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 |
|---|---|---|---|
| | S0035 | A. BUILDING: _____ B. WING _____ | 09/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COTTAGE GROVE PLACE | 2115 1ST AVENUE SE CEDAR RAPIDS, IA 52402 |

| (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 |
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| A 000 | Initial Comments<br><br>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.<br><br>Tenants without cognitive impairment: 32<br>Tenants with cognitive impairment: 5<br>Total census: 37<br><br>The following regulatory insufficiencies were cited related to the recertification visit conducted to determine compliance with certification of an Assisted Living Program: | A 000 | | |
| A 150 | 481-67.2(3) Program Policies and Procedures<br><br>67.2(3) The program shall follow the policies and procedures established by the program.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to follow their policy and procedure related to head injuries and medication administration. This pertained to 2 of 4 tenants reviewed (Tenants #1 and Tenant #4). Findings follow:<br><br>1. Record review on 9/17/25 revealed Tenant #1's file, indicated Tenant#1 had falls on 6/15/25, 6/16/25, 8/6/25, 9/8/25 and 9/8/25. She hit her head with each fall except on 6/16/25. Head Injury Documentation Forms were completed with vitals post falls with head strikes.<br><br>Continued record review revealed faxes provided related to the notification to the provider of Tenant | A 150 | | |

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| A 150 | Continued From page 1<br>#1's falls. However, assessments were not documented as completed within 72 hours by a nurse related to falls with head strikes as directed in the policy and procedure.<br><br>2. Record review on 9/17/25 revealed Tenant #4's file, revealed an incident report dated 7/23/25, indicated Tenant #4 was found laying on her left side. She was trying to get to the chair by the table, lost control and fell. She indicated she hit her head. A Head Injury Documentation Form was completed with vitals post fall with head strike.<br><br>Continued record review revealed a fax sent to the provider related to the notification of the fall. However, an assessment was not documented as completed within 72 hours by a nurse related to the fall as directed in the policy and procedure.<br><br>Record review of the Program's Head Injury policy and procedure, dated 2/03/22, indicated if tenants fell or had an incident that might have involved hitting their head on a hard object or surface, they would be assessed for possible head trauma. The nurse was notified immediately, if the tenant was unconscious they were sent to the hospital, if they had obvious injury and were on an antiplatelet or anticoagulated medication they were sent to the hospital. If the tenant complained of pain and was able to be assisted up with three or less staff they would be sent to the hospital. If the tenant did not meet the criteria the head injury protocol would be followed. If a tenant refused medical care, the nurse implemented the head injury protocol which included vital signs every shift for 72 hours, staff monitored for signs of increased cranial pressure, the nurse followed up with an assessment and documentation within 72 hours of the incident. If | A 150 | | |

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| A 150 | Continued From page 2<br>changes in neurological condition were noted, the tenant needed to be sent to the hospital.<br><br>When interviewed on 9/17/25 at 3:54 p.m., the Assisted Living Manager confirmed everything was provided in terms of nurse's notes and faxes to the provider, related to the completion of assessments post falls. | A 150 | | |
| A 285 | 481-67.5(2)f(4) Medications<br><br>67.5(2) Each program shall follow its own written medication policy, which shall include the following:<br><br>f. When medications are administered traditionally by the program:<br><br>(4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to administer medication and treatments as prescribed by the tenant's physician. This pertained to 3 of 4 tenants reviewed (Tenants #1, Tenant #2, and Tenant #3). Findings follow:<br><br>1. Record review on 9/17/25 of Tenant #1's September 2025 Medication Administration Records (MARs) reflected an order to administer p.m. medications in the package in the evening. The medications were documented as not administered due to not being available for one | A 285 | | |

