✓ 11/17/19 OK 11/7/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALP286	A. BUILDING _____ B. WING _____	11/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IRVING POINT	910 7TH STREET SE CEDAR RAPIDS, IA 52401

(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 are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive disorder: 51 Number of tenants with cognitive disorder: 0 TOTAL census of Assisted Living Program: 51 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program. ========== 231C.5 Written occupancy agreement required. 1. An assisted living program shall not operate in this state unless a written occupancy agreement, as prescribed in subsection 2, is executed between the assisted living program and each tenant or the tenant ' s legal representative, prior to the tenant's occupancy, and unless the assisted living program operates in accordance with the terms of the occupancy agreement. The assisted living program shall deliver to the tenant or the tenant ' s legal representative a complete copy of the occupancy agreement and all supporting documents and attachments and shall deliver, at least thirty days prior to any changes, a written copy of changes to the occupancy agreement if any changes to the copy originally delivered are subsequently made. This requirement is not met as evidenced by:	A 000	See attached POC 11/8/19	

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

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A 000	Continued From Page 1 Based on interview and record review the Program failed to deliver, at least 30 days prior to any changes, a written copy of changes to the occupancy agreement regarding a change with an onsite meal provider. This pertained to 5 of 5 tenants reviewed (Tenants #1, #2, #3, #4 and #5) and potentially affected all tenants (census of 51). Findings follow: 1. A community meeting with 20-25 tenants was held on 11-1-18 at 1:00 p.m. The tenants voiced concerns regarding a change in meal service that occurred with the discontinuation of the onsite meal provider. Tenants were provided the option to receive one hot meal delivered at noon. The evening and weekend meals offered were frozen meals. A carton of milk was provided and coffee was made. Any additional beverages consumed at meals were provided by the tenants. Several tenants thought the serving size of the meals was too small, the meals were not balanced, and the frozen meals were repetitive in variety. The tenants reported they wanted meals prepared onsite again. 2. Record review revealed a notification, dated 9-20-18, reflected effective 10-20-18 the meal provider would no longer staff the Program to serve a hot meal. If tenants chose, the meal provider would deliver a hot lunch meal Monday through Friday to their apartment. A frozen meal would be delivered along with the noon meal for the evening option. Weekends meals, if elected, would be four frozen meals delivered. The meal provider would continue to serve hot meals in the main dining room as usual seven days per week until 10-1-8. From 10-1-18 to 10-19-18 the meal provider would provide a hot lunch Monday through Friday, suppers were a cold box meal. Saturday and Sunday would be cold box meals for both lunch and suppers.	A 000		

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A 000	Continued From Page 2	A 000		

Continued record review revealed an Acknowledgment of On site Service Provider Requirements (an addendum in the occupancy agreement) indicated an onsite meal provider would provide two meals in the dining room. Tenants #1, #2, #3, #4 and #5 had signed the Acknowledgement of On Site Service Provider Requirements upon admission, which indicated the meal provider was an onsite provider of the noon and evening meal. A current blank copy of the The Acknowledgment of On site Service Provider was provided. The section regarding the onsite meal provider was removed with no revision date of the document provided. The tenants reviewed (Tenants #1, #2, #3, #4 and #5) had not signed updated Acknowledgement of On Site Service Provider Requirements with the changed that occurred.

3. When interviewed on 11-6-18 at 1:51 p.m. the Administrator revealed the Program became aware of the change in the meal provider the day before the notice was given. There was a tenant meeting on the date of the notice and tenants were provided the notice at the meeting. If tenants did not attend the meeting the Administrator went to the apartments and a notice was provided either in person or left on the door.

In summary, tenants were not given at least 30 days written notice regarding the change in meals. The date of the notice was 9-20-18 and the final stage of the change was effective 10-20-18; however, changes occurred less than 30 days from the time of the notification, including lack of an onsite meal provider effective 10-1-18.

