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
	830065	A. BUILDING: _____ B. WING _____	09/15/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR PLACE	1140 K 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: 23 Total Census of Program: 24 There were no regulatory insufficiencies cited during the onsite infection control survey completed on 9/14/20 and 9/15/20. 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	POC 2/7/21	
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	481-69.22(2) Evaluation of Tenant Residents #2, #3, #4, #5, have been re-evaluated by Program Nurse and Social Worker to ensure proper assistance is on resident's service plan. Program Nurse and Social Worker will perform evaluations on residents with any significant changes, increase in cares, resident with behavior changes, residents with overall decline, and changes in resident treatments. Program Nurse and Social Worker will be reeducated on requirements for resident evaluations. Random audits will be completed with Assisted Living Interdisciplinary team to ensure compliance. The first random audit will be completed by February 7th, 2021.	

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

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A 037	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to ensure evaluations were completed with significant change for 4 of 6 tenants reviewed (Tenants #2, #3, #4, #5). Findings follow: 1. When observed on 9-14-20 at approximately 10:55 a.m. Staff C prepared medications to be administered to Tenant #2. Staff C crushed the medication prior to administration. Review of Tenant #2's file on 9-14-20 revealed the Health and Functional Assessment dated 2-18-20 (annual) reflected she required moderate assistance with bathing and minimal assistance with dressing and hygiene/grooming. The Health and Functional Assessment dated 8-17-20 (90 day) reflected Tenant #2 required maximal assistance with bathing and moderate assistance with dressing and hygiene/grooming. Interdisciplinary Notes reflected the following: - On 3-18-20 it was noted Tenant #2 had increased episodes of incontinence and a general decline. - On 5-18-20 it was noted Tenant #2 had slowly declined. She was unable to dress herself without assistance and was incontinent of bladder and bowel. She could not participate in many activities as she did not understand and was unable to follow directions. Tenant #2 was less verbal and did not walk around the building as she did previously. She could not make her needs known. - On 8-17-20 it was noted each quarter Tenant #2 had fallen more often and could not always	A 037		

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A 037	Continued From page 2 make her needs known. Tenant #2 needed minimal assistance at meals, however occasionally hand over hand assistance was needed. Medications were crushed to ensure Tenant #2 swallowed them. She needed maximal assistance with bathing, and moderate to maximal assistance with dressing and grooming. Brushing teeth was often hand over hand and moderate to maximal assistance was needed to for bedtime cares. - On 9-14-20 it was noted staff reported Tenant #2 had become more belligerent and combative. When interviewed on 9-15-20 at 3:21 p.m. the Nurse revealed Tenant #2 would be transferred to a higher level of care on campus when a bed became available. Tenant #2 was more combative and belligerent in the a.m. and p.m. She could help with bathing but staff did most of it for her. Tenant #2 could help put on her protective undergarment and she was incontinent of bladder and bowel. Regarding dressing, she would help put her arms in the sleeves. Medications were crushed more frequently. Evaluations regarding significant changes with increased cares, belligerent and combative behaviors and overall decline could not be located. 2. Review of Tenant #3's file on 9-15-20 revealed the Health and Functional Assessment dated 10-31-19 (annual) reflected she was Independent/required minimal assistance with bathing, dressing and hygiene/grooming. The Health and Functional Assessment dated 7-27-20 (90 day) revealed Tenant #3 required moderate assistance for bathing (often refused) and minimal assistance for dressing and hygiene/grooming. It indicated she was	A 037		

