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 |
|---|---|---|---|
| | S0113 | A. BUILDING: _____ B. WING _____ | C 01/15/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GARNETT PLACE | 202 35TH ST DR SE CEDAR RAPIDS, IA 52403 |

| (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 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.<br><br>Number of tenants without cognitive impairment: 7<br>Number of tenants with cognitive impairment: 6<br>Total census: 13<br><br>No regulatory insufficiencies were cited related the investigation of Complaints #124879-C and #125733-C:<br><br>The following regulatory insufficiency was cited during the investigation of Complaint #123764-C. | A 000 | The Plan of Correction is attached | |
| 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 to reflect the identified needs of the tenants. This | A 350 | | |

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| A 350 | Continued From page 1<br>pertained to 3 of 4 current tenants reviewed (Tenants #1, #2 and #3) and 2 of 4 discharged tenants reviewed (Tenant C1 and Tenant C2). Findings follow:<br><br>1. Review of Tenant #1's file on 1/13/25 revealed the service plan dated 9/18/24 indicated Tenant #1 had a wander bracelet/fob. Staff were to check the placement of it every shift. The service plan indicated Tenant #1 had a current or history of wandering.<br><br>The Adult Services Monitoring Entrance Form indicated Tenant #1 was one of tenants listed who had wandering behaviors.<br><br>When interviewed on 1/14/25 at 11:23 a.m. Staff A said Tenant #1 always wanted to go. Staff talked to him and if he was agitated let him walk by himself.<br><br>When interviewed on 1/14/25 at 12:04 p.m. Staff C said Tenant #1 wanted to leave and staff redirected him.<br><br>When interviewed on 1/14/25 at 12:37 p.m. Staff D said Tenant #1 had set off alarms and the fire alarms.<br><br>When interviewed on 1/15/25 at 8:53 p.m. Staff E said Tenant #1 had gotten downstairs to the basement a couple months ago on second shift. Staff did not hear the alarm. At hourly checks he was not in the apartment and staff found him in the basement. She said the Healthcare Coordinator was aware of the incident and staff were to keep eyes on him.<br><br>When interviewed on 1/9/25 at 1:08 p.m. the Healthcare Coordinator said Tenant #1 wandered | A 350 | | |

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| A 350 | Continued From page 2<br>and at times went for the doors.<br><br>Further review revealed Tenant #1's service plan did not reflect interventions related to wandering and exit seeking behaviors. It also did not reflect Tenant #1 had left the floor he resided on.<br><br>2. Review of Tenant #2's file on 1/13/25 revealed the service plan signed on 11/12/24 indicated Tenant #2 had a wander bracelet/fob. Staff were to check the placement of it every shift. The service plan indicated Tenant #2 had extensive wandering issues, wandered outside and sometimes left the immediate area.<br><br>The Adult Services Monitoring Entrance Form indicated Tenant #2 was one of tenants listed who had wandering behaviors.<br><br>When interviewed on 1/14/25 at 12:04 p.m. Staff C said Tenant #2 wanted to leave at times.<br><br>When interviewed on 1/14/25 at 12:37 p.m. Staff D said Tenant #2 wandered and had hourly checks.<br><br>When interviewed on 1/15/25 at 8:53 a.m. Staff E said Tenant #2 wandered but did not exit seek. She said when he first got there he eloped out the security doors on the floor and staff responded right away.<br><br>When interviewed on 1/9/25 at 1:08 p.m. the Healthcare Coordinator said in the past three months Tenant #2 was able to get to the stairs, the alarm functioned and staff responded. She said Tenant #2 went up and down the hallways.<br><br>A fax dated 12/11/24 revealed an order from the tenant's PCP to discontinue all medications | A 350 | | |

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| A 350 | Continued From page 3<br>except for melatonin and immodium as needed per the family's request. The melatonin was increased to 9 milligrams nightly.<br><br>Continued record review revealed the October, November and December 2024 medication administration records (MARs) reflected medications were administered from a medication planner.<br><br>Further record review revealed Tenant #2's service plan reflected his wandering and exit seeking behavior; however, did not provide interventions related to the behavior. It also did not reflect medications were administered from a medication planner and was not updated as needed to reflect the discontinuation of most of his oral medications.<br><br>3. On 1/13/25 review of Tenant #3's file revealed Progress Notes indicating the following:<br>- On 11/13/24 staff called and said Tenant #3 was on the floor. She was unable to get up, was shaky and seemed disoriented. She was sent to the emergency department (ED) via ambulance.<br>- On 11/13/24 it was noted Tenant #3 would be returning from the ED. She was diagnosed with a urinary tract infection (UTI) and would start an antibiotic, cephalexin, four times daily for seven days.<br>- On 11/21/24 the antibiotic therapy was completed and she was feeling much better.<br><br>When interviewed on 1/14/25 at 12:04 p.m. Staff C said some of the staff did not complete toileting cares on second and third shifts. She said Tenant #3 was not getting up to use the bathroom.<br><br>When interviewed on 1/14/25 at 12:37 p.m. Staff D said Tenant #3's bed had been soaked (urine) | A 350 | | |

