LK 4/19/17 CAC 4/19/17

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
	S0035	A. BUILDING: _____ B. WING _____	03/23/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COTTAGE GROVE PLACE	2115 1ST AVENUE SE 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	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. General Population Program Number of tenants without cognitive disorder: 15 Number of tenants with cognitive disorder: 4 Total Population of Program at time of on-site: 19 TOTAL census of Assisted Living Program: 19 The following regulatory insufficiencies were cited during the Recertification visit conducted to determine compliance with certification for an Assisted Living Program (ALP).	A 000	See attached POC 4/13/17	
A 086	481-69.26(3)a Service Plans 481-69.26(231C) 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:	A 086		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 086	Continued From page 1 Based on interview and record review the Program failed to ensure service plans signed by the tenant or the tenant's legal representative (as applicable) when a significant change triggered the review and update of the service plan for 3 of 4 tenant files (Tenants #1, #2 and #4). Findings follow: 1. Record review of Tenant #1's file revealed an update of the tenant's service plan, dated 3-10-17. Additional review revealed the update due to a significant change of condition. The service plan was signed by the Assisted Living (AL) Nurse Manager; however, was not signed by Tenant #1 or Tenant #1's legal representative. An interview with the AL Nurse Manager on 3-21-17 at 9:51 a.m. revealed she had discussed the service plan with Tenant #1's and Tenant #1's spouse. 2. Record review of Tenant #2's file revealed the update of the service plan, dated 2-25-17. Further review revealed the service plan updated due to a significant change of condition. The service plan was signed by the AL Nurse Manager; however, was not signed by Tenant #2 or Tenant #2's legal representative. When interviewed the AL Nurse Manager revealed there was entry in Nurse's Notes regarding a conversation with Tenant #2's family (regarding the issues for the service plan update). 3. Record review of Tenant #4's file revealed the update of the service plan, dated 2-25-17. Additional review revealed the plan updated due to a significant change of condition. The service plan was signed by the AL Nurse Manager; however, was not signed by Tenant #4 or Tenant	A 086		

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A 086	Continued From page 2 #4's legal representative.	A 086		
A 089	481-69.26(4)a Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop service plans to indicate tenants' identified needs for 3 of 4 tenant files reviewed (Tenants #1, #2 and #4). Findings follow: 1. Record review of the Assisted Living Program (ALP) Monitoring Entrance Form revealed Tenant #1 had a bed rail for positioning. According to a fax to Tenant #1's physician, dated 3-10-17 (noted on 3-13-17), an order was received for Tenant #1 to keep a gas relief medication at bedside and for him/her to take independently. According to a physician's order dated 12-28-16, Ciprofloxacin 250 milligrams (mg), one tablet, twice daily for seven days was ordered. An interview with the AL Nurse Manager on 3-21-17 at 9:51 a.m. revealed Tenant #1 had a bed rail for positioning, the antibiotic was ordered for a urinary tract infection (UTI) and Tenant #1 kept the gas relief medication at bedside and staff administered the remaining medications.	A 089		

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A 089	Continued From page 3 Further record review revealed Tenant #1's service plan updated on 3-10-17 failed to reflect the following: the bed rail for positioning, the gas relief taken independently and kept at bedside or the UTI and antibiotic therapy. 2. Record review of Tenant #2's file revealed Tenant #2 staged at a four on the Global Deterioration Scale (GDS), which indicated moderate cognitive decline. An evaluation dated 2-25-17 indicated Tenant #2 had increased elopement attempts, increased wandering, and Tenant #2 had tried to leave the floor where he/she resided. An interview with the AL Manager on 3-21-17 at 9:51 a.m. revealed an intervention for Tenant #2's behavior was participation in activities. Further record review revealed Tenant #2's service plan dated 2-25-17 reflected Tenant #2 had attempted to leave the floor; however did not provide interventions related to Tenant #2's wandering and elopement attempts. 3. Record review of Tenant #4's file revealed Tenant #4 was staged at a four on the GDS, which indicated moderate cognitive decline. An evaluation dated 2-25-17 indicated Tenant #4 attempted to leave at night, especially on Saturday night for church Sunday morning. A stop sign was placed on the door on Saturday night to stop Tenant #4 from leaving. Medication administration records indicated Tenant #4 was prescribed Nitrostat 0.4 mg tablet, sublingually every five minutes, three doses as needed for chest pain. An interview with the AL Manager on 3-21-17 at	A 089		

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A 089	Continued From page 4 9:51 a.m. revealed Tenant #4 would go to the door on Saturday night and wanted to go to church. One hour checks were initiated from 10:00 p.m. to 6:00 a.m. on Saturday and a stop sign was put on the door on Saturday. There were no other issues with Tenant #4 leaving except on Saturday night. The AL Nurse Manager revealed Tenant #4 was prescribed Nitro; however, hardly ever used it. Further record review revealed Tenant #4's service plan dated 2-25-17 was updated to reflect the stop sign placement on Saturday; however, did not reflect the time period the behavior was most problematic and other interventions including the one hour checks on Saturday night.	A 089		

CAC 4/19/17

A 086

Elements detailing how the Program will correct the regulatory insufficiency:
Service plans will be signed and dated by all parties within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually, by signing in person or, if necessary, mailing a copy of the service plan to the Tenant's legal representative with a self-addressed stamped envelope for return.

Measures taken to ensure the problem does not recur:
The Assisted Living Nurse will audit all new tenant service plans and any service plans identifying changes, monthly to ensure service plans are signed and dated by all parties.

How the Program plans to monitor performance to ensure compliance:
The Director of Nursing, or designee will monitor quarterly to ensure ongoing compliance with identified concerns to be addressed and corrected.

The date by which the regulatory insufficiency will be corrected:
4/13/17

A 089

Elements detailing how the Program will correct the regulatory insufficiency:
All service plans will reflect individualized tenant's identified needs and interventions, including any identified problematic time periods of tenant behaviors.

Measures taken to ensure the problem does not recur:
The Assisted Living Nurse will audit service plans monthly to ensure all service plans reflect tenant's identified needs and interventions, including any identified problematic time periods of tenant behaviors.

How the Program plans to monitor performance to ensure compliance:
The Director of Nursing, or designee will monitor quarterly to ensure ongoing compliance with identified concerns to be addressed and corrected.

The date by which the regulatory insufficiency will be corrected:
4/13/17