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| A 285 | Continued From page 3<br>time in September. The MAR also reflected an order for brimonidine tartrate ophthalmic solution 0.1%, instill one drop in both eyes twice a day. The solution was documented not administered due to not being available to administer one time in September.<br><br>2. Record review on 9/17/25 of Tenant #2's August and September 2025 MARs reflected an order for zinc-oxide plus external ointment 0.44-20% (menthol-zinc oxide), apply to buttocks topically three times per day. The ointment was documented as not administered over 20 times due to not being available to administer in August and September.<br><br>3. Record review on 9/17/25 of Tenant #3's August and September 2025 MARs reflected an order of thrombo-embolic deterrent (TED) hose on in the a.m. and off in the p.m. TED hoses were documented as not completed three times in August. TED hoses were documented as not completed five times in September. The reasons the TED hoses were not completed included the hoses were too wet to wear or the hoses were not available.<br><br>Record review on 9/16/25 revealed the Program's Medication Administration policy and procedure, dated revised 10/28/20, directed all medications were administered following physician orders.<br><br>When interviewed on 9/17/25 at 3:54 p.m., the Assisted Living Manager confirmed all MARs were provided for the tenants reviewed. | A 285 | | |
| A 145 | 481-69.22(3) Evaluation of Tenant<br><br>69.22(3) Evaluation annually and with significant | A 145 | | |

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| A 145 | Continued From page 4<br>change. A program shall 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, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to complete evaluations as needed with significant change. This pertained to 2 of 4 current tenants reviewed (Tenant #1 and Tenant #3). Findings follow:<br><br>1. Record review on 9/17/25 revealed Tenant #1's file, indicated Tenant #1 had falls on 6/15/25, 6/16/25, 8/6/25, 9/8/25 and 9/8/25. She hit her head with each fall recorded except on 6/16/25.<br><br>Continued record review revealed faxes to the provider indicated the following:<br><br>On 6/26/25, an order was requested for Voltaren gel to the top of the left foot four times per day.<br><br>On 7/22/25, Tenant #1 complained of foot pain and administered Tylenol twice daily. Tylenol 500 mg, two tablets, twice daily was ordered. | A 145 | | |

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| A 145 | Continued From page 5<br>On 8/6/25,Tenant #1 fell and hit her head.<br><br>On 8/6/25, Tenant #1 fell again today, with increased confusion and yelled for her mother. An order was received for a urinalysis (UA) and culture.<br><br>On 9/4/25, indicated she was up most of the night, looked for her spouse, anxious and went into other apartments. An order was received to increase risperidone to one milligram (mg) by mouth twice daily.<br><br>On 9/9/25, she fell at 5:00 a.m. and had three falls since yesterday. An order was received to lower Risperidone to 0.5 mg by mouth twice daily.<br><br>Further record review of Tenant #1's After Visit Summary, dated 8/8/25, indicated the emergency room saw Tenant #1 for altered mental status. It was noted her diagnoses included pain in the left upper arm, left elbow pain, left foot pain and closed head injury.<br><br>Continued record review revealed cognitive, health and functional evaluations were most recently completed on 1/6/25. Evaluations failed to be completed as needed related to falls, the new order for Voltaren gel for foot pain, increased confusion, anxiety, up at night and went into other apartments.<br><br>2. Record review on 9/17/25 of Tenant #3's file revealed he was admitted on 7/29/25. He fell on 7/30/25, 8/4/25, 8/10/25, 8/12/25, 8/13/25, 8/19/25, 9/5/25 and 9/8/25.<br><br>Continued record review revealed faxes to the provider indicated the following: | A 145 | | |

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| A 145 | Continued From page 6<br>On 8/13/25, Tenant #3 had three falls in three days. An order was received for a UA with culture and sensitivity.<br><br>On 8/4/25, Tenant #3's bilateral ankles were swollen. An order was received for anti-embolism hose daily to bilateral lower extremities.<br><br>On 9/10/25, Tenant #3 still had trouble walking and an order to recheck the UA was received.<br><br>On 9/12/25, received new orders for Lasix 40 mg by mouth daily and UA with culture and sensitivity.<br><br>Further record review revealed Progress Notes indicated the following:<br><br>On 8/13/25, received a new order for a UA due to three falls in three days.<br><br>On 8/18/25, a new order was received for Augmentin 875 mg, taken twice daily with food for 7 days for a urinary tract infection (UTI).<br><br>On 9/15/25, it noted on 9/14/25 Tenant #3's family took him to the hospital as the Program waited for his UA results to be returned.<br><br>Continued record review revealed evaluations were completed on 7/24/25 (prior to admission) and on 8/18/25 (30 day and significant change). Evaluations failed to be completed as needed with additional significant changes included falls prior to and after the evaluations on 8/18/25, edema, a new order for anti-embolism hose and trouble walking.<br><br>When interviewed on 9/17/25 at 3:54 p.m. the Assisted Living Manager confirmed all evaluations were provided for the tenants | A 145 | | |

