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 _____	03/11/2020

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: 0 Number of tenants with cognitive disorder: 40 Total census: 40 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for a Dedicated Dementia Specific Assisted Living Program:	A 000		
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 ensure service plans reflected the identified needs of 4 of 5 tenants reviewed (Tenants #1, #3, #4 and #5). Findings follow: 1. Review of Tenant #1's file on 3-11-20 revealed she was staged at a six on the Global Deterioration Scale (GDS), which indicated severe cognitive decline. A Health and Functional Assessment dated 2-14-20 reflected the tenant	A 089	Plan of Correction is attached DJ 5/28/20	

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

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A 089	Continued From page 1 fed herself but needed cueing at times. Tenant #1 had a history of falls out of her bed and wheelchair. Skid strips were placed in her wheelchair. A Progress Note dated 3-5-20 reflected Tenant #1 had redness under bilateral breasts. A fax was sent to the primary care provider (PCP) to request Nystatin powder. A Progress Note dated 3-6-20 indicated an order was received from the PCP's office to apply Nystatin powder to the bilateral breasts topically, twice daily, for redness until healed. Further record review revealed Tenant #1's service plan dated 2-14-20 did not reflect the cueing for meals, the skid strips placed in the wheelchair or the redness to the bilateral breasts and treatment. 2. Review of Tenant #3's file on 3-11-20 revealed diagnoses including essential hypertension, atherosclerotic heart disease of native coronary artery without angina pectoris and presence of aortocoronary bypass graft. Tenant #3 was staged at a five on the GDS, which indicated moderately severe cognitive decline. An Order Summary Report dated 2-26-20 reflected orders for ted hose, on every morning and off at bedtime, aspirin tablet 81 milligram (mg) once daily, and Nitroglycerin tablet 0.4 mg one tablet, sublingually (SL), every five minutes as needed for chest pain (up to three doses). On 3-11-20 at 4:37 p.m. the Director of Nursing (DON) revealed physical therapy (PT) services were discontinued for Tenant #3. Tenant #3's service plan dated 10-21-19 reflected	A 089		

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A 089	Continued From page 2 staff administered medications and the tenant received PT two to three times per week for gait and strengthening. The service plan did not reflect Tenant #3 received assistance with ted hose, the administration of aspirin or Nitroglycerin. The service plan also did not reflect the discontinuation of PT services. 3. Review of Tenant #4's file on 3-11-20 revealed diagnoses including paroxysmal atrial fibrillation. Tenant #4 was staged at a four on the GDS, which indicated moderate cognitive decline. An Order Summary Report dated 2-26-20 reflected Tenant #4 had an order for Warfarin Sodium 7.5 mg tablet to be taken on Monday, Tuesday, Wednesday and Friday related to paroxysmal atrial fibrillation. Tenant #4's service plan dated 10-21-19 reflected staff administered Tenant #4's medications. The service plan did not reflect Tenant #4 received an anticoagulant medication. 4. Review of Tenant #5's file on 3-11-20 revealed diagnoses including type II diabetes mellitus, essential HTN (hypertension) and diastolic congestive heart failure. He was staged at a five on the GDS, which indicated moderately severe cognitive decline. An Order Summary Report dated 3-11-20 reflected the following orders: Albuterol sulfate 0.0083% nebulization solution (2.5 mg/3 milliliters (ml), 3 ml, inhale by mouth via nebulizer every four hours as needed for cough or shortness of breath (SOB); Albuterol sulfate 0.0083% nebulization solution (2.5 mg/3 ml), 3 ml, inhale by mouth via nebulizer three times per day for SOB and cough; aspirin 81 mg, one tablet by	A 089		

