STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165322	A. Building B. Wing	09/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cottage Grove Place	2115 First Avenue SE Cedar Rapids, IA 52402

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)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 48452 Based on observation, a posted notice, record review, staff interview, and family interview the facility failed to ensure sufficient staffing to respond to door alarms that sounded in the facility. Two door alarms sounded 4 times in 14 minutes without a staff response. 34 of 58 residents in the facility scored 12/15 or lower on the Brief Interview for Mental Status (BIMS) assessment, which indicated they had moderate to severely impaired cognition. The facility reported a census of 58 residents. Findings include: On 9/28/24 beginning at 11:00 AM facility residents could participate in an activity outside. Residents, staff, and family members had access to at least 2 exits near the main entrance of the building, one leading to the wheelchair ramp and the other leading to the lobby. A plastic sign mounted on the wall to the left of the door with the ramp indicated a code was needed for the door and could be obtained by contacting the nurse at the number provided. At 11:21 AM on 9/28/24 the ramp door alarm sounded which indicated the door had been open for more than 15 seconds. At 11:24 AM, observed a resident's family member enter a code that silenced the alarm. He walked away from the door. No facility staff were observed in that area between 11:21 AM and 11:26 AM to ensure all residents were accounted for. The family member stated the alarm went off when the door was open too long and he had turned it off before. At 11:27 AM an alarm with the same tone sounded, this time at the lobby door. It was turned off at 11:28 AM. The lobby door alarm sounded again at 11:31 AM. Observed the same family member turn it off at 11:33 AM. Within a minute the alarm at the ramp door sounded. The family member cleared that alarm at 11:35 AM. No staff were present to turn off these alarms or ensure a resident had not gone outside unassisted. The family member stated he didn't see any staff so he cleared the lobby door alarm and then turned off the ramp door alarm. He explained he used the same code used to enter the building. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165322	A. Building B. Wing	09/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cottage Grove Place	2115 First Avenue SE Cedar Rapids, IA 52402

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)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 9/28/24 at 11:53 AM the Director of Nursing and Administrator confirmed that the code used to enter the building is the same as the alarm shut off, this was the only way to deactivate the alarms, and that both alarms have the same tone. They did not think there was a way to run reports for the door alarms to determine how often they were going off. The Administrator stated family members should not deactivate the alarms. The Director of Nursing stated residents wearing wander guards who activated the alarm would be seen on the same TV screen where call lights were monitored. Electronic health record review revealed 34 of 58 residents scored 12 or lower on the BIMS, and 5 of them used a wander guard for safety. 14 residents lived between the dining room and the alarmed doors. 9 of them had a BIMS of 12 or lower. On 9/28/24 at 3:19 PM Staff B, CNA (Certified Nurses Aide) stated he didn't think they could hear the two door alarms by the lobby and the ramp from the dining room. He didn't know of anyone getting out recently and stated if staff heard the alarm and did not see a resident they were expected to check the grounds around the building. On 9/29/24 at 10:12 AM Staff A, LPN (Licensed Practical Nurse) stated she could not hear the door alarms from the nurse's desk or the dining room. She stated she had to be at least at the end of the hall where the lobby door was to start to hear it. Staff A said the number one priority was to check to see if any residents had left the building. She included two busy streets and around the building as part of the search area and a head count to ensure residents were all accounted for. On 9/29/24 at 12:42 PM the Administrator acknowledged the concerns with the door alarms, provided a copy of a new sign posted on the door to prevent future incidents, and stated training was started the day before. The Administrator stated they had been working with the communications company to try to improve their system.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165322	A. Building B. Wing	09/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cottage Grove Place	2115 First Avenue SE Cedar Rapids, IA 52402

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)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48452 Based on observation, record review, staff interview, resident interview, and policy review the facility failed to ensure psychotropic medications administered to a resident for anxiety and depression had matching diagnoses in the resident's electronic health record for 1 of 3 residents reviewed (Resident #6). The facility reported a census of 58 residents. Findings include: The Minimum Data Set (MDS) for Resident #6 documented an admitted [DATE] and was in progress. Resident #6's Medication Administration Record (MAR) indicated the resident was taking the following: 1. Trazodone HCl oral tablet 50 MG, 25 mg by mouth at bedtime for depression/ insomnia (1/2 tab) 2. Duloxetine HCl oral capsule delayed release sprinkle 30 MG, 1 capsule by mouth two times a day for depression 3. Lorazepam Oral tablet 0.5 MG, 1 tablet by mouth three times a day for anxiety The resident's electronic health record diagnosis tab lacked diagnoses of depression and anxiety. The resident's Care Plan, with an admitted [DATE], included focus areas for anxiety and depression monitoring and medication management. During an interview on 9/27/24 at 2:43 PM Resident #6 stated he was anxious, wanted to go home, and felt depressed with all of the changes in his life after his stroke. Resident #6 thought he was on medication to help him and was happy the Administrator and Social Worker put in place to have 2 people come in together to care for him. It made him feel less anxious. During the interview observed the resident tapping on the arm of the chair, fidgeting with his call light, and his eyes repeatedly darting towards the door. On 9/29/24 at 10:12 AM Staff A, LPN (Licensed Practical Nurse) stated the resident was definitely confused and anxious. His anxiety, depression, and confusion had led to the resident calling out, making false reports to his wife and staff, and made it difficult at times to help him understand and adjust to his new environment. During a meeting on 9/29/24 at 12:42 PM the Director of Nursing reviewed the resident's diagnosis list in the electronic health record and confirmed it did not include anxiety or depression. She acknowledged further investigation was needed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165322	A. Building B. Wing	09/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cottage Grove Place	2115 First Avenue SE Cedar Rapids, IA 52402

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)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An undated policy titled Medication Administration Policy Template Administration of Oral Medications did not include a procedure for ensuring diagnoses for medications aligned with resident diagnoses.