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| A 145 | Continued From page 7<br>reviewed. | A 145 | | |
| A 350 | 481-69.26(1) Service Plans<br><br>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.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to update service plans as needed and failed to have service plans reflect the service needs of the tenants. This pertained to 2 of 4 tenants reviewed (Tenant #1 and Tenant #3). Findings follow:<br><br>1. Record review on 9/17/25 revealed Tenant #1's file, indicated Tenant #1 had falls on 6/15/25, 6/16/25, 8/6/25, 9/8/25 and 9/8/25. She hit her head with each fall recorded except on 6/16/25.<br><br>Continued record review revealed faxes to the provider indicated the following:<br><br>On 6/26/25, an order was requested for Voltaren gel to the top of the left foot four times per day.<br><br>On 7/22/25, Tenant #1 complained of foot pain and Tylenol administered twice daily. Tylenol 500 | A 350 | | |

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| A 350 | Continued From page 8<br>mg, two tablets, twice daily was ordered.<br><br>On 8/6/25, Tenant #1 fell and hit her head.<br><br>On 8/6/25, Tenant #1 fell again today, with increased confusion and yelled for her mother. An order was received for a urinalysis (UA) and culture.<br><br>On 9/4/25, she was up most of the night, looked for her spouse, she was anxious and went into other apartments. An order was received to increase Risperidone to one milligram (mg) by mouth twice daily.<br><br>On 9/9/25, she fell at 5:00 a.m. and she had three falls since yesterday. An order was received to lower Risperidone to 0.5 mg by mouth twice daily.<br><br>Further record review of Tenant #1's After Visit Summary, dated 8/8/25, indicated the emergency room saw Tenant #1 for altered mental status. It noted her diagnoses included pain in the left upper arm, left elbow pain, left foot pain and closed head injury.<br><br>Continued record review revealed Tenant #1's service plan, dated 1/6/25 (updated at 90 day reviews with no changes noted). The service plan failed to be updated as needed. The plan failed to reflect falls with interventions, the new order for Voltaren gel for foot pain, increased confusion, anxiety, up at night and went into other apartments.<br><br>2. Record review on 9/17/25 of Tenant #3's file revealed he was admitted on 7/29/25. He fell on 7/30/25, 8/4/25, 8/10/25, 8/12/25, 8/13/25, 8/19/25, 9/5/25 and 9/8/25. | A 350 | | |

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| A 350 | Continued From page 9<br>Continued record review revealed faxes to the provider indicated the following:<br><br>On 8/13/25, Tenant #3 had three falls in three days. An order was received for a UA with culture and sensitivity.<br><br>On 8/4/25, Tenant #3's bilateral ankles were swollen. An order was received for anti-embolism hose daily to bilateral lower extremities.<br><br>On 9/10/25, Tenant #3 still had trouble walking and an order for rechecking the UA was received.<br><br>On 9/12/25, received new orders for Lasix 40 mg by mouth daily and a UA with culture and sensitivity.<br><br>Further record review revealed Progress Notes indicated the following:<br><br>On 8/13/25, received a new order for UA due to three falls in three days.<br><br>On 8/18/25, a new order was received for Augmentin 875 mg, taken twice daily with food for 7 days for a urinary tract infection (UTI).<br><br>On 9/15/25, noted on 9/14/25, Tenant #3's family took him to the hospital as the Program was waiting for his UA results to be returned.<br><br>Continued record review revealed Tenant #3's service plan, dated 7/28/25 (prior to admission) and 8/18/25 (30 day and significant change). The service plan failed to be updated with additional significant changes including falls prior to and after the service plan on 8/18/25, edema, a new order for anti-embolism hose and trouble walking. | A 350 | | |