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A 003	Continued From Page 3	A 003		
A 003	481-67.2 Program policies and procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse. This Requirement is not met as evidenced by: Based on observation, interview, and record review the Program failed to consistently implement policy and procedure regarding the documentation of assistance with medications. This pertained to 1 of 1 tenant observed with blood glucose monitoring assistance and insulin administration assistance (Tenant #3). Findings follow: Observation during the 11:00 a.m. medication pass on 11-1-18 revealed Staff A provided supervision and cueing to Tenant #3 regarding a blood glucose check and insulin administration. Tenant #3 received six scheduled units of insulin and an additional dose based on a sliding scale. Tenant #3 completed the finger stick for the blood glucose check (reading was 313) and injected the insulin with supervision and cueing from Staff A. Staff A recorded Tenant #3's reading for the blood glucose; however, it was not documented with staff initials and was not recorded on the Program's Med Sheet. The task of assistance	A 003		

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A 003	Continued From Page 4 with the insulin both the six units scheduled and the sliding scale dose was not documented. Record review of Tenant #3's file revealed the Home Health Certification and Plan of Care, dated 9-27-18, reflected orders for Novolog Flexpen eight units plus sliding scale at breakfast, six units plus sliding scale at lunch, and nine units plus sliding scale at supper. Continued record review revealed the Program's Med Sheet for 11-1-18 included no documentation of the cueing and/or supervision of the blood glucose check or the insulin administration for Tenant #3 during the 11:00 a.m. medication pass. Further record review revealed the Program's policy and procedure regarding documentation of medications directed when prompting, cueing, and/or reminding of medications was provided a medication assistance record (MAR) would be maintained. Each assistance with the administration of medications would be documented on the MAR. Medications administered by the nurse were documented in the clinical record. The MAR would include the tenant's name, apartment number, time of assistance with medications and initials of the staff that assisted with medications in the time corresponding to the dose given. When interviewed on 11-6-18 at 2:45 p.m. the Nurse revealed there was no additional documentation for Tenant #3's blood glucose monitoring and insulin assistance. There would be documentation going forward regarding the task.	A 003		

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A 012	Continued From Page 5	A 012		
A 012	481-67.3(1) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(1) To be treated with consideration, respect, and full recognition of personal dignity and autonomy. This Requirement is not met as evidenced by: Based on interview and record review the Program failed to treat tenants with consideration, respect, and full recognition of personal dignity and autonomy regarding choice of pharmacy. This potentially pertained to all tenants that received medication assistance from the Program (ALP Entrance Form indicated 23 tenants received assistance). Findings follow: A community meeting with tenants (20 to 25 tenants) was held on 11-1-18 at 1:00 p.m. The tenants voiced concern regarding being told they would have to switch to another pharmacy. Some tenants estimated they were informed of the upcoming change two weeks prior to the date scheduled and answers varied on if the tenants were given written notice of the change. Initially, the tenants were told all tenants had to switch pharmacies, even if they managed their own medications. The tenants reported a clarification was received and those tenants who received medication assistance by the Program needed to switch pharmacies. Record review of the occupancy agreement did not reveal a preferred pharmacy disclosed to the tenants upon taking occupancy. Continued record review revealed at a tenant meeting on 9-17-18 tenants were told of a change with pharmacy services effective 10-22-18. A note attached to the notice indicated letters were	A 012		

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A 012	Continued From Page 6 distributed at the meeting regarding the change. When interviewed on 11-6-18 at 1:51 p.m. the Administrator confirmed a preferred pharmacy was not indicated in the occupancy agreement and there was not a preferred pharmacy prior to the notice given. Tenants were informed at a meeting on 9-17-18 of the change of pharmacy. The change to the new pharmacy had not occurred at the time of the recertification visit. In summary, the occupancy agreement did not disclose to tenants upon taking occupancy a preferred pharmacy. A document indicated effective 10-22-18 tenants who received assistance medication administration by the Program would be changed to a new pharmacy chosen by the Program. The tenants were not given full choice of a pharmacy provider.	A 012		
A 037	481-69.22(2) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change.	A 037		

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A 037	Continued From Page 7 This Requirement is not met as evidenced by: Based on interview and record review the Program failed to complete tenant evaluations within 30 days of occupancy and annually. This pertained to 2 of 5 tenants reviewed (Tenants #1 and #5). Findings follow: 1. Record review of Tenant #1's file revealed tenant #1 admitted to the Program 6/11/10. Continued record review revealed a cognitive evaluation completed 1/31/17 by a Licensed Practical Nurse. Additional record review failed to produce a cognitive evaluation completed by a registered nurse. 2. Record review of Tenant #5's file revealed Tenant #5 admitted to the Program 4/19/18. Continued record review revealed no cognitive, health or functional evaluations completed within 30 days of taking occupancy. When interviewed on 11-6-18 at 2:45 p.m. and 4:28 p.m. the Nurse revealed there was no additional documentation regarding evaluations pertaining to the issues noted for the tenants listed above.	A 037		
A 060	481-67.9(4)c Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: c. Training for noncertified staff shall include, at a minimum, the provision of activities	A 060		