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A 089	Continued From page 3 mouth once daily; and Nitroglycerin tablet 0.4 mg, dissolve one tablet, SL, every five minutes as needed for chest pain (up to three doses). Review of the tenant's Progress Notes revealed the following: - On 2-3-20 it was noted an area on the right buttock measured 2 cm by 1 cm. A request was sent for Calmoseptine ointment. - On 2-4-20 it an order was received for Calmoseptine ointment twice daily until healed and then as needed. - On 2-24-20 it was noted there were open areas noted on the left and right buttock. The area on the right buttock measured 1 cm by 3 cm. The area on the left buttock measured 1 cm by 2 cm. - On 3-10-20 an order was received to cleanse the affected areas on Tenant #5's buttock with normal saline, apply Resinol cream and cover with Duoderm every three days. A document found in Tenant #5's file revealed the tenant's power of attorney (POA) had directed the Program was not to let Tenant #5 go out of the building with a particular family member without the POA's permission. Tenant #5's service plan dated 2-21-20 stated staff administered medications. The service plan did not reflect staff administration of aspirin and Nitroglycerin or assistance with nebulizers. The service plan did not reflect Tenant #5's wounds and treatment. The service plan also did not reflect the arrangements with the POA regarding who could take Tenant #5 out of the building. 5. When interviewed on 3-11-20 at 4:37 p.m. the DON confirmed these need areas were not indicated on the service plans for the tenants	A 089		

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A 089	Continued From page 4 listed above.	A 089		
A 121	481-69.30(1) Dementia Specific Education for Personnel 481-69.30(231C) Dementia-specific education for program personnel. 69.30(1) All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure 4 of 8 staff reviewed received a minimum of eight hours of dementia-specific education and training within 30 days of employment (Staff A, B, C and D). Findings follow: 1. Review on 3-10-20 of Staff A's training documents revealed a hire date of 4-29-19. A Dementia Training document indicated Staff A had completed eight hours of dementia training on 6-13-19 . 2. Review on 3-10-20 of Staff B's training documents revealed a hire date of 10-28-19. A Certificate of Participation document indicated Staff B completed eight hours of dementia training on 2-28-20. 3. Review on 3-10-20 of Staff C's training documents revealed a hire date of 10-18-19. Certificate of Completion and Certificate of	A 121		

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A 121	Continued From page 5 Participation documents indicated Staff C had completed five hours of dementia training on 10-18-19 and one hour of dementia training on 12-6-19. 4. Review on 3-10-20 of Staff D's training documents revealed a hire date of 12-16-19. A Certificate of Completion document indicated Staff D had five hours of dementia training on 12-16-19. 5. When interviewed on 3-11-20 at 3:54 p.m. the Executive Director confirmed eight hours of dementia training within 30 days of hire could not be located for the staff listed above.	A 121		

March 27, 2020

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

✓ 6/1/20

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 Recertification Visit Report dated March 25, 2020. 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 Service Plans

1. Elements detailing how the Program will correct each regulatory insufficiency
- The Director of Nursing and Assistant Director of Nursing have been re-educated on how to identify the individualized needs and preferences for assistance.
- The Director of Nursing and Assistant Director of Nursing have reviewed and changed tenant's service plans to reflect their individualized needs and preferences.

2. What measures will be taken to ensure the problem does not recur.
- The Director of Nursing and Assistant Director of Nursing will assure that each new treatment and each service plan will address each individualized need.
- Service plans will be reviewed every 90 days for accuracy and will be updated as necessary.
- Staff will be educated to communicate any tenant changes to the Director of Nursing and Assistant Director of Nursing.

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 4/24/2020.

Criteria for Dementia Specific Education for Personnel

1. Elements detailing how the Program will correct each regulatory insufficiency
- Department Heads will be trained to teach the dementia specific education for personnel.
- Two sessions of 4 hours will be available every 2 weeks.

5/28/20

2. What measures will be taken to ensure the problem does not recur.
- A spread sheet will be created for all staff, both new hires and current employees to track all dementia training to ensure employees follow the regulations.
- Spread sheet will be reviewed every 2 weeks in conjunction with the trainings to ensure all staff required to attend training are notified.

3. How the Program plans to monitor performance to ensure compliance.
- Designated staff member will update spread sheet accordingly once training is completed.
- If training is not completed in the time frame necessary, employee will be removed from schedule.
- Routine employee file audits will be conducted.

4. The date by which the regulatory insufficiency will be corrected.
- This regulatory insufficiency will be corrected by 4/24/2020.

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