OK 1/27/2020

PRINTED: 10/08/2019
FORM APPROVED

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 _____ ✓ 2/3/20	09/04/2019

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: 52 Number of tenants with cognitive disorder: 0 TOTAL census of Assisted Living Program: 52 The investigation of Complaint #84073-C resulted in a regulatory insufficiency.	A 000	See attached POC 11/8/19	
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 reflect the identified needs of the tenants. This pertained to 5 of 5 tenants reviewed (Tenants #1, #2, #3, #4 and #5). Findings follow: 1. Record review on 9-3-19 and 9-4-19 of Tenant #1's file revealed a diagnosis of low back pain. A Home Health Certification and Plan of Care document dated 7-16-19 reflected an order for Hydrocodone/APAP, 5/325 milligram (mg), one tablet orally every four to six hours as needed (for pain). When interviewed on 9-3-19 at 2:58 p.m. Nurse	A 089		

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

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A 089	Continued From Page 1 #2 revealed Tenant #1 had back pain. She was prescribed Lyrica and had as needed Hydrocodone/APAP and would request the as needed medication; however, it was used rarely. Continued record review revealed the June, July and August 2019 medication administration records (MARs) reflected Hydrocodone/APAP as needed was administered 29 times (pain). The MARs also reflected an order for Flonase, two sprays in each nostril daily. The June and August 2019 MARs reflected Tenant #1 was independent with the administration of Flonase. Visit Information documents dated 8-19-19 and 8-26-19, reflected Tenant #1's pain was rated at a four, the primary site was the back and relief measures indicated Lyrica was administered. The frequency of the pain was daily; however, the pain was not constant. Further record review revealed the service plan signed on 3-15-19 reflected Tenant #1 received unit dosed medications from a pharmacy and staff provided medications reminders twice daily. Tenant #1 was independent with blood glucose monitoring and insulin administration. The service plan did not reflect the self-administration of Flonase daily or Tenant #'1's back pain and interventions. 2. Record review on 9-3-19 and 9-4-19 of Tenant #2's file revealed a diagnosis of chronic pain. A Home Health Certification and Plan of Care document dated 8-22-19 reflected the following orders: Voltaren gel, apply a thin layer to intact skin at soreness, four times daily as needed (non-steroidal anti-inflammatory drug topical); Lidocaine cream, apply a thin layer to intact sore site, twice daily as needed (pain); Acetaminophen	A 089		

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A 089	Continued From Page 2 tablet, take one tablet, every eight hours as needed; Ipratroprium Bromide and Albuterol Sulfate solution, inhale one vial in nebulizer, up to four times day as needed (wheezing, shortness of breath); Nitroglycerin 0.4 mg, sublingual, every five minutes as needed for chest pain (three tablets per episode); oxygen two liters into lungs nightly, with a continuous positive airway pressure (CPAP) machine; Flonase, one spray into each nostril, daily. The document also indicated Tenant #2 was recently discharged from physical therapy (PT) for pain/range of motion issues with her neck and shoulders. Her pain was at a three at that time, which was noted as the lowest in years. Tenant #2 believed the ultrasound treatments decreased her pain and she ordered one for personal use. The pain goal for Tenant #2 was set at a five. When interviewed on 9-4-19 at 1:34 p.m. Nurse #1 revealed medications were pre-filled by pharmacy. Tenant #2 administered some medications independently including: Voltaren gel, Lidocaine cream, Tylenol (as needed), Albuterol and Nitroglycerin. Tenant #2 had not used Nitroglycerin in the past two to three years. The Albuterol treatments were as needed. Tenant #2 had neck and shoulder pain and had done well with PT. Continued record review revealed the August 2019 MARs reflected Tenant #2 independently administered Flonase nasal spray daily. A Plan of Care Updates document dated 7-31-19 indicated PT was to continued one to two times per week for four to five additional visits, which started the week of 8-5-19. A Plan of Care Updates document dated 8-25-19 reflected PT was discontinued on 8-21-19.	A 089		

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A 089	Continued From Page 3 A Visit Information document dated 8-9-19 reflected Tenant #2's pain was rated at a six, the primary site was the neck and back and relief measures indicated ultrasound, medications, rest, PT and diversion. The frequency of the pain was all of the time. A Visit Information document dated 8-16-19 reflected Tenant #2's pain was rated at a five and the primary site was the neck and low back. The frequency of the pain all of the time. Further record review revealed the service plan dated 2-25-19 reflected staff assisted with medications four times per day and Tenant #2 had unit dosed medications from the pharmacy. It also reflected PT was discontinued on 12-20-18. The service plan did not reflect medications Tenant #2 self-administered including: Voltaren gel, Lidocaine cream, Acetaminophen tablet (as needed), Ipratroprium Bromide and Albuterol Sulfate solution, Nitroglycerin and Flonase. The service plan did not reflect the use of oxygen and the CPAP machine. The service plan also did not reflect the initiation and discontinuation of PT services, Tenant #2's chronic pain and interventions. 3. Record review on 9-3-19 and 9-4-19 of Tenant #'3's file revealed a Home Health Certification and Plan of Care document with certification dates of 7-1-19 to 7-1-20 reflected an order for Acetaminophen tablet, 500 mg tablet, one to two tablets every six hours as needed. The June, July and August 2019 MARs reflected Acetaminophen 500 mg, one to two tablets every six hours was administered 20 times (pain). Continued record review revealed a Visit Information document dated 8-12-19 reflected Tenant #3's pain was rated at an eight, the primary	A 089		