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A 060	Continued From Page 8 of daily living and instrumental activities of daily living. This Requirement is not met as evidenced by: Based on interview and record review the Program failed to ensure adequate training of non-certified staff to ensure competency to meet the individual needs of tenants, including training for the provision of activities of daily living (ADLs). This pertained to 2 of 2 unlicensed staff reviewed (Staff B and C). Findings follow: Record review of Staff B's file revealed a hire date of 6-15-18. Staff B had a Home Health Aide Competence Assessment Checklist completed 6-21-18, which included bathing tasks. The form was not completed by the the delegating nurse. Record review of Staff C's file revealed a hire date of 9-5-17. Staff C had a Home Health Aide Competence Assessment Checklist completed 9-6-17, which included bathing tasks. The form was not completed by the delegating nurse. Continued record review of the ALP Monitoring Form revealed the Nurse's (delegating nurse) date of hire as 8-25-17. When interviewed on 11-6-18 at 2:45 p.m. the Nurse confirmed staff assisted with showers. She further confirmed she completed no training regarding bathing tasks for Staff B and Staff C.	A 060		
A 071	481-69.25(1)i Tenant Documents 481-69.25(231C) Tenant documents. 69.25(1) Documentation for each tenant	A 071		

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A 071	Continued From Page 9 shall be maintained by the program and shall include: i. When any personal or health-related care is delegated to the program, the medical information sheet; documentation of health professionals' orders, such as those for treatment, therapy, and medication; and nurses' notes written by exception This Requirement is not met as evidenced by: Based on interview and record review the Program failed to maintain documentation for each tenant including nurse's notes written by exception. This pertained to 5 of 5 tenants reviewed (Tenants #1, #2, #3, #4 and #5). Findings follow: 1. Record review of Tenant #1's file revealed diagnoses included: symptomatic Epilepsy and Epileptic syndromes. Tenant #1's Home Health Certification and Plan of Care, dated 10-8-18, revealed Tenant #1 had two falls in the past two weeks without injury. Tenant #1 had one episode of a seizure in the last 60 day certification period. Continued record review revealed Tenant #1's Home Health Certification and Plan of Care, dated 8-6-18, revealed Tenant #1 had a fall on 7-6-18 while ambulating in the hallway to the dining area. Seizure activity occurred which led to the fall with no injuries. Tenant #1 had one episode of a seizure in the last 60 days. Additional record review failed to produce nurse's notes related to the falls or seizures at noted in the Home Health Certification and Plan of Care documents dated 10-18-18 and 8-6-18.	A 071		

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A 071	Continued From Page 10 2. Record review of Tenant #2's file revealed a Visit Information document, dated 9-12-18, indicated an assessment completed at the hospital prior to discharge and resumption of home health services. Tenant #2 was admitted for pancreatitis. Nurse's notes were not found related to the hospitalization and return to the Program. Continued record review revealed Tenant #2's Plan of Care updates indicated the following: a. On 9-7-18 an order was received for weekly weights with the skilled nursing visit and as needed if symptomatic. b. On 9-18-18 an order was received to hold Furosemide due to Tenant #2's kidney function, mineral oil suppository as needed for constipation, and to encourage increased fluid intake. c. On 9-26-18 an order was received to continue to hold Furosemide for two weeks related to abnormal labs. d. On 10-3-18 an order was received to discontinue Bisacodyl, Colace, Lasix, lactulose and loperamide and restart Miralax 8.5 grams (gm) (1/2 capsule) in 8 ounces of water everyday when stool consistency was formed. An additional order was received to increase Miralax to 17 grams/8 ounces of water if no stools for two days or pebble like stool. Additional record review failed to produce Nurse's notes related to the the new orders indicated above. 3. Record review of Tenant #3's file revealed	A 071		

