

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165278	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/19/2024
NAME OF PROVIDER OR SUPPLIER Living Center West		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 4th Avenue SE Cedar Rapids, IA 52403	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48452</p> <p>Based on observation, clinical record review, policy review, and staff interview the facility failed to maintain accurate advance directive records based on resident preference for 1 of 8 residents reviewed (Resident #4). The facility reported a census of 66 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) for Resident #4 dated [DATE] documented the resident scored 15 on a Brief Interview for Mental Status (BIMS) exam, which indicated intact cognition. It further revealed diagnoses of coronary artery disease, chronic respiratory failure with hypoxia (not enough oxygen in the blood), and asthma.</p> <p>On [DATE] at 9:50 AM a document titled Policy for Resuscitative Services/Cardiopulmonary Resuscitation (CPR) dated [DATE] was located in front of the resident's chart. It documented that in the event respirations or pulse would cease for Resident #4, she requested CPR be performed.</p> <p>During the same chart review the resident's Iowa Physician's Orders for Scope of Treatment (IPOST), signed [DATE] and located in the resident's chart behind the Resuscitative Services document, indicated if the resident did not have a pulse and was not breathing, staff should not attempt CPR.</p> <p>An entry in the electronic health record (EHR) dated [DATE] at 17:43 titled Health Status Note revealed the care provider called Resident #4's daughter to update her about changing the IPOST to a code status of DNR, comfort measures only, with no feeding tube and she was in agreement with the change.</p> <p>On [DATE] at 2:00 PM when asked about code status Staff A, Licensed Practical Nurse (LPN) stated he would look for it in the front of the resident's chart. He reported there was not a code status book or other location for advance directive information. Observed Staff A look in the front of Resident #4's chart, where he pointed at the request for CPR to be performed. When showed the discrepancy between that document and the IPOST behind it, Staff A indicated he would have looked at the first form and was not aware they were different.</p> <p>At 12:11 PM on [DATE] a follow up with Staff A determined the facility was working to ensure the correct document was in the resident's file.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165278	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/19/2024
NAME OF PROVIDER OR SUPPLIER Living Center West		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 4th Avenue SE Cedar Rapids, IA 52403	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A policy, titled Advanced Directives Policy and dated [DATE], documented the intent of the facility to implement the terms of resident Advanced Directives in accordance with the appropriate direction of the resident, Power of Attorney, or resident's physician. The procedure included information that revoked advance directives should be removed from the resident's medical record and placed in an administrative file to avoid any misunderstanding.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165278	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/19/2024
NAME OF PROVIDER OR SUPPLIER Living Center West		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 4th Avenue SE Cedar Rapids, IA 52403	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Plan the resident's discharge to meet the resident's goals and needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49976</p> <p>Based on record review, resident and staff interviews, and policy review the facility failed to address the resident's goals for discharge for 1 of 1 residents reviewed (Resident #52). The facility reported a census of 66 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) report dated 8/08/24 for Resident #52 indicated a Brief Interview for Mental Status (BIMS) score of 12/15 indicating moderate cognitive impairment. The MDS further indicated diagnoses including: alcohol cirrhosis of the liver with ascites (scar and fluid buildup), non-Alzheimer's dementia, and Diabetes Mellitus.</p> <p>The Care Plan for Resident #52 updated 7/11/22 noted the resident needed 24-hour care related to cognitive loss. It instructed staff to arrange for care conferences and review discharge plans quarterly and as needed. It further encouraged the resident/family/POA to share concerns.</p> <p>A review of the clinical record and Electronic Health Record revealed they lacked documentation pertaining to Durable Power of Attorney or mental capacity documents to indicate the resident was unable to make his own medical decisions.</p> <p>The Discharge Planning Review- v2 dated 6/28/24 documented Resident #52's family goal was to have the resident stay in the facility long term. It further documented the resident had alcohol-induced dementia diagnosed which impairs judgment and safety awareness. It indicated the need for supervision for Activities of Daily Living along with medication management. It reported the resident was unable to meet basic and critical care needs in a lower level of care setting.</p> <p>The Nursing Communication note dated 7/22/24 documented the resident verbalized wanting to get out of here saying he's too young to be here, he wants to work, [NAME] the lawn, have a beer, and is too self-sufficient to be here. The Psychosocial Note dated 8/12/24 reported the resident went to the Social Services office and wanted to know about discharge. The social worker suggested the resident speak to his family as staff was not in the position to make that decision. The note dated 9/06/24 documented a case consultation with the Managed Care Organization caseworker in which discharge plans were reviewed and no changes were made.</p> <p>In an interview on 9/16/24 at 1:29 PM Resident #52 noted he wanted to go home and had not seen the social worker to discuss this.</p> <p>In an interview on 9/17/24 at 9:42 AM the Social Worker explained he encouraged the resident to speak to his family as they would need to have a big part in his leaving and they said he can't return home. He acknowledged the resident does not have a guardian or designated decision maker. Thus far he had only encouraged the resident to talk to family about this; he did not start any other discharge planning. He confirmed the resident was not evaluated for his mental capacity to make decisions.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165278	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/19/2024
