident #56932-M. The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:			
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	A 083		

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A 083	Continued From page 1 by: Based on review of tenant files the Program failed to develop service plans for each tenant based on the evaluations, that were designed to meet the specific service needs of the individual tenant and were updated at least annually and whenever changes were needed for four of five tenant files reviewed (Tenants #1, #2, #4 and #5). Four tenants did not have service plans that reflected the service needs of the tenants. (Recertification) 1. Tenant #1, an 80 year old, was admitted on 1-5-16 and diagnoses included: gastroesophageal reflux disease (GERD), anxiety, osteoarthritis, C2 fracture and mild traumatic brain injury. Tenant #1 was staged a at a two on the Global Deterioration Scale (GDS), which indicated very mild cognitive decline. According to a Fall Scene Investigation Report, on 1-24-16 door alarms went off and Tenant #1 had gone out the door. Tenant #1 was on Tenant #1's knees on the sidewalk outside the front door. Tenant #1 had been waiting in the common area for a ride to church. After the fall, Tenant #1 refused to come inside and left with Tenant #1's friends. When Tenant #1 returned from church, swelling on the left eyebrow with bruising was noted and ice was applied. A nurse was notified. According to Interdisciplinary Notes dated 1-25-16, a wandering monitoring device had been placed on Tenant #1's right wrist. According to Interdisciplinary Notes dated 2-4-16, the wandering monitoring device was moved to Tenant #1's left ankle per Tenant #1's request. The service plan did not reflect the wandering	A 083		

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A 083	Continued From page 2 monitoring device and that Tenant #1 had exited the doors, which caused the door alarms to sound. The service plan did not reflect the service needs of Tenant #1. 2. Tenant #2, an 80 year old, was admitted on 8-6-12 and diagnoses included: dementia, hypertension (HTN), GERD, congestive heart failure, sepsis pneumonia and hyponatremia. Tenant #2 was staged at a 3.6 on the GDS, which indicated mild cognitive decline. According to Interdisciplinary Notes dated 1-19-16 (late entry for 1-5-16) Tenant #2 started on physical therapy (PT) services for Tenant #2's complaints of hip pain. According to Interdisciplinary Notes dated 2-4-16, PT would discharge Tenant #2 from services and all goals were met. According to Interdisciplinary Notes dated 1-28-16, Tenant #2 complained of not feeling well and could not urinate. Staff collected a urine sample and it was sent into the lab. According to Interdisciplinary Notes dated 1-30-16, final urine culture results were called to the advanced registered nurse practitioner (ARNP) and the final report indicated escherichia coli. An order was received for Ceftriaxone 1 gram intramuscular at that time and then repeat in 72 hours. According to Interdisciplinary Notes dated 2-2-16, Tenant #2 was administered a Rocephin (Ceftriaxone) injection into right hip. The service plan did not reflect the initiation and discontinuation of PT services. The service plan also did not reflect the urinary tract infection (UTI) and treatment. The service plan did not reflect the service needs of Tenant #2.	A 083		

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A 083	Continued From page 3 3. Tenant #4, a 90 year old was admitted on 9-23-15 and diagnoses included: type 2 diabetes mellitus, UTI, hyponatremia, hyperglycemia, chronic low back pain, compression fracture and memory impairment. Tenant #4 was staged at a three on the Global Deterioration Scale (GDS), which indicated mild cognitive decline. According to Interdisciplinary Notes dated 9-27-15, an order was received for Imodium one to two capsules by mouth as needed for diarrhea. According to Interdisciplinary Notes dated 1-8-16, staff reported Tenant #4 had a fall around 1:00 p.m. Staff found Tenant #4 on the bathroom floor, the bathroom floor had loose bowel movement (BM) on it. According to Interdisciplinary Notes dated 1-21-16, Tenant #4 had a fall in the apartment. There was BM by the toilet and trailing on the floor to the doorway where Tenant #4 was laying. According to Interdisciplinary Notes dated 2-17-16, Tenant #4 had been having bouts of explosive BM, none that day; however, Tenant #4 had an episode the day prior. According to Interdisciplinary Notes dated 1-21-16, urine was collected and tested positive for nitrates and potential hydrogen was high. The urine sample was sent into the lab for testing. Tenant #4 had a history of UTIs. According to Interdisciplinary Notes dated 1-22-16, the ARNP was made aware of the urinalysis results and an order was received to start Cipro 250 milligram, one tablet by mouth, twice daily for seven days. The service plan did not reflect the episodes of diarrhea or the history of UTIs and treatment. The service plan did not reflect the service needs of Tenant #4.	A 083		