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A 071	Continued From Page 11 Office Visit notes reflected Tenant #3 had been hospitalized from 5-24-18 to 5-30-18. The discharge diagnosis was acute cystitis with hematuria. Continued record review revealed a Nursing Intervention document with a visit date of 8-9-18 reflected staff contacted the Nurse regarding a high blood sugar. Additional record review failed to produce nurse's notes related to the hospitalization, return to the Program, or elevated blood sugar. 4. Record review of Tenant #4's file revealed Plan of Care Updates indicated the following: a. On 5-30-18 it was noted an order was needed for physical therapy (PT) to evaluate and treat for lower body weakness and pain/stiffness and decreased range of motion (ROM) in the neck and left shoulder. b. On 6-27-18 it was noted PT was to continue, one to two times per week for 30 days. c. On 7-30-18 it was noted to discontinue PT. A Home Health Certification and Plan of Care, dated 10-30-18, reflected Tenant #4 sustained falls the past certification period. Continued record review failed to produce Nurse's notes related to falls, as well as the initiation and discontinuation of PT services. 5. Record review of Tenant #5's file revealed the following: a. A Nurse Review documented, dated 8-7-18,	A 071		

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A 071	Continued From Page 12 completed due to readmission from a skilled nursing facility (SNF). Tenant #5 had a urinary tract infection. b. A Start or Resumption of Care document, dated 8-10-18, reflected Tenant #5 received occupational therapy (OT) and PT. The Start of Resumption of Care document, dated 9-10-18, did not reflected OT/PT services. c. Tenant #5's Home Health Certification and Plan of Care, dated 8-10-18, indicated start of care visit was initiated for home care, PT and OT. Additional record review failed to produce nurse's notes related to the UTI, hospitalization, SNF stay, return to the Program, and the initiation and discontinuation of PT and OT services. 6. When interviewed on 11-6-18 at 4:28 p.m. the Nurse confirmed a lack of nurse's notes for the tenants listed above.	A 071		
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.	A 083		

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A 083	Continued From Page 13 This Requirement is not met as evidenced by: Based on interview and record review the Program failed to develop service plans based on evaluations, failed to update service plans as needed, and failed to ensure service plans reflected specific service needs of tenants. This pertained to 5 of 5 tenants reviewed (Tenants #1, #2, #3, #4 and #5). Findings follow: 1. a. Record review of Tenant #1's file revealed an admission date of 6-11-10. The tenant's diagnoses included: symptomatic Epilepsy and Epileptic syndromes. An annual service plan was developed, dated 6-12-18; however, it was not based on a cognitive evaluation (See regulatory insufficiency cited at Iowa Administrative Code (IAC) 69.22.(2)). b. Continued record review revealed Tenant #1's Home Health Certification and Plan of Care, dated 10-8-18, indicated Tenant #1 had two falls in the past two weeks without injury. Tenant #1 had one episode of a seizure in the last 60 day certification period. Tenant #1's Home Health Certification and Plan of Care, dated 8-6-18, revealed Tenant #1 fell on 7-6-18 while ambulating in the hallway to the dining area. Seizure activity occurred which lead to the fall with no injuries. Tenant #1 had one episode of a seizure in the last 60 days. Review of Tenant #1's service plan, updated 6-12-18, was not updated as needed and did not reflect Tenant #1's seizure activity (with the exception of two hour checks for 24 hours post seizure) and falls with interventions. c. Additional record review revealed a notification, dated 9-20-18, indicated effective 10-20-18 the meal provider would no longer staff the Program to serve a hot meal. If tenants chose the meal provider would deliver a hot lunch meal Monday	A 083		

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	IAALP286	A. BUILDING _____ B. WING _____	11/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IRVING POINT	910 7TH STREET SE CEDAR RAPIDS, IA 52401