NAME OF PROVIDER OR SUPPLIER Living Center West		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 4th Avenue SE Cedar Rapids, IA 52403	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 9/18/24 at 2:57 PM the Administrator explained Resident #52 had a BIMS of 12 and his family was involved with his Plan of Care but was now non-responsive. She noted the facility collaborated as a team to determine if a discharge plan was appropriate or not, and relied on the medical provider's input as well. If they think someone will eventually not be capable of making decisions they have the resident designate who they want to be DPOA. If they come in already compromised they work with family to try and get a guardian appointed. Non-relatives who are willing to take guardianship usually have a full caseload. She acknowledged she was not sure if guardianship was attempted for the resident, and that the Social Worker would know for sure.</p> <p>The facility policy titled Transfer/Discharge Criteria, revised 2/01/20 lacked any direction regarding discharge planning according to resident goals or determination of medial decision-making capacity as it relates to discharge planning.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165278	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/19/2024
NAME OF PROVIDER OR SUPPLIER Living Center West		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 4th Avenue SE Cedar Rapids, IA 52403	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>49976</p> <p>Based on record review, staff and resident interviews, and policy review the facility failed to implement its policy to ensure the safety of both smoking and non-smoking residents (Resident #65). The facility reported a census of 66 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) report dated 6/26/24 for Resident #65 indicated a Brief Interview for Mental Status (BIMS) score of 14/15 indicating no cognitive impairment. The MDS further indicated diagnoses including: Wernicke's Encephalopathy (difficulty waking, abnormal eye movements, confusion), bipolar disorder, and tremor.</p> <p>The Smoking Safety Screen dated 8/27/24 documented Resident #65 was able to smoke without supervision off campus. It indicated the need for the facility to store his lighter and cigarettes for safety.</p> <p>In an interview on 9/16/24 at 10:40 AM the resident reported he buys and keeps his own cigarettes and lighter in his room. He confirmed he smokes by himself whenever he wants.</p> <p>In an interview on 9/17/24 at 11:08 AM Staff A, Licensed Practical Nurse (LPN) explained most times residents keep their smoking supplies with them, not at the nurse's station. He confirmed they do not keep Resident #65's smoking supplies.</p> <p>In an interview on 9/17/24 at 11:18 AM Staff B, LPN explained nurses don't really control resident smoking supplies. They are not kept on the medication carts or in the medication rooms. Residents keep the supplies in their rooms.</p> <p>In an interview on 9/17/24 at 11:10 AM the MDS coordinator explained the smoking safety screening is done quarterly. Nurses are to keep the lighters and cigarettes in their cart. There shouldn't be any residents keeping their own supplies. It be should either at the nurse's station or the locked medication room.</p> <p>In an interview on 9/18/24 at 2:53 PM the Administrator explained the smoking residents were told they needed to keep their materials with the nurse in the lock box. Safety risks for other confused residents were explained and education was provided to families as well. Residents have been non-compliant so they discussed getting lock boxes for resident rooms. They have not gotten them because the residents again agreed to keep their supplies with the nurses. It is technically a non-smoking facility but if they are alert and oriented, and have the assessment to be safe to do so, they are allowed to smoke off campus.</p> <p>The facility policy titled Smoking, revised 8/30/23 instructed residents choosing to leave the premises to smoke to store smoking materials in an area not easily accessible to others.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165278	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/19/2024
