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
	S0228	A. BUILDING: _____ B. WING _____	C 10/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWVIEW MEMORY CARE VILLAGE	3005 F 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: 1 Number of tenants with cognitive disorder: 45 Total Census of Assisted Living Program for People with Dementia : 46 The following regulatory insufficiency was cited during the investigation into Incident #85965-I.	A 000		
A 040	481-69.23(1)c(1) Criteria for Admission/Retention of Tenants 481-69.23(231C) Criteria for admission and retention of tenants. 69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who: c. Is dangerous to self or other tenants or staff, including but not limited to a tenant who: (1) Despite intervention chronically elopes, is sexually or physically aggressive or abusive, or displays unmanageable verbal abuse or aggression This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the program failed to discharge 1 of 1 tenants reviewed who exceeded level of care (Tenant #1). Findings follow:	A 040	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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A 040	Continued From page 1 On 10/29/19 at 10:30 AM, three staff members were observed exiting the apartment of Tenant #1. Staff A and Staff B were breathing heavily. Staff C was grasping her upper arm. Staff A reported Tenant #1 had physically aggressed the three staff as they attempted to assist him with changing his clothing following an episode of urinary incontinence. Staff A stated this type of behavior occurred "all day, every day" and had been going on for a long time. Record review for Tenant #1 on 10/29/19 revealed the following: - A Nurse's Note dated 7/9/19 indicated Tenant #1 had punched a staff in the chest while she was providing care to him. The staff complained of pain. - A Nurse's Note dated 9/7/19 revealed Tenant #1 was being combative towards staff utilizing a large metal cross. This resulted in an abrasion to Tenant #1's right periorbital area. - A Nurse's Note documented Tenant #1 punched a staff member in the mouth while cares were being done. - An Incident Report Form dated 10/19/19 noted Tenant #1 hit a staff in the lip and nose while providing cares. - A fax was sent to Tenant #1's physician on 10/24/19 informing him Tenant #1 had obtained skin tears to the left forearm during cares due to agitation. It was noted staff had walked away five times but Tenant #1 needed to receive incontinence care. On 10/29/19 at 1:03 PM Staff A reported nine out of ten times in a week Tenant #1 was aggressive when she attempted to provide incontinence cares. She stated Tenant #1 did things such as bite, hit, kick, punch and chase staff when they	A 040		

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A 040	Continued From page 2 attempted to provide cares to him. On 10/29/19 at 1:47 PM Staff C reported Tenant #1 had kicked, punched and bit her. Earlier that day Tenant #1 had tackled her into the wall which he had not previously done. She stated she provided incontinence cares to Tenant #1 on average 20 times a week and said he became physically aggressive about 90% on the time . When interviewed on 10/29/19 at 1:23 PM, Staff D stated she had seen Tenant #1 become aggressive 2 to 3 times per week when performing his incontinence cares. She described him as being someone who might hit or yell but also said the approach one used with him could make a difference in his reaction. On 10/29/19 at 11:42 AM, the Nurse Consultant stated the program was planning to discharge Tenant #1 for exceeding level of care due to his physical aggression.	A 040		

November 26, 2019

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

1/7/20

Dear Ms. Dixon:

On behalf of Meadowview Memory Care Village of Cedar Rapids, I respectfully submit our Plan of Correction for your approval. Our response is specific to the Monitoring Report dated October 29, 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 insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of state law.

Criteria for Admission/Retention of Tenants

1. Elements detailing how the Program will correct each regulatory insufficiency
- Sent a 30-day involuntary transfer letter to the tenant, the Power of Attorney, the primary physician and the Ombudsman.
- Provided the Power of Attorney of some suggestions of other facilities to reach out to for placement of the tenant.
- Primary care physician came to the facility to evaluate the tenant. The medications were changed at this time.

2. What measures will be taken to ensure the problem does not recur.
- Education has been provided to staff on different approaches to use when providing assistance to the tenant with his activities of daily living.
- The RN will be reeducated on regulatory requirements for criteria for Admission/Retention of Tenants.

3. How the Program plans to monitor performance to ensure compliance.
- The RN and/or Designee will audit tenant charts and documentation at least every 90 days for compliance.

4. The date by which the regulatory insufficiency will be corrected.
- This regulatory insufficiency will be corrected by 12/24/2019.

If you have any questions regarding this plan of correction, please feel free to contact me at 319-294-9669.

Sincerely,

Tracy Sherzer
Executive Director

1/3/20