(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 083	Continued From Page 14 through Friday to their apartment. A frozen meal would be delivered along with the noon meal for the evening option. Weekends meals, if elected, would be four frozen meals delivered. The meal provider would continue to serve hot meals in the main dining room as usual seven days per week until 10-1-8. From 10-1-18 to 10-19-18 the meal provider would provide a hot lunch Monday through Friday, suppers were a cold box meal. Saturday and Sunday would be cold box meals for both lunch and suppers. Review of Tenant #1's service plan, updated 6-12-18, reflected two congregate meals in the dining room per day via the meal provider; the service plan was not updated to reflect the change in the meal provider. 2. a. Record review of Tenant #2's file revealed a Visit Information document, dated 9-12-18, indicated assessment was completed at the hospital prior to discharge and resumption of home health services. Tenant #2 was admitted for pancreatitis. Health, functional, and cognitive evaluations were completed; however, the service plan was not updated post hospitalization. Continued record review revealed Tenant #2's service plans dated 7-1-17 and 8-23-18. The service plan was last updated on 8-23-18 (annual service plan). b. A Home Health Certification and Plan of Care, dated 9-26-18, reflected Tenant #2 continued to voice concerns with constipation and bowel regimen was in place. Tenant #2 reported pain was 8/10 and began in the abdomen, radiating to her back. Tenant #2 had daily weights per physician request and had abnormal lab values related to kidney function. Lasix was held at that	A 083		

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A 083	Continued From Page 15 time. Tenant #2 had been advised to increased fluid intake and to be compliant with bowel regimen and she struggled with compliance with physician recommendations. A Nursing Intervention documented, dated 8-29-18, indicated the renal physician gave a verbal order to increase Lasix due to abdominal distension. Tenant #2 refused all stool softeners over the past two weeks. Additional record review revealed Tenant #2's service plan, updated 8-23-18 failed to reflect Tenant #2's bowel issues, interventions, and pain. c. Record review revealed a notification, dated 9-20-18 reflected that effective 10-20-18 the meal provider would no longer staff the Program to serve a hot meal. If tenants chose the meal provider would deliver a hot lunch meal Monday through Friday to their apartment. A frozen meal would be delivered along with the noon meal for the evening option. Weekends meals, if elected, would be four frozen meals delivered. The meal provider would continue to serve hot meals in the main dining room as usual seven days per week until 10-1-8. From 10-1-18 to 10-19-18 the meal provider would provide a hot lunch Monday through Friday, suppers were a cold box meal. Saturday and Sunday would be cold box meals for both lunch and suppers. Additional record review revealed Tenant #2's service plan, updated 8-23-18, reflected two congregate meals in the dining room per day via the meal provider and was not updated to reflect the change in the meal provider. 3. a. Record review of Tenant #3's file revealed Office Visit notes reflected Tenant #3 had been	A 083		

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A 083	Continued From Page 16 hospitalized from 5-24-18 to 5-30-18. The discharge diagnosis was acute cystitis with hematuria. The service plan was updated on 5-29-18 post hospitalization; however, a functional evaluation was dated 5-31-18, after the development of the service plan. b. Continued record review revealed a Home Health Certification and Plan of Care, dated 9-27-18, reflected Tenant #3 was compliant with blood glucose monitoring four times per day and insulin pens for insulin administration. Tenant #3 was able to dial pens for accurate dosing based on sliding scale and guidance by staff. It also reflected Tenant #3 had an order for Nitroglycerin for chest pain. Additional record review revealed Tenant #3's service plan, updated 5-29-18, reflected Tenant #3 had blood glucose monitoring four times daily and insulin assistance four times day; however, the service plan did not address sliding scale insulin or staff involvement with the completion of the task. The service plan reflected staff provided reminders for medications and medication doses were prepared advance. The service plan did not address the storage and administration or assistance with Nitroglycerin. c. Record review revealed a notification, dated 9-20-18, reflected effective 10-20-18 the meal provider would no longer staff the Program to serve a hot meal. If tenants chose the meal provider would deliver a hot lunch meal Monday through Friday to their apartment. A frozen meal would be delivered along with the noon meal for the evening option. Weekends meals, if elected, would be four frozen meals delivered. The meal provider would continue to serve hot meals in the main dining room as usual seven days per week until 10-1-8. From 10-1-18 to 10-19-18 the meal	A 083		