NAME OF PROVIDER OR SUPPLIER Living Center West		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 4th Avenue SE Cedar Rapids, IA 52403	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>34821</p> <p>Based on interviews, clinical record review, and facility policy review the facility failed to complete pre and post dialysis assessments that included site assessment for 1 of 1 dialysis residents reviewed (Resident #16). The facility reported a census of 66 residents.</p> <p>Findings include:</p> <p>The Medication Administration Record (MAR) for Resident #16 dated 7/2024, listed a diagnosis of chronic kidney disease, stage 4 (SEVERE) end stage renal disease. The MAR directed vital signs (VS) before and after dialysis every Monday, Wednesday, Friday. The MAR failed to direct staff to assess the dialysis site after return from dialysis.</p> <p>The Medication Administration Record (MAR) for Resident #16 dated 8/2024, directed vital signs before and after dialysis every Monday, Wednesday, Friday. The MAR failed to direct staff to assess the dialysis site after she returned from dialysis.</p> <p>The Medication Administration Record (MAR) for Resident #16 dated 9/2024, the MAR directed vital signs before and after dialysis every Monday, Wednesday, Friday. The MAR failed to direct staff to assess the dialysis site after she returned from dialysis.</p> <p>The Care Plan dated 1/9/24, addressed Resident#16 needed hemodialysis related to end stage renal disease. The Care Plan directed assess access site (right upper extremity) as ordered.</p> <p>The Psychosocial Note dated 9/12/2024 at 2 PM, revealed a Brief Interview for Mental Status score of 11, mild cognitive impairments.</p> <p>The Nurses Progress Note dated 9/6/24, at 6:04 PM, 9/4/24 at 6:04 PM, 8/30/24 at 2:54 PM, 7/26/24 at 10:26 PM, 7/24/24 at 12:05 PM, and 7/17/24 at 12:39 PM, lacked an assessment of the dialysis site.</p> <p>The facility lacked documentation of the Hemodialysis Communication form's dated 7/10/24, 8/2/24, 8/12/24, 8/23/24, 8/26/24, 8/28/24, 9/2/24, 9/9/24, 9/11/24, 9/13/24, and 9/16/24.</p> <p>The Order Review dated 9/19/24, identified the location of dialysis every Monday, Wednesdays, Fridays with a Pick up time at 05:45 AM. The orders lacked direction to assess the site post dialysis.</p> <p>09/18/24 01:44 PM Staff C, Registered Nurse (RN) revealed upon Resident#16's return from dialysis she checked her vitals and documents on the Dialysis Communication form and looked at the sheet they send with her to see if they changed anything.</p> <p>On 09/18/24 at 2:03 PM the Restorative Licensed Practical Nurse (LPN) reported when a resident comes back and before they go to dialysis the nurses check vitals and the bruit and thrill and doc in the MAR.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165278	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/19/2024
NAME OF PROVIDER OR SUPPLIER Living Center West		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 4th Avenue SE Cedar Rapids, IA 52403	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/18/24 at 2:27 PM the Assistant Director of Nursing (ADON) reported the nurses need to check the vitals when a resident comes back from dialysis and put them on the sheet or could be on the MAR.</p> <p>On 9/19/24 at 8:10 AM the Director of Nursing (DON) reported the nurses are expected to check residents vitals before and after dialysis and check the bruit and thrill before dialysis. She said the don't listen after dialysis due to the bandage. The DON reported they look at the dressing when they come back but the don't document that anywhere.</p> <p>09/19/24 10:15 AM the ADON reported that staff are expected to document vitals pre and post dialysis in the MAR and on the sheet and some note in the Progress Note.</p> <p>The facility Dialysis Binder held a document titled Binder Expectations undated that directed:</p> <p>All Hemodialysis forms will remain inside the binder.</p> <p>All Hemodialysis forms will be completed in full (no blanks).</p> <p>Management team will audit binder for completion.</p> <p>Only management team will remove Hemodialysis forms to file in Pt chart.</p> <p>Process:</p> <p>The nurse:</p> <ol style="list-style-type: none"> 1. Pre-treatment (Tx) VS assessment (Complete the entire facility section except post vitals, Print your name and date/time of completion) 2. Include appointment packet with facesheet and medication list. 3. Post Tx VS/assessment when resident returns 4. Enter VS assessment in MAR and chart in Progress notes. <p>The facility policy titled Dialysis Care dated 2/2/17, directed nursing shall provide direct visual monitoring of the access site before and after dialysis. Nursing shall provide ongoing monitoring and care of the resident's vascular access site.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165278	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/19/2024
NAME OF PROVIDER OR SUPPLIER Living Center West		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 4th Avenue SE Cedar Rapids, IA 52403	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>49976</p> <p>Based on the Centers for Medicare and Medicaid Services (CMS) Statement of Deficiencies forms, the facility Quality Assessment and Performance improvement (QAPI) Plan, and staff interview the facility failed to carry out Quality Assurance (QA) activities to ensure effective measures had been taken to correct deficiencies and prevent their ongoing prevalence. The facility reported a census of 66 residents.</p> <p>Findings include:</p> <p>The CMS 2567, dated 1/18/24 listed, in part, the following concerns:</p> <p>F689, F698</p> <p>The current survey, conducted 9/16/24-9/19/24 also identified the above concerns.</p> <p>In an interview on 9/19/24 at 12:27 PM the Administrator explained she did not know if the facility put plans in place to address the deficiencies from the previous survey. There was nothing handed off when the previous administrator left.</p> <p>A review of the facility QAPI Program Policies and Procedures, undated revealed the following:</p> <p>The QAA Committee functions under the facility's governing body and is responsible for developing and implementing appropriate plans of action to correct deficiencies identified, regularly review, and analyze data under QAPI and drug regimen review, and act on available data to make improvements. To ensure the planned changes/interventions are implemented and effective in achieving and sustaining improvements, our organization chooses indicators/measures that tie directly to the new action and conducts ongoing periodic measurement and review to ensure that the new action has been adopted and is performed consistently.</p>