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A 089	Continued From Page 4 site was the left leg and relief measures indicated Tylenol administration. The frequency of the pain was daily; however, the pain was not constant. A Visit Information document dated 8-26-19 reflected Tenant #3's pain was rated at a seven, the primary site was the left knee and relief measures indicated Tylenol administration. The frequency of the pain was daily; however, the pain was not constant. Further record review revealed the service plan dated 2-15-19 reflected staff provided medication assistance three times per day and inhaler assistance. The service plan did not reflect Tenant #3's pain and interventions. 4. Record review on 9-3-19 and 9-4-19 of Tenant #4's file revealed diagnoses included: lumbago with sciatica, wedge compression fracture of unspecified lumbar vertebrae, chronic pain and rheumatoid arthritis. The Home Health Certification and Plan of Care document signed 8-1-19 reflected the following orders: Voltaren gel, a thin layer, up to four times daily as needed (anti-inflammatory for pain); Lidocaine cream, a thin layer topically, twice daily as needed (topical pain relief); Acetaminophen capsule, one capsule, every six hours as needed; Vitamin B Complex capsule, one capsule, daily at 8:00 a.m. It also indicated Tenant #4 had chronic pain in the past in the low back and lower extremities. It had remained in "excellent control" with trigger injections, medications and epidurals. Tenant #4 at times reported great toe pain that was relieved with topical ointments. When interviewed on 9-4-19 at 1:34 p.m. Nurse #1 revealed medications were set up for Tenant #4 in a medication planner weekly. Tenant #4	A 089		

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A 089	Continued From Page 5 administered some medications independently including: Voltaren gel, Lidocaine cream, Tylenol, Vitamin B Complex and Insulin. Tenant #4 had received trigger point injections and epidurals at the pain clinic. Tenant #4 had chronic low back pain and left great toe pain. Continued record review revealed a Visit Information document dated 8-9-19 reflected Tenant #4's pain was rated at a four, the primary site was the left leg and relief measures indicated medications and rest. The frequency of the pain was daily; however, the pain was not constant. It also indicated Tenant #4 had increased left leg pain, which radiated from back. Tenant #4 had not had an epidural for some time. If the pain continued he would schedule another epidural. A Visit Information document dated 8-16-19 reflected the primary site of Tenant #4's pain was the left toe and relief measures indicated medications and rest. The frequency of the pain was daily; however, the pain was not constant. A Visit Information document dated 8-22-19 reflected Tenant #4's pain was rated at a two, the primary site of Tenant #4's pain was the great toe and back and relief measures indicated medications and rest. The frequency of the pain was daily; however, the pain was not constant. Further record review revealed a Nurse Review dated 4-19-19 reflected Tenant #4 had a "buddy bar" on the bed to assist with mobility in bed. Continued record review revealed the service plan dated 2-7-19 reflected staff provided medication reminders four times daily. Tenant #4 was independent with blood glucose monitoring and insulin injection. The service plan did not reflect the self-administration of medications including:	A 089		

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A 089	Continued From Page 6 Voltaren Gel, Lidocaine cream, Acetaminophen and Vitamin B Complex. The service plan also did not reflect Tenant #4's pain and interventions including: pain clinic visits, trigger point injections and epidural injections. 5. Record review on 9-3-19 and 9-4-19 of Tenant #5's file revealed a Home Health Certification and Plan of Care document signed 8-6-19 reflected an order for Acetaminophen tablet, one or two tablets, orally, every eight hours as needed (pain). The July and August 2019 MARs reflected Acetaminophen 500 mg, one or two tablets every eight hours as needed was administered 50 times (pain). Continued record review revealed a Visit Information document dated 8-13-19 reflected Tenant #5's pain was rated at a four. The primary site was the arms and relief measures indicated Tylenol administration. The frequency of the pain was daily; however, the pain was not constant. Further record review revealed a Nurse Review document dated 7-19-19 reflected Tenant #5 had a toilet frame on the toilet and a side rail on the bed for repositioning. Continued record review revealed the service plan dated 7-19-19 indicated medications were administered by staff twice daily. The service plan did not reflect Tenant #5's pain and interventions. The service plan also did not reflect the adaptive equipment including the side rail and toilet frame. 6. When interviewed on 9-4-19 at 5:10 p.m. the Clinical Manager revealed all current service plans for the tenants listed were provided.	A 089		

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OK
11/27/2020

October 17, 2019

✓ 2/3/20

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

Dear Ms. Campbell:

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 Evaluation Report for the onsite visit on September 4, 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 deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of state law.

Service Plans

Elements detailing how the Program will correct each regulatory insufficiency.
Tenant #1, #2, #3, #4 and #5 will have service plans developed by the nurse that reflect each tenants' identified needs and requests for assistance.

What measures will be taken to ensure the program does not recur.
The RN will be re-educated on regulatory requirements specific to service plan development. This education will include a guide to assist with identifying potential tasks tasks/information to be included on a service plan.

How the Program plans to monitor performance to ensure compliance.
The RN or designee will monitor staff at least two times a year to ensure compliance.

The date by which the regulatory insufficiency will be corrected.
The plan of correction will be completed on or before November 8, 2019.

If you have questions, please contact me at 319-294-5007.

Sincerely,

Tina Willmsen

Tina Willmsen
Administrator