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A 083	Continued From Page 17 provider would provide a hot lunch Monday through Friday, suppers were a cold box meal. Saturday and Sunday would be cold box meals for both lunch and suppers. Tenant #3's service plan, updated on 5-29-18, reflected two congregate meals in the dining room per day via the meal provider and was not updated to reflect the change in the meal provider. 4. a. Record review of Tenant #4's file revealed the service plan was updated on 7-1-17 and 8-23-18. Evaluations were completed on an annual basis on 5-2-18 and 5-7-18; however, the service plan was not updated until 8-23-18. The annual service plan was not based on current evaluations. b. Tenant #4's Plan of Care Updates indicated the following: - On 5-30-18 it was noted an order was needed for physical therapy (PT) to evaluate and treat for lower body weakness and pain/stiffness and decreased range of motion (ROM) in the neck and left shoulder. - On 6-27-18 it was noted to continue PT one to two times per week for 30 days. - On 7-30-18 it was noted to discontinue PT. Tenant #4's service plan, updated 8-23-18, failed to reflect discontinuation of PT services. Record review revealed Tenant #4's service plan, last updated 8-23-18, failed to reflect the reflect the initiation and discontinuation of PT services. c. Tenant #4's Home Health Certification and Plan of Care, dated 8-31-18, reflected Tenant #4 had a	A 083		

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	IAALP286	A. BUILDING _____ B. WING _____	11/06/2018

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IRVING POINT	910 7TH STREET SE CEDAR RAPIDS, IA 52401

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A 083	Continued From Page 18	A 083		

history of angina and had Nitroglycerin as needed (with no episodes of chest discomfort in a year). Tenant #4 had chronic pain that ranged from moderate to severe, at times. Tenant #4 recently had PT services for neck pain, decreased ROM and issues with her knees buckling. Tenant #4 was given a soft c-collar and a back brace to wear. Tenant #4 struggled with depression and it had been managed with medication. Tenant #4 was very down because the doctor said there was nothing that could be done.

A Home Health Certification and Plan of Care, dated 10-30-18, reflected Tenant #4 had a couple of falls the past certification period.

Record review revealed Tenant #4's service plan, last updated 8-23-18, failed to reflect the reflect Tenant #4's chronic pain, use of a c-collar and back brace, Nitroglycerin (storage and administration of the medication), depression and interventions and falls and interventions.

d. Record review revealed a notification dated 9-20-18 reflected that effective 10-20-18 the meal provider would no longer staff the Program to serve a hot meal. If tenants chose the meal provider would deliver a hot lunch meal Monday through Friday to their apartment. A frozen meal would be delivered along with the noon meal for the evening option. Weekends meals, if elected, would be four frozen meals delivered. The meal provider would continue to serve hot meals in the main dining room as usual seven days per week until 10-1-8. From 10-1-18 to 10-19-18 the meal provider would provide a hot lunch Monday through Friday, suppers were a cold box meal. Saturday and Sunday would be cold box meals for both lunch and suppers.

Record review revealed Tenant #4's service plan,

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IRVING POINT	910 7TH STREET SE CEDAR RAPIDS, IA 52401

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A 083	Continued From Page 19 last updated 8-23-18, reflected two congregate meals in the dining room per day via the meal provider and was not updated to reflect the change in the meal provider. 5. a. Record review of Tenant #5's file revealed a Nurse Review, documented dated 8-7-18, reflected it was completed for a re-admission from a skilled nursing facility (SNF). Tenant #5 had a urinary tract infection (UTI). Tenant #5's service plan, dated 4-21-18, was not updated as needed post hospitalization and SNF stay, or the UTI. b. A Start or Resumption of Care document dated 8-13-18 reflected Tenant #5 received occupational therapy (OT) and PT services. The Start of Resumption of Care document, dated 9-10-18, did not reflected OT/PT services. Tenant #5's service plan, dated 4-21-18, failed to reflect the initiation and discontinuation of PT and OT services. c. Tenant #5's Home Health Certification and Plan of Care, dated 8-10-18, indicated a start of care visit was initiated for home care, PT and OT. Tenant #5 continued to have 2+ pitting edema to bilateral lower extremities; however, it had improved since hospitalization. Tenant #5's service plan, dated 4-21-18, failed to reflect Tenant #5's edema and interventions. d. Record review revealed a notification dated 9-20-18 reflected that effective 10-20-18 the meal provider would no longer staff the Program to serve a hot meal. If tenants chose the meal provider would deliver a hot lunch meal Monday	A 083		

