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 _____	01/04/2024

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: 22 Number of tenants with cognitive disorder: 1 TOTAL census of Assisted Living Program: 23 The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000	POC 4/25/24	
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 develop service plans based on evaluations and failed to provide service plans to reflect the service needs of the tenants. This pertained to 3 of 4 tenants reviewed (Tenants #1, #2 and #4). Findings follow: 1. Record review on 1/3/24 and 1/4/23 of Tenant	A 350	Service Plans: Tenant 1, Tenant 2, & Tenant 4's service plans were reviewed and updated with current needs/services on 3/25/2024. Service Plans will be audited with 90-day reviews to ensure the service plan is individualized and includes the residents' needs and preferences for assistance. Staff will be retrained on service plans and what should be included to ensure service plans are individualized and ensure residents' needs and preferences are met. This training will be completed with staff by April 25th, 2024.	

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A 350	Continued From page 1 #1's file revealed Interdisciplinary Notes indicated the following: a. On 10/3/23 Tenant #1 requested assistance with putting on his brief and had a difficult time holding the brief and putting his foot into the leg opening. b. On 10/16/23 Tenant #1 called for help with putting on his brief and appeared confused about how to get the brief on both legs. When the brief was on Tenant #1 did not know to pull the brief up and appeared to be confused about what to do next. Tenant #1 required cues on steps to put on the brief and pajama bottoms. c. On 10/17/23 (late entry for 10/16/23) it was noted when staff arrived to his apartment he had the remote in his hand, he thought the phone rang and thought the remote was the phone. Staff helped Tenant #1 change his brief and he was confused about how to put the brief on and get both legs through each opening. d. On 10/21/23 when staff completed rounds Tenant #1 was observed with only his back on the lower recliner, which was tilted up, and his buttocks hanging off. Staff assisted him back into the chair and encouraged him to go to bed. He refused and said he needed to get a location and then said he needed to go home. Tenant #1 was encouraged to go to bed and he again declined. e. On 10/21/23 staff went to check on Tenant #1 and he was at the microwave trying to figure out how to use it. Staff needed to remind him daily regarding which button to push. In the time the short time staff was in the apartment Tenant #1 repeated three times about his shower and was reminded it was Saturday.	A 350		

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A 350	Continued From page 2 f. On 10/22/23 Tenant #1 had increased confusion, he ate snacks in the middle of the night and then fell asleep in the chair. Staff provided reminders to go to bed. It was also noted he was slower to make decisions. g. On 10/29/23 staff completed early morning rounds and observed Tenant #1 with both feet in one opening of the brief. Staff assisted Tenant #1 with the brief and with getting dressed. h. On 12/18/23 staff assisted Tenant #1 to the bathroom and to change his brief. There was bowel movement (BM) on his brief and coccyx. Tenant #1 complained of pain to the coccyx and it as noted Tenant #1 had BM on the skin in that area. Calmoseptine was applied to the area as the skin the pink. Tenant #1's clothes were soiled with food and he was assisted with changing his clothes. i. On 12/25/23 Tenant #1's brief was completely full. It required total assist to change him. j. On 12/28/23 staff completed a check and found Tenant #1 asleep on the toilet. His brief was soiled with urine and BM. A clean brief was put on and Tenant #1 was cleaned up. k. On 1/2/24 Tenant #1 came out of his apartment looking for the bathroom. Tenant #1 did not know there was a bathroom in his apartment. Staff assisted Tenant #1 with removal of his anti-embolism hose and changed his brief. l. On 1/2/24 Tenant #1 was a full assist of one with changing his brief and getting dressed that morning.	A 350		

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A 350	Continued From page 3 Continued record review revealed Tenant #1's service plan dated 12/14/23 reflected Tenant #1 was incontinent of urine and occasional of bowel and he wore a brief and required the assistance of one staff. The service plan indicated under cognition/orientation that Tenant #1 scored 24/30 on the Mini-Mental Status Examination. The service plan failed to reflect Tenant #1's confusion as noted above and the extent of Tenant #1's toileting needs. 2. Record review on 1/4/24 of Tenant #2's file revealed the service plan dated 10/4/23 (updated on 11/3/23) reflected Tenant #2 self-administered her medications. On 11/21/23 it was updated and reflected staff administered all medications from a locked cart. On 11/27/23 the service plan was updated and reflected nursing staff checked Tenant #2's blood glucose levels and administered her insulin as ordered. On 1/3/24 the service plan was updated to reflect treatment of a skin tear and to cleanse the wound with saline and apply telfa daily until healed. Continued record review revealed evaluations were most recently completed on 11/3/23. The updates to the service plan completed on 11/21/23, 11/27/23, and 1/3/24 were not based on evaluations. Further record review revealed a Facsimile Sheet dated 11/28/23 indicated orders were received to give a high carbohydrate juice, milk, or food (if able to take by mouth) when blood glucose levels were less than 100. It also indicated to encourage a snack at bedtime daily. Continued record review revealed incident reports revealed Tenant #2 had eight falls from 10/7/23 to 12/21/23.	A 350		

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A 350	Continued From page 4 Further record review revealed the January 2024 medication administration records reflected an order for Eliquis 5 milligram tablet, take one tablet, every morning. Continued record review revealed the service plan identified Tenant #2 was a fall risk; however, did not reflect interventions related to her falls and safety. The service plan reflected staff administered her medications as of 11/21/23; however, did not the reflect the anti-coagulant medication. The service plan dated 11/27/23 reflected staff checked her blood glucose levels and administered insulin; however, did not reflect to encourage a snack a bed time and orders related to her blood glucose readings less than 100. 3. Record review on 1/4/24 of Tenant #4's file revealed the service plan dated 8/31/23 reflected Tenant #4 self-administered his medications and staff administered his eye drops. The service plan was updated on 9/24/23 and reflected staff administered Tenant #4's medications from a locked medication cart. Staff was to watch to ensure Tenant #4 took his medications. Continued record review revealed Interdisciplinary Notes dated 9/24/23 reflected Tenant #4 told staff he wanted staff to administer all of his medications. Further record review revealed evaluations were completed on 8/31/23 and 9/29/23. The service plan was updated on 9/24/23 to reflect the change in medication administration from self-administration to staff administration; however, it was not based on evaluations.	A 350		

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A 350	Continued From page 5 4. When interviewed on 1/4/24 at 4:40 p.m. the Director of Long-Term Support and Services confirmed the current service plans were provided for the tenants reviewed.	A 350		