

2/3/20 OK  
11/29/2019

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0366</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/31/2019</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>GARDENS OF CEDAR RAPIDS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5710 DEAN ROAD SW CEDAR RAPIDS, IA 52404</b>
--	--

(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	<p>Initial Comments</p> <p>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.</p> <p>Memory Care Unit Number of tenants without cognitive disorder: 6 Number of tenants with cognitive disorder: 7 TOTAL Census of Assisted Living Program for People with Dementia : 13</p> <p>The following regulatory insufficiency was cited during the investigation into Complaint # 86093-C.</p>	A 000	<p>See attached</p> <p>POC 11/15/19</p>	
A 013	<p>481-67.3(2) Tenant Rights</p> <p>481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the program failed to provide 1 of 2 tenants with appropriate care and treatment (Tenant #2). Findings follow:</p> <p>An observation of the memory care unit on 10/30/19 at 2:50 PM revealed the program had a video camera directed at Tenant #2's apartment door. On 10/30/19 at 3:15 PM, The Executive Director, Director, Staff A and the Monitor watched video taken on various 10:00 PM - 6:00</p>	A 013		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0366</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/31/2019</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>GARDENS OF CEDAR RAPIDS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5710 DEAN ROAD SW CEDAR RAPIDS, IA 52404</b>
--	--

(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 013	<p>Continued From page 1</p> <p>AM shifts from 9/21/19 - 10/30/19. The result of the review included:</p> <ul style="list-style-type: none"> <li>- 9/21/19, 10:00 PM - 9/22/19, 6:00 AM: Staff B entered Tenant #2's room from approximately 5:45 AM -5:46 AM.</li> <li>- 9/22/19, 10:00 PM - 9/23/19, 6:00 AM: no one entered Tenant #2's room</li> <li>- 9/28/19, 10:00 PM - 9/29/19, 6:00 AM: 1:11 AM - Staff C shut Tenant #2's apartment door which had been open. Staff C was in Tenant #2's apartment from 5:44 AM - 5:48 AM.</li> <li>- 10/7/19, 10:00 PM - 10/8/19, 6:00 AM - Staff B entered and left Tenant #2's apartment at 5:25 AM.</li> <li>- 10/17/19, 10:00 PM - 10/18/19, 6:00 AM - no one entered Tenant #2's apartment</li> <li>- 10/20/19, 10:00 PM - 10/21/19, 6:00 AM - Staff C opened and closed Tenant #2's apartment door at 1:52 AM. Staff C was in Tenant #2's apartment from 5:43 AM - 5:46 AM.</li> <li>- 10/29/19, 10:00 PM - 10/30/19, 6:00 AM - a staff person listened at Tenant #2's door at 4:41 AM. Staff D went into Tenant #2's apartment at 5:19 for three minutes.</li> </ul> <p>An interview was conducted with Staff E on 10/30/19 at 2:20 PM. Staff E reported Tenant #2 had to get her bedding stripped three mornings in a row after urinating in the bed over night. She was unsure of the date. Staff E said she heard Tenant #2 did not like to get up to go to the bathroom overnight.</p>	A 013		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0366</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/31/2019</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>GARDENS OF CEDAR RAPIDS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5710 DEAN ROAD SW CEDAR RAPIDS, IA 52404</b>
--	--

(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 013	<p>Continued From page 2</p> <p>Record review on 10/30/19 revealed Tenant #2's Service Plan dated 9/12/19. According to the Service Plan, Tenant #2 needed to be awakened every three hours and encouraged to use the bathroom and change her incontinence brief. Staff were to assist with peri care if needed. In addition, staff were to perform safety checks on the tenant. According to an interview with Director on 10/30/19 at 3:40 PM, safety checks were to be performed on Tenant #2 every two hours.</p> <p>The Executive Director and Director confirmed Tenant #2 did not receive safety checks or toileting assistance as directed on her service plan at the time the videos were reviewed.</p>	A 013		



OK  
1/29/2020

5710 Dean Rd. SW  
Cedar Rapids, IA 52404  
Phone: (319) 632-1350  
TheGardensCR.com

✓  
2/3/20

December 16, 2019

Department of Inspections and Appeals  
Attn: Catie Campbell  
Lucas State Office Building  
321 East 12<sup>th</sup> Street  
Des Moines, Iowa 50319

Dear Ms. Campbell:

On behalf of The Gardens of Cedar Rapids, I respectfully submit our Plan of Correction for your approval. Our response is specific to the Investigation Report dated December 9, 2019. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the alleged insufficiencies or conclusions set forth in the report. The plan of correction is prepared and/or executed solely because it is required by the provision of the law.

#### Tenant Rights

1. Elements detailing how the program will correct each regulatory insufficiency.
  - On 10/30/2019 the AL Director and AL Director in training met with 2 of 3 3<sup>rd</sup> shift staff members during the overnight shift to reeducate and set expectations for following the service plan related to safety checks and toileting. The same reeducation and expectation setting was done with all Assisted Living and Memory Care employees.
2. What measure will be taken to ensure the problem does not recur.
  - Reeducation included information on facility policy related to job expectations and disciplinary action up to and including termination for ongoing issues with following service plans.
3. How the program plans to monitor performance to ensure compliance.
  - We will review video weekly for one month and at least monthly in person or via video for 6 months or until significant & sustained compliance is maintained.
4. The date by which the regulatory insufficiency will be corrected.
  - This insufficiency was correct 11/15/2019

If you have any question regarding this plan of correction, please feel free to contact me at 319-632-1350. Thank you.

Sincerely,

A handwritten signature in black ink that reads "Jenna Gardner, MA NHA". The signature is written in a cursive style.

Jenna Gardner  
Executive Director