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A 083	Continued From Page 20 through Friday to their apartment. A frozen meal would be delivered along with the noon meal for the evening option. Weekends meals, if elected, would be four frozen meals delivered. The meal provider would continue to serve hot meals in the main dining room as usual seven days per week until 10-1-8. From 10-1-18 to 10-19-18 the meal provider would provide a hot lunch Monday through Friday, suppers were a cold box meal. Saturday and Sunday would be cold box meals for both lunch and suppers. The service plan dated 4-21-18 reflected two congregate meals in the dining room per day via the meal provider and was not updated to reflect the change in the meal provider. 6. When interviewed on 11-6-18 at 4:28 p.m. the Nurse revealed there were no additional service plan documents related to the issues noted for the tenants listed above.	A 083		
A 154	481-69.35(1)b Structural Requirements 481-69.35(231C) Structural requirements. 69.35(1) General requirements. b. The buildings and grounds shall be well-maintained, clean, safe and sanitary. This Requirement is not met as evidenced by: Based on observation and interview the Program failed to maintain a well-maintained, clean, and sanitary environment. This potentially affected all tenants (census of 51). Findings follow: During a community meeting with 20-25 tenants on 11-1-18 at 1:00 p.m., tenants voiced concerns with cleanliness and maintenance of the	A 154		

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A 154	Continued From Page 21 environment, including the elevators and hallways. Tenants also expressed the laundry rooms were unclean and the dining room carpets were stained. Tenants stated the furniture in the common areas was soiled and needed to be cleaned and tables in the dining area were not sanitized and tenants reported they cleaned the tables. Tenants stated maintenance requests at times took two to three months to resolve and the apartment cleaning the in the apartments was more brief, in terms of time, than the tenants were told would be provided. Observation on 11-6-18 at 8:25 a.m. and 2:30 p.m. revealed the following: there were large stains on the carpet in the dining room, he furniture in the lobby was soiled, the tracks on the elevator were not clean, and the space between the washer and dryer in one of the laundry rooms had debris. When interviewed on 11-6-18 at 1:51 p.m. the Administrator reported cleaning was deep cleaning in the common areas was completed twice per year (spring and fall), including carpet cleaning; however, it had not been completed yet this fall.	A 154		

1/17/19 OK

December 26, 2018

Department of Inspections and Appeals
Attn: Linda Kellen
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319

Dear Ms. Kellen:

On behalf of Irving Point in Cedar Rapids, I respectfully submit our Plan of Correction for your approval. Our response is specific to the Monitoring Report dated December 17, 2018. 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 insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of state law.

Written Occupancy Agreement

1. Elements detailing how the Program will correct each regulatory insufficiency.
    - Tenants will receive a 30 day written notice of any changes to the fee structure or language within the occupancy agreement as required by regulation.

2. What measures will be taken to ensure the problem does not recur.
    - The Administrator of Irving Point and Liaison for Comfort Care will be educated on regulatory requirements related to providing a 30 day notice to tenants when there are changes made to the fee structure or language within the occupancy agreement.

3. How the Program plans to monitor performance to ensure compliance.
    - The Administrator and/or Designee will audit tenant files at least annually to ensure regulatory compliance.

4. The date by which the regulatory insufficiency will be corrected.
    - This regulatory insufficiency will be corrected by ~~January 17, 2018.~~ 1/18/19 per tperry

Program Policies and Procedures

1. Elements detailing how the Program will correct each regulatory insufficiency.

- A MAR will be used to record staff delegated assistance with medication management for Tenant #3.

2. What measures will be taken to ensure the problem does not recur.
   - Comfort Care Nurse will be re-educated on policies and procedures for medication administration, including use of the MAR and staff documentation on the MAR.

3. How the Program plans to monitor performance to ensure compliance.
   - The Administrator, RN, or Designee will audit tenant files at least two times per year to ensure compliance.

4. The date by which the regulatory insufficiency will be corrected.
   - This regulatory insufficiency will be corrected by ~~January 17, 2018.~~ 1/18/19 per T. Perry cac

Tenant Rights

1. Elements detailing how the Program will correct each regulatory insufficiency.
   - All tenants will be treated with consideration, respect, and full recognition of personal dignity and autonomy.
   - Tenants will be made aware of the preferred pharmacy at time of move-in and when medication management is delegated to the program via the service plan.

2. What measures will be taken to ensure the problem does not recur.
   - The Administrator of Irving Point and Liaison for Comfort Care will be educated on protocol for disclosing preferred pharmacy to tenants during the move-in process and when medication management is delegated to the program via the service plan.

3. How the Program plans to monitor performance to ensure compliance.
   - The Administrator and/or Designee will audit tenant files at least annually to ensure regulatory compliance.