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A 037	Continued From page 3 incontinent of urine especially at night. Interdisciplinary Notes reflected the following: - On 7-8-20 it was noted staff reported Tenant #3 had been more aggressive and combative. She hit staff several times and was not cooperative related to using the restroom and wanted to leave to go home. - On 7-27-20 it was noted Tenant #3 could be very belligerent. Tenant #3 was very hard of hearing which possible made the belligerence worse. Staff often had difficulty getting the tenant to shower. She was incontinent of bladder and bowel and often needed assistance to get cleaned up. Tenant #3's sleep pattern varied and her cooperation with toileting at night also varied. On 9-15-20 at 3:21 p.m. the Nurse revealed Tenant #3 refused bathing at times. Tenant #3 was incontinent refused toileting assistance at night. Evaluations regarding changes in increased cares and behaviors could not be located. 3. Review of Tenant #4's file on 9-15-20 revealed the Health and Functional Assessment dated 2-11-20 (annual) reflected she needed moderate assistance with bathing. The level of service needed was not reflected for dressing and hygiene/grooming. The Health and Functional Assessment dated 8-7-20 (90 day) reflected Tenant #4 needed moderate assistance with bathing and hygiene/grooming. It also reflected Tenant #4 needed moderate assistance with encouragement for dressing. Interdisciplinary Notes reflected the following: - On 5-8-20 it was noted Tenant #4 was consistently incontinent of urine and incontinent of	A 037		

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A 037	Continued From page 4 stool most of the time. - On 7-6-20 it was noted staff reported reddened areas between Tenant #4's legs that extended to her upper thighs. It was noted the area looked like yeast. A new order was received for Nystop powder to areas twice daily after washing and drying (continued until healed). - On 8-7-20 it was noted Tenant #4 had "regressed" mentally and physically during the past few months. She did not want to do anything for herself. She had loose stools and was incontinent of urine and stool. Tenant #4 needed a lot of encouragement to help with dressing, grooming and toileting. On 9-15-20 at 3:21 p.m. the Nurse revealed Tenant #4 was incontinent of urine and stool. She needed assistance of one regarding mobility and transfers. Tenant #4 could help with bathing, dressing and grooming. She could help with toileting including to help pull up her pants. Evaluations regarding changes in cares, treatments to reddened areas between the legs and general decline could not be located. 4. Review of Tenant #5's file on 9-15-20 revealed the following Interdisciplinary Notes: - On 5-21-20 it was noted Tenant #5 cried and was upset and said she was going to kill herself. It upset other tenants. Tenant #5 was taken to her apartment and given a bowl of ice cream and had a face to face visit with a family member. The visit was cut short as Tenant #5 upset her family member. Tenant #5 reported her family member and "her crew" were going to "kill me tonight." - On 6-29-20 it was noted Tenant #5 continued to pack her belongings every day. On 9-15-20 at 3:21 p.m. the Nurse said the	A 037		

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A 037	Continued From page 5 self-harm statements came out when Tenant #5 was agitated. Staff took her to a quiet place at those times. Evaluations regarding significant changes related to statements of self-harm and behaviors could not be located.	A 037		
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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure service plans were updated as needs changed for 4 of 6 tenants reviewed (Tenants #2, #3, #4, #5). Findings follow: 1. Review of Tenant #2's file on 9-14-20 revealed following Interdisciplinary Notes: - On 3-18-20 it was noted Tenant #2 had increased episodes of incontinence and a general decline. - On 5-18-20 it was noted Tenant #2 had slowly declined. She was unable to dress herself without	A 083	481-69.26 (1) Service Plans Resident #2, #3, #4, #5 have been re-evaluated by Program Nurse and Social Worker to ensure proper assistance is noted on resident's service plan. Service plans will be updated to reflect any increased cares, general decline, changes in resident behaviors, changes in treatments, PT/OT services (initiated or discontinued), or comments of self-harm. Random service plan audits will be completed monthly by the assisted living interdisciplinary team to ensure compliance. The first random service plan audit will be completed by January 22nd, 2021. Program Nurse and Social Worker will be reeducated on requirements for resident service plans.	