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| A 350 | Continued From page 4<br>at times.<br><br>When interviewed on 1/15/25 at 12:18 p.m. the Community Director said Tenant #3's bed had been wet and she refused cares.<br><br>Tenant #3's service plan dated 12/23/24 indicated she required minimal assistance with toileting. The service plan was not updated to reflect Tenant #3 had a history of UTIs and did not reflect the extent of Tenant #3's urinary incontinence, refusals and any interventions.<br><br>4. Review of Tenant C1's file on 1/14/25 revealed Progress Notes indicating the following:<br>- On 10/18/24 it was recommended to frequently reposition her in bed due to frozen shoulder syndrome. The Voltaren gel as needed was discontinued.<br>- On 10/21/24 Tenant C1 was crying over the pain in her right shoulder. A fax was sent to the primary care provider (PCP) regarding a different treatment option.<br>- On 10/23/24 an order was received for physical therapy (PT) and occupational therapy (OT).<br>- On 11/1/24 it was noted Tenant C1 would be admitted to hospice.<br>- On 11/20/24 Tenant C1 had a difficult time swallowing.<br>- On 11/21/24 a hospital bed was delivered.<br>- On 12/2/24 Tenant C1 had a slight decline. She would eat applesauce and drink apple juice but had not gotten up. She slept the majority of the day.<br><br>Continued record review revealed Tenant C1's service plan was dated 11/1/24. The service plan reflected Tenant C1 had chronic pain; however, did not reflect the frozen shoulder and | A 350 | | |

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| A 350 | Continued From page 5<br>recommendations to assist with pain. It also reflected hospice; however, did not reflect the hospital bed provided. The service plan was not updated to reflect difficulty with swallowing, decreased intake and not getting out of bed.<br><br>5. On 1/14/25 review of Tenant C2's file revealed Progress Notes indicating the following:<br>- On 9/10/24 concerns were brought to the Healthcare Coordinator's attention regarding an allegation of money being taken from Tenant C2 (non-staff member). It was noted there were concerns about Tenant C2's ability to make decisions due to cognitive decline. The Healthcare Coordinator spoke with Tenant C2's legal representative who believed a particular person was attempting to take Tenant C2's money. Tenant C2 scored a 10 on the cognitive evaluation, the PCP was notified and the power of attorney (POA) was activated. Per the POA's request an identified person was not supposed to take Tenant C2 out of the building but could still visit.<br><br>Continued record review revealed Tenant C2's service plan dated 11/12/24 had not been updated to reflect the POA's request regarding Tenant C2 not leaving the building with an identified person.<br><br>6. When interviewed on 1/15/25 at 1:36 p.m. the Healthcare Coordinator confirmed all service plans for the tenants reviewed were provided. | A 350 | | |

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|---|---|---|---|---|---|
| **Tag #1** | **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<br><br>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<br>by:<br>Based on interview and record review the program failed to update service plans as needed to reflect the identified needs of the tenants. This pertained to 3 of 4 current tenants reviewed | **A350** | Tenant C1 moved out on 12/04/24.<br><br>Tenant C2 moved out on 12/14/24.<br><br>Tenant #1's service plan will be updated by 04/05/2025 to reflect wandering and exit seeking behaviors with interventions for staff.<br><br>Tenant #2's service plan will be updated by 04/05/25 to reflect wandering and exit seeking behaviors with interventions for staff.<br><br>Tenant #3's service plan will be updated by 04/05/25 to reflect history of UTI's, urinary incontinence and toileting refusal history with interventions for staff.<br><br>The HCC ended employment effective 02/20/2025.<br><br>An audit of all current resident's service plans will be completed by 4/05/25 to ensure that all wandering/exit seeking | The new HCC will be trained regarding service plan expectations and time points to update within 30 days of hire.<br><br>Audits will be completed daily, weekly, monthly, as needed, and as determined by the director or designee, to ensure compliance. | **Implementation Date:** 3/5/25<br><br>**Completion Date:** Ongoing<br><br>**Responsible Party:** Director, Nurse, or Designee |

*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 regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.*

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| | (Tenants #1, #2 and #3) and 2 of 4 discharged tenants reviewed (Tenant C1 and Tenant C2). | | behaviors are identified with interventions for staff, all refusal of care/meds will be identified with interventions for staff and continence status/toileting schedule is appropriate for resident(s). | | |

Compliance Date: 04/05/2025

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