4. The date by which the regulatory insufficiency will be corrected.
   - This regulatory insufficiency will be corrected by ~~January 17, 2018~~. 1/18/19 per T. Perry cac

Evaluation of Tenant

1. Elements detailing how the Program will correct each regulatory insufficiency.
   - Tenants #1 and #5 will have a health, functional, and cognitive evaluation completed as required by regulation.

2. What measures will be taken to ensure the problem does not recur.
   - The RN and Nurse liaison from Comfort Care will be educated on regulatory requirements for completing a health, functional, cognitive evaluation prior to move in, within 30 days of move in, annually, and with a significant change in condition.

- The RN will update service plans for Tenant #1, #2, #3, #4, and #5. The service plan will be reflective of the tenants' identified needs and requests for assistance.

2. What measures will be taken to ensure the problem does not recur.
   - The RN and Nurse liaison from Comfort Care will be educated on regulatory requirements for service plan development, including ensuring the service plan meets the tenant's identified needs and requests for assistance.

3. How the Program plans to monitor performance to ensure compliance.
   - The Administrator and/or Designee will audit tenant files at least annually to ensure regulatory compliance.

4. The date by which the regulatory insufficiency will be corrected.
   - This regulatory insufficiency will be corrected by ~~January 17, 2018.~~ 1/18/19 per T. Perry CAC

Structural Requirements

1. Elements detailing how the Program will correct each regulatory insufficiency.
   - Irving Point buildings and grounds shall be well-maintained, clean, safe, and sanitary.

2. What measures will be taken to ensure the problem does not recur.
   - The Administrator will be educated on regulatory requirements for ensuring Irving Point buildings and grounds shall be well-maintained, clean, safe, and sanitary.
   - The Administrator will conduct building rounds at least quarterly to ensure areas are well-maintained, clean, safe, and sanitary.

3. How the Program plans to monitor performance to ensure compliance.
   - The Administrator and/or Designee will conduct an environmental review at least two times per year to ensure compliance.

4. The date by which the regulatory insufficiency will be corrected.
   - This regulatory insufficiency will be corrected by ~~January 17, 2018.~~ 1/18/19 per T. Perry CAC

If you have any questions regarding this plan of correction, please feel free to contact me at 319-294-5007. Thank you.

Sincerely,

Tina Willmsen
Administrator

3. How the Program plans to monitor performance to ensure compliance.
    - The Administrator and/or Designee will audit tenant files at least annually to ensure regulatory compliance.

4. The date by which the regulatory insufficiency will be corrected.
    - This regulatory insufficiency will be corrected by ~~January 17, 2018.~~ 1/18/19 per T. Perry cac

Staffing

1. Elements detailing how the Program will correct each regulatory insufficiency.
    - Staff B and C will receive training and/or delegation as appropriate for tasks assigned by the RN.

2. What measures will be taken to ensure the problem does not recur.
    - Comfort Care will be educated on regulatory requirements for completing staff training and delegation to unlicensed staff.

3. How the Program plans to monitor performance to ensure compliance.
    - Comfort Care and/or Designee will audit tenant files at least annually to ensure regulatory compliance.

4. The date by which the regulatory insufficiency will be corrected.
    - This regulatory insufficiency will be corrected by ~~January 17, 2018.~~ 1/18/19 per T. Perry cac

Tenant Documents

1. Elements detailing how the Program will correct each regulatory insufficiency.
    - Tenant documents will be maintained for Tenants #1, #2, #3, #4, and #5 as required by regulation.
    - A baseline nurse review and health, functional, cognitive evaluation will be completed for tenants #1, #2, #3, #4, and #5 by an RN.

2. What measures will be taken to ensure the problem does not recur.
    - The RN and Nurse liaison from Comfort Care will be educated on regulatory requirements for completing nurse/progress notes, nurse review, and evaluation of tenant (as necessary).

3. How the Program plans to monitor performance to ensure compliance.
    - The Administrator and/or Designee will audit tenant files at least annually to ensure regulatory compliance.

4. The date by which the regulatory insufficiency will be corrected.
    - This regulatory insufficiency will be corrected by ~~January 17, 2018.~~ 1/18/19 per T Perry cac

Service Plans

1. Elements detailing how the Program will correct each regulatory insufficiency.