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A 083	Continued From page 6 assistance and was incontinent of bladder and bowel. She could not participate in many activities as she did not understand and was unable to follow directions. Tenant #2 was less verbal and did not walk around the building as she did previously. She could not make her needs known. - On 9-14-20 it was noted staff reported Tenant #2 had become more belligerent and combative. When interviewed on 9-15-20 at 3:21 p.m. the Nurse revealed Tenant #2 would be transferred to a higher level of care on campus when a bed became available. Tenant #2 was more combative and belligerent in the a.m. and p.m. She could help with bathing but staff did most of it for her. Tenant #2 could help put on her protective undergarment and she was incontinent of bladder and bowel. Regarding dressing, she would help put her arms in the sleeves. Medications were crushed more frequently. Tenant #2's service plan dated 2-18-20 was not updated to reflect increased cares and general decline or the tenant's increasing behaviors. 2. Review of Tenant #3's file on 9-15-20 revealed the following Interdisciplinary Notes: - On 7-8-20 it was noted staff reported Tenant #3 had been more aggressive and combative. She hit staff several times and was not cooperative related to using the restroom and wanted to leave to go home. - On 7-27-20 it was noted Tenant #3 could be very belligerent. Tenant #3 was very hard of hearing which possible made the belligerence worse. Staff often had difficulty getting the tenant to shower. She was incontinent of bladder and bowel and often needed assistance to get cleaned up. Tenant #3's sleep pattern varied and her cooperation with toileting at night also varied.	A 083		

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A 083	Continued From page 7 Tenant #3's service plan dated 10-30-19 did not address the tenant's aggressive and belligerent behaviors. 3. Review of Tenant #4's file on 9-15-20 revealed the following Interdisciplinary Notes: - On 5-8-20 it was noted Tenant #4 was consistently incontinent of urine and incontinent of stool most of the time. - On 7-6-20 it was noted staff reported reddened areas between Tenant #4's legs that extended to her upper thighs. It was noted the area looked like yeast. A new order was received for Nystop powder to areas twice daily after washing and drying (continued until healed). Tenant #4's service plan dated 2-11-20 was not updated to reflect the treatment to reddened areas between the legs or the frequent incontinence of urine and stool. 4. Review of Tenant #5's file on 9-15-20 revealed the following Interdisciplinary Notes: - On 4-20-20 it was noted physical therapy (PT) would start that day. - On 5-21-20 it was noted Tenant #5 cried and was upset and said she was going to kill herself. It upset other tenants. Tenant #5 was taken to her apartment and given a bowl of ice cream and had a face to face visit with a family member. The visit was cut short as Tenant #5 upset her family member. Tenant #5 reported her family member and "her crew" were going to "kill me tonight." - On 6-22-20 it was noted PT recently worked with Tenant #5. - On 6-29-20 it was noted Tenant #5 continued to pack her belongings every day. On 9-15-20 at 3:21 p.m. the Nurse said the	A 083		

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A 083	Continued From page 8 self-harm statements came out when Tenant #5 was agitated. Staff would take her to a quiet place. She said PT services stopped some time ago for Tenant #5. Tenant #5's service plan dated 10-24-19 did not reflect PT services (initiated or discontinued), the packing of personal belongings or the comments of self-harm.	A 083		
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 dementia-specific education and training was completed within 30 days of employment for 2 of 4 staff reviewed (Staff A and B). Findings follow: 1. Review of Staff A's file on 9-14-20 revealed a hire date of 1-9-20. Staff A was hired and worked in another building on campus (different level of care) and transferred to the Program in April of 2020. Staff A did not have eight hours of dementia education completed within 30 days of transfer to the Program.	A 121	481-69.30 Dementia Specific Education for Personnel An audit will be completed to ensure all employees have their 8 hours of dementia training completed. Employees will be required to complete the eight hours of dementia education prior to working on the floor to ensure training is completed. Audit will be completed by January 14th, 2021.	

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A 121	Continued From page 9 2. Review of Staff B's file on 9-14-20 revealed a hire date of 8-5-19. Staff B did not have eight hours of dementia education completed within 30 days of employment. 3. When interviewed on 9-15-20 at approximately 4:19 p.m. the Director of Long Term Support and Services revealed Staff A previously worked in another building on campus that required six hours of dementia training. During an audit it was discovered Staff A needed additional hours of dementia training and it was completed. She said staff were now required to complete the eight hours of dementia education prior to working on the floor to ensure it was completed.	A 121		