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A 083	Continued From page 4 4. Tenant #5, an 85 year old was admitted on 8-8-15 and diagnoses included: memory loss, stroke, kidney problems, HTN and hernia. Tenant #5 was staged at a five on the GDS, which indicated moderately severe cognitive decline. According to Interdisciplinary Notes dated 2-16-16, Tenant #5 had two falls over the weekend. The report from the fall on 2-14-16 indicated Tenant #5 fell in Tenant #5's apartment while family was visiting and family reported to staff. Tenant #5 was taken to the emergency room. Tenant #5 had an elastic bandage on the right wrist and five staples to the back top of the head. Tenant #5 had a referral for PT. According to Interdisciplinary Notes dated 2-18-15, a signed order was received to start PT services The service plan did not reflect the falls and initiation of PT services. The service plan did not reflect the service needs of Tenant #5.	A 083		
A 096	481-69.27(3) Nurse Review 481-69.27(231C) Nurse review If a tenant does not receive personal or health-related care, but an observed significant change in the tenant ' s condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation. 69.27(3) To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant ' s health status	A 096		

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A 096	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based on review of tenant files the Program failed to assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there were changes in the tenants' health status for two of five tenant files reviewed (Tenants #4 and #5). Two tenants did not have nurse reviews completed as needed. (Recertification) 1. Tenant #4, a 90 year old was admitted on 9-23-15 and diagnoses included: type 2 diabetes mellitus, urinary tract infection (UTI), hyponatremia, hyperglycemia, chronic low back pain, compression fracture and memory impairment. Tenant #4 was staged at a three on the Global Deterioration Scale (GDS), which indicated mild cognitive decline. According to Interdisciplinary Notes dated 1-21-16, urine was collected and tested positive for nitrates and potential hydrogen was high. The urine sample was sent into the lab for testing. Tenant #4 had a history of UTIs. According to Interdisciplinary Notes dated 1-22-16, the advance registered nurse practitioner was made aware of the urinalysis results and an order was received to start Cipro 250 milligram, one tablet by mouth, twice daily for seven days. A nurse review was not completed following the completion of the antibiotic to assess and document the health status of Tenant #4. 2. Tenant #5, an 85 year old, was admitted on 8-8-15 and diagnoses included: memory loss, stroke, kidney problems, hypertension and	A 096		

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A 096	Continued From page 6 hernia. Tenant #5 was staged at a five on the GDS, which indicated moderately severe cognitive decline. The service plan was updated on 1-2-16 to reflect staff assisted Tenant #5 with a grooming task and perineal hygiene. According to Interdisciplinary Notes dated 1-8-16 (late entry for 1-2-16), occupational therapy gave recommendations for Tenant #5 to get assistance with a grooming task and assistance with perineal hygiene. The service plan had been updated to reflect the recommendations. Although an Interdisciplinary Note was completed regarding the changes, the note was not completed by a nurse. A nurse review was not completed as needed. The service plan was updated on 2-11-16 to reflect staff laid out clothing for Tenant #5 and Tenant #5 was independent with dressing, staff assisted as needed. The service plan previously indicated Tenant #5 was an assist of one with dressing. Nurse reviews were not completed as needed with changes.	A 096		

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A 000	481-67 Initial Comments Assisted Living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 12 Number of tenants with cognitive disorder: 12 Total Population of Program at time of on-site: 24 TOTAL census of Assisted Living Program: 24 A recertification visit and investigation of incident #56932-M were completed. There were no regulatory insufficiencies identified related to Incident #56932-M. The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000		
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DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Susan A. Schmitt — TITLE: Director of Health Services — (X6) DATE

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A 083	Continued From page 2 monitoring device and that Tenant #1 had exited the doors, which caused the door alarms to sound. The service plan did not reflect the service needs of Tenant #1. 2. Tenant #2, an 80 year-old, was admitted on 8-6-12 and diagnoses included: dementia, hypertension (HTN), GERD, congestive heart failure, sepsis pneumonia and hyponatremia. Tenant #2 was staged at a 3.6 on the GDS, which indicated mild cognitive decline. According to Interdisciplinary Notes dated 1-19-16 (late entry for 1-5-16) Tenant #2 started on physical therapy (PT) services for Tenant #2's complaints of hip pain. According to Interdisciplinary Notes dated 2-4-16, PT would discharge Tenant #2 from services and all goals were met. According to Interdisciplinary Notes dated 1-28-16, Tenant #2 complained of not feeling well and could not urinate. Staff collected a urine sample and it was sent into the lab. According to Interdisciplinary Notes dated 1-30-16, final urine culture results were called to the advanced registered nurse practitioner (ARNP) and the final report indicated escherichia coli. An order was received for Ceftriaxone 1 gram intramuscular at that time and then repeat in 72 hours. According to Interdisciplinary Notes dated 2-2-16, Tenant #2 was administered a Rocephin (Ceftriaxone) injection into right hip. The service plan did not reflect the initiation and discontinuation of PT services. The service plan also did not reflect the urinary tract infection (UTI) and treatment. The service plan did not reflect the service needs of Tenant #2.	A 083		

