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FORM APPROVED

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
	S0108	A. BUILDING: _____ B. WING _____	03/09/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CUSTOM CARE	1224 13TH ST 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 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: 21 Number of tenants with cognitive disorder: 1 TOTAL census of Assisted Living Program: 22 There were no regulatory insufficiencies cited during the onsite infection control survey completed on 3/8/21 and 3/9/21. The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000	POC 3/15/21	
A 350	481-69.26(1) 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 update tenants' service plans as needed and failed to develop service plans to reflect the identified service needs of the tenants. This pertained to 3 of 3 tenants reviewed (Tenants #1, #2 and #3). Findings follow:	A 350		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Kane Christensen TITLE Director of LTSS (X6) DATE 05/10/2

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A 350	Continued From page 1 1. Record review on 3-9-21 of Tenant #1's file revealed Tenant #1 received hospice services. Interdisplinary Notes dated 3-7-21 indicated an open area on Tenant #1's buttocks "appears to be getting bigger." Hospice was contacted and would send a nurse to look at it and evaluate. Continued record review revealed a hospice Physician Orders document dated 3-7-21 indicated Tenant #1 had a sacral/coccyx pressure area that measured 3.0 centimeters (cm) x 1.5 cm x 0.1 cm. An order was written for hydrocolloid dressing to the area after cleansing with soap and water. The order indicated to change every seven days and as needed if soiled. An interview on 3-9-21 with Nurse #1 and the Director of Long Term Support and Services revealed hospice completed bathing services for Tenant #1. The pressure area for Tenant #1 was noted a couple days ago. Further record review revealed Tenant #1's service plan dated 2-22-21 reflected assistance of one with bathing. The service plan reflected Tenant #1 received hospice services; however, did not indicate the services provided by hospice, including bathing. The service plan also did not reflect the pressure area, which was noted to have appeared to increase in size, and treatment of the area. 2. Record review on 3-9-21 of Tenant #2's file revealed Interdisciplinary Notes indicated the following: a. On 1-13-21 it was noted due to increased incontinence Tenant #2 needed to wear briefs	A 350	1. Service plan was update on 3-9-21. Nurses and Social Worker were retrained on updating service plans on 3/15/2021. Service plans will be audited randomly on a month to month basis to ensure Service Plans are current. 2. Service plan was update on 3-9-21. Nurses and Social Worker were retrained on updating service plans on 3/15/2021. Service plans will be audited randomly on a month to month basis to ensure Service Plans are current.	

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A 350	Continued From page 2 during the day and night. Staff spoke with him about throwing his briefs in the garbage instead of on the floor. b. On 1-19-21 it was noted when staff checked on him he had thrown his soiled brief on the bathroom floor. Staff picked it up and put it in the garbage. Staff noted he was wearing underwear instead of a brief. c. On 1-26-21 it was noted Tenant #2 had thrown underwear soaked in urine on the floor next to the chair he sat in. The pad on the chair was soaked in urine. In the bathroom Tenant #2 had a soiled brief sitting on the floor, next to the garbage can. Staff reminded Tenant #2 he needed to wear briefs at all times and not underwear. d. On 2-7-21 it was noted staff completing rounds noted a foul odor and observed a "chux" soaked with urine on the recliner. Staff removed the soiled item and replaced it with a clean one. e. On 2-10-21 it was noted when staff checked on him, his pad on the recliner was soiled with urine along with a towel he placed on the kitchen table chair. Staff removed it to reduce the odor in his apartment. It was also noted Tenant #2 had been wearing regular underwear during the day instead of briefs. There were soiled underwear on the floor next to the chair in his bedroom. Staff reminded Tenant #2 to wear briefs due to incontinence. f. On 3-3-21 it was noted an order was received for Nystatin cream 100,000 units/gram (gm), apply topically to the groin, twice daily until healed and then as needed. Continued record review of Tenant #2's service	A 350		

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A 350	Continued From page 3 plan dated 10-29-20 indicated Tenant #2 was incontinent of urine and wore briefs. Tenant #2 was continent of bowel movement. The service plan reflected staff was to help gather soiled laundry as needed. The service plan did not reflect Tenant #2's incontinent issues as indicated above and interventions or the skin issue and Nystatin treatment. 3. Record review on 3-9-21 of Tenant #3's file revealed Interdisciplinary Notes indicated the following: a. On 2-11-21 it was noted an order was received to discontinue Nystatin powder and start Nystatin cream to affected area/groin and to keep the area clean and dry. b. On 2-12-21 it was noted an order clarification was received to start Nystatin cream 100,000 units/gm, apply to affected areas/groin, three times daily as needed. c. On 2-28-21 it was noted Tenant #3 had a urinary tract infection (UTI) on 12-3-20 and an order was received for nitrofurantoin 100 milligram (mg), twice daily for seven days. d. On 3-2-21 it was noted in a 90 day review that Tenant #3 had a continuous positive airway pressure (CPAP) machine and he slept at night now due to the CPAP fitting better. Continued record review revealed the March 2021 Medication Record reflected an order for Nitroglycerin 0.4 mg tablet, sublingual, every five minutes as needed for chest pain for three doses.	A 350	3. Service plan was update on 3-9-21. Nurses and Social Worker were retrained on updating service plans on 3/15/2021. Service plans will be audited randomly on a month to month basis to ensure Service Plans are current.	

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A 350	Continued From page 4 An interview on 3-9-21 with Nurse #1 and the Director of Long Term Support and Services revealed Tenant #3 administered his Nitroglycerin and Nystatin independently. Tenant #3 was also independent with his CPAP. Further record review of Tenant #3's service plan dated 12-3-20 indicated staff administered medications from a locked medication cart. The service plan did not reflect the UTI and treatment. The service plan also did not reflect Tenant #3 was independent with the administration and storage of certain medications and treatments. 4. An interview on 3-9-21 with Nurse #1 and the Director of Long Term Support and Services confirmed those were the most current service plans for the tenants reviewed.	A 350		