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 _____	02/26/2018

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 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: 18 Number of tenants with cognitive disorder: 9 TOTAL Census of Assisted Living Program for People with Dementia: 27 The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification for a Dedicated Dementia Specific Assisted Living Program:	A 000	POC 4/6/18	
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 by: Based on interview and record review the Program failed to develop service plans based on evaluations and failed to design service plans to meet the identified service needs of the tenants.	A 083	Documentation on service plans for Resident's #1, 2, and 3 was added by April 3rd, 2018 by the program nurse. All resident service plans will be audited and corrected as needed by April 6th, 2018. Director of Long Term Support & Services and Program Nurse will review all service plans and changes in treatment for every resident on a monthly basis for three months. After three months, the Director of Long Term Support & Services and Program Nurse will randomly audit three resident service plans monthly.	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Kami Christensen TITLE Director of Long Term Support & Services (X6) DATE 4/3/18

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A 083	Continued From page 1 This affected 3 of 3 tenants reviewed. (Tenants #1, #2 and #3). Findings follow: 1. Record review of Tenant #1's file revealed a diagnosis of Alzheimer's disease. Tenant #1 scored a 20/30 on the Mini Mental Status Examination (MMSE). Tenant #1 was admitted as a respite admission on 12-27-17 and a permanent admission on 1-12-18. Continued record review indicated the following: a. Interdisciplinary Notes, dated 1-12-18, indicated Tenant #1 wore an electronic wandering monitoring bracelet on his/her ankle. Tenant #1 cut the first bracelet off of his/her arm. b. Interdisciplinary Notes, dated 2-8-18, indicated Tenant #1's appetite was not always good and he/she lost over 11 pounds since coming to the Program. Tenant #1 received a nutritional supplement three times per day. Tenant #1 exhibited some difficulty with chewing and swallowing. Tenant #1 would chew, but may need cueing to take a drink and swallow. c. A Nurse Review document, dated 2-8-18, indicated Tenant #1 packed all of his/her belongings every afternoon and thought he/she would be leaving the next morning. When interviewed on 2-26-18 at 2:20 p.m. the Director of Long Term Support and Services revealed staff checked Tenant #1's electronic wandering monitoring bracelet every shift. Tenant #1 was encouraged to eat and the doctor was notified of the weight loss. Tenant #1 refused the nutritional supplement. Further record review revealed the service plan	A 083		

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A 083	Continued From page 2 failed to reflect Tenant #1 packed his/her belongings daily. The service plan also did not reflect Tenant #1 cut off his/her electronic wandering monitoring bracelet and staff checked for the placement of the bracelet every shift. The service plan did not reflect Tenant #1 had difficulty chewing and swallowing, weight loss or the nutritional supplement. 2. Record review of Tenant #2's file revealed diagnoses included: history of transient ischemic attacks (TIAs) and seizure disorder. Tenant #2 scored a 19/30 on the MMSE. Tenant #2 was admitted on 10-16-17. Continued record review indicated the service plan updated within 30 days of taking occupancy on 11-15-17; however, a health evaluation not completed until 11-17-17. The service plan updated within 30 days of taking occupancy was not based on the health evaluation. Additional record review revealed Interdisciplinary Notes indicated the following: a. On 12-11-17 it Tenant #2 had one fall and some episodes that may be partial onset seizures noted. b. On 1-11-18 Tenant #2 now took Keppra after a psychomotor seizure. No further seizures were noted. c. On 1-21-18 Tenant #2 experienced some confusion and difficulty speaking. Tenant #2's family was informed and did not feel he/she needed to be seen at the emergency room (ER). Tenant #2's family reported he/she had mini seizures and took Keppra; however, they did at times resemble mini TIAs.	A 083		

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A 083	Continued From page 3 d. On 1-22-18 Tenant #2 had a neurology appointment at about 1:30 p.m. and started to have a seizure at the medical building. Testing was completed with no evidence of a cerebrovascular accident or TIA. Keppra 250 milligram, one and a half tablets, was given at 4:25 p.m. At 4:45 p.m. Tenant #2 had increased restlessness, was still unable to answer questions and was unable to feed himself/herself. Tenant #2 was transferred to the ER. e. On 1-27-18 Tenant #2 returned to the Program with new orders. Staff were instructed to encourage fluids, provide stand by assist with ambulation for the evening and assist with toileting. When interviewed on 2-26-18 at 2:20 p.m. the Director of Long Term Support and Services revealed Tenant #2's seizure history was identified on the medication administration record and if Tenant #2 acted differently staff were instructed to call the nurse. Tenant #2 had two seizures while at the Program. Further record review revealed the service plan updated on 1-27-18 did not reflect the history of seizures and interventions or directions for staff regarding seizure activity. 3. Record review of Tenant #3's file revealed diagnoses included: dementia and depression. Tenant #3 was staged at a 6 on the Global Deterioration Scale, which indicated severe cognitive decline. Continued record review indicated a functional evaluation dated 10-6-17 reflected staff administered medications. The service plan	A 083		

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A 083	Continued From page 4 updated on 10-6-17 did not address administration of medications. When interviewed on 2-26-18 at 2:20 p.m. the Director of Long Term Support and Services revealed revealed staff administered medications to Tenant #3. Further record review revealed the service plan did not reflect staff administered Tenant #3's medications.	A 083		