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A 083	Continued From page 3 3. Tenant #4, a 90 year old was admitted on 9-23-15 and diagnoses included: type 2 diabetes mellitus, UTI, hyponatremia, hyperglycemia, chronic low back pain, compression fracture and memory impairment. Tenant #4 was staged at a three on the Global Deterioration Scale (GDS), which indicated mild cognitive decline. According to Interdisciplinary Notes dated 9-27-15, an order was received for Imodium one to two capsules by mouth as needed for diarrhea. According to Interdisciplinary Notes dated 1-8-16, staff reported Tenant #4 had a fall around 1:00 p.m. Staff found Tenant #4 on the bathroom floor, the bathroom floor had loose bowel movement (BM) on it. According to Interdisciplinary Notes dated 1-21-16, Tenant #4 had a fall in the apartment. There was BM by the toilet and trailing on the floor to the doorway where Tenant #4 was laying. According to Interdisciplinary Notes dated 2-17-16, Tenant #4 had been having bouts of explosive BM, none that day; however, Tenant #4 had an episode the day prior. According to Interdisciplinary Notes dated 1-21-16, urine was collected and tested positive for nitrates and potential hydrogen was high. The urine sample was sent into the lab for testing. Tenant #4 had a history of UTIs. According to Interdisciplinary Notes dated 1-22-16, the ARNP was made aware of the urinalysis results and an order was received to start Cipro 250 milligram, one tablet by mouth, twice daily for seven days. The service plan did not reflect the episodes of diarrhea or the history of UTIs and treatment. The service plan did not reflect the service needs of Tenant #4.	A 083		

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A 083	Continued From page 4 4. Tenant #5, an 85 year old was admitted on 8-8-15 and diagnoses included: memory loss, stroke, kidney problems, HTN and hernia. Tenant #5 was staged at a five on the GDS, which indicated moderately severe cognitive decline. According to Interdisciplinary Notes dated 2-16-16, Tenant #5 had two falls over the weekend. The report from the fall on 2-14-16 indicated Tenant #5 fell in Tenant #5's apartment while family was visiting and family reported to staff. Tenant #5 was taken to the emergency room. Tenant #5 had an elastic bandage on the right wrist and five staples to the back top of the head. Tenant #5 had a referral for PT. According to Interdisciplinary Notes dated 2-18-15, a signed order was received to start PT services The service plan did not reflect the falls and initiation of PT services. The service plan did not reflect the service needs of Tenant #5.	A 083		4/7/16
A 098	481-69.27(3) Nurse Review 481-69.27(231C) Nurse review. If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation. 69.27(3) To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status	A 098	The Assisted Living Manager and Program Nurse will meet weekly to review each individual assisted living resident's condition. The Program Nurse will make a list of all changes in medication and treatment each week and review it with the Assisted Living Manager to discuss and determine whether a nurse review is warranted. The Assisted Living Manager will audit each chart for completeness prior to annual or significant change service plan meeting with specific emphasis on nurse reviews. Nurse reviews will be completed and documented by either the Program Nurse or the delegating RN depending on the specific circumstances.	

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FORM APPROVED

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
	90065	A. BUILDING: _____ B. WING _____	C 03/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR PLACE	1140 K AVENUE NW CEDAR RAPIDS, IA 52405

(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 096	Continued From page 6 This REQUIREMENT is not met as evidenced by: Based on review of tenant files the Program failed to assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there were changes in the tenants' health status for two of five tenant files reviewed (Tenants #4 and #5). Two tenants did not have nurse reviews completed as needed. (Recertification) 1. Tenant #4, a 90 year old was admitted on 9-23-15 and diagnoses included: type 2 diabetes mellitus, urinary tract infection (UTI), hyponatremia, hyperglycemia, chronic low back pain, compression fracture and memory impairment. Tenant #4 was staged at a three on the Global Deterioration Scale (GDS), which indicated mild cognitive decline. According to Interdisciplinary Notes dated 1-21-16, urine was collected and tested positive for nitrates and potential hydrogen was high. The urine sample was sent into the lab for testing. Tenant #4 had a history of UTIs. According to Interdisciplinary Notes dated 1-22-16, the advance registered nurse practitioner was made aware of the urinalysis results and an order was received to start Cipro 250 milligram, one tablet by mouth, twice daily for seven days. A nurse review was not completed following the completion of the antibiotic to assess and document the health status of Tenant #4. 2. Tenant #5, an 85 year old, was admitted on 8-8-15 and diagnoses included: memory loss, stroke, kidney problems, hypertension and	A096		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0065	A. BUILDING _____ B. WING _____	C 03/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR PLACE	1140 K AVENUE NW CEDAR RAPIDS, IA 52405

(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 096	Continued From page 6 hernia. Tenant #5 was staged at a five on the GDS, which indicated moderately severe cognitive decline. The service plan was updated on 1-2-16 to reflect staff assisted Tenant #5 with a grooming task and perineal hygiene. According to Interdisciplinary Notes dated 1-8-16 (late entry for 1-2-16), occupational therapy gave recommendations for Tenant #5 to get assistance with a grooming task and assistance with perineal hygiene. The service plan had been updated to reflect the recommendations. Although an Interdisciplinary Note was completed regarding the changes, the note was not completed by a nurse. A nurse review was not completed as needed. The service plan was updated on 2-11-16 to reflect staff laid out clothing for Tenant #5 and Tenant #5 was independent with dressing, staff assisted as needed. The service plan previously indicated Tenant #5 was an assist of one with dressing. Nurse reviews were not completed as needed with changes.	A 096		