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| A 350 | Continued From page 10<br>When interviewed on 9/17/25 at 3:54 p.m. the Assisted Living Nurse Manager confirmed all service plans were provided for the tenants reviewed. | A 350 | | |

## COTTAGE GROVE PLACE – ASSISTED LIVING PROGRAM

## PLAN OF CORRECTION

| DEFICIENCY / TAG Date of compliance 11/13/25 | Plan of Correction |
|---|---|
| A150 – Policies & Procedures | 1. Corrective Actions:<br>• Head Injury Protocol reviewed and updated to reinforce requirements for RN follow-up assessments within 72 hours.<br>• Head Injury Protocol reviewed and updated and Inservice education provided to all Medication Aide staff for adherence to prescriber orders and timely documentation.<br>• Staff education provided regarding proper escalation when assessments or medications are overdue or unavailable.<br>• Head Injury Assessment form updated to include alerts for required RN follow-up.<br><br>2. Measures to Ensure the Problem Does Not Recur:<br>• RN/Manager will review all fall incidents to ensure required follow-up assessments are completed and documented timely.<br>• Head-injury and falls protocol expectations will be reviewed and completed upon on-boarding as well as added to annual Inservice education<br>• Target Date for Correction: 11/13/25 |
| | 3. Monitoring for Compliance:<br>• Weekly audits of all falls and medication administrations for 90 days, then monthly for 6 months<br>• Findings reviewed in ALP QAPI meetings with corrective action implemented as needed. |

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| A285 – Medication | 1. Corrective Actions:<br>• Staff retrained on MAR documentation standards, medication availability checks, and medication policy with escalation procedures.<br><br>2. Measures to Ensure the Problem Does Not Recur:<br>• Medication policy updated to include availability checks and escalation procedures at shift change.<br>• Quarterly competency evaluation for med-pass technique and documentation.<br>• Annual training module added addressing medication administration and error reduction.<br>• Target Date for Correction: 11/13/25<br><br>3. Monitoring for Compliance:<br>• Weekly MAR audits for 90 days, then monthly for six months<br>• Trends analyzed during QAPI with immediate remediation when errors or omissions are identified. |
| A145 – Evaluation of Tenant | 1. Corrective Actions:<br>• All overdue evaluations completed immediately, including functional, cognitive, and health assessments.<br>• Staff retrained on identifying and reporting significant changes, including falls, new behaviors, increased confusion, and new treatment orders. |
| | • Significant change evaluation policy updated to ensure RN review with reported change.<br><br>2. Measures to Ensure the Problem Does Not Recur:<br>• RN/Manager to review daily communication logs and incident reports to identify trigger events requiring |

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| | evaluations.<br>• Significant-change training added to new staff orientation and quarterly refreshers.<br>• Target Date for Correction: 11/13/25<br><br>3. Monitoring for Compliance:<br>• Monthly audits of all tenants experiencing significant changes for six months.<br>• Evaluation timeliness tracked and reviewed during QAPI to ensure consistent compliance. |
| A350 – Service Plans | 1. Corrective Actions:<br>• All service plans were updated immediately to accurately reflect fall history, interventions and required assistance levels.<br>• Interdisciplinary service-plan review process update with sig. changes in status policy.<br><br>2. Measures to Ensure the Problem Does Not Recur:<br>• Service-plan updates required following new orders, falls, behavioral changes, or other condition changes.<br>• Staff retrained on timely communication of condition changes and documentation expectations.<br>• Target Date for Correction: 11/13/25 |
| | 3. Monitoring for Compliance:<br>• Weekly service-plan audits for 90 days, then monthly for six months<br>• Audit findings reviewed in ALP/ALMC QAPI meetings to monitor and analyze status changes. |