

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165322	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/05/2020
NAME OF PROVIDER OF SUPPLIER COTTAGE GROVE PLACE		STREET ADDRESS, CITY, STATE, ZIP 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 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, resident and staff interviews the facility failed to provide a shower/bath twice a week for 3 of 5 residents reviewed (Residents #1, #3 and #8). The facility identified a census of 41 residents. Findings include: 1. Resident #1's Minimum Data Set MDS (MDS) Assessment showed the resident unable to do the Brief Interview for Mental Status due to inattention and disorganized thinking, required extensive staff assistance, for transfers, dressing, hygiene, and total staff assistance for bathing, and did not ambulate. The MDS showed the resident always incontinent with bladder and bowel functions. The active and current Care Plan dated 9/2/20 for the resident, showed the resident had a self care deficit for daily living activities, is alert and forgetful and will allow staff to perform the cares, and admitted to Hospice Cares. Interventions for this deficit included to assist of 1 staff person with bathing and grooming. Review of the Activities for Daily Living (ADL) Verification Worksheet showed for the month of August the resident received a shower/bath on 8/6, 8/17, and 8/29/20. An interview on 9/29/20 at 1:05 p.m. the MDS Coordinator reported baths are to be documented and to be marked as refused if the resident refused the bath/shower. She reported feeling most residents receive their baths but acknowledged maybe some Certified Nurse Aides's (CNA) (who give the baths) may skip them for the residents. She noted baths/showers are to be performed for the residents 2 times a week. She also reported the standard saying if it wasn't documented, then it wasn't done. She also remarked having to re-instruct the staff to document it properly, and feels sometimes they do not document it in the right area, even though the bath/shower had been completed. An interview on 9/30 at 2:00 p.m. Staff A, CNA reported feeling baths generally get done on first shift that she is aware of. Residents are assigned baths on different shifts to be completed. Staff A commented if a resident refuses a bath, she will typically give a quick sponge down while in the bathroom. Baths are to be performed 2 times a week and if they refuse, staff documents it as refused for that day. An interview on 10/1/20 at 11:10 a.m. Staff C, Registered Nurse (RN), reported residents are to receive a bath/shower 2 times a week and should be documented in the computer. An interview on 10/5/20 at 12:00 p.m. the Director of Nursing (DON), reported feeling baths/showers are done and just not put in the computer correctly. She noted this as a concern, as the documentation shows if the cares were completed, refused, or not completed. 2. Resident #3's MDS assessment dated [DATE] showed the resident had severe memory loss and cognitive skills, required extensive staff assistance with transfers, ambulation, hygiene and bathing, frequent urinary incontinence and occasional bowel incontinence. The MDS showed the resident had [DIAGNOSES REDACTED]. The Care Plan active and current dated 10/1/20 showed the resident had a self care deficit related to dementia and reluctance to do daily cares. The intervention for this concern included to have 1 staff assist with bathing and dressing. The ADL Verification Worksheet showed for the month of August the resident received a shower/bath on 8/1 and 8/19. The ADL Verification Worksheet showed for the month of September the resident received a bath/shower for September on 9/1, 9/15, 9/27, and 9/28/20 3. Resident #8's MDS assessment dated [DATE] showed the resident with intact memory and cognitive skills, required limited staff assistance for transfer, ambulation, hygiene, and transfer help for bathing, and had no incontinence issues. The MDS showed the resident had [DIAGNOSES REDACTED]. The Care Plan active and current dated 10/1/20 identified the resident on [MEDICAL TREATMENT] due to kidney failure. An intervention for this concern included to keep the catheter site dry during showers or bathing and protect the site from moisture during bathing. An interview on 9/30/20 at 12:59 p.m. the resident reported sometimes received a shower and sometimes will clean up self in the room. The ADL Verification Worksheet showed for the month of August the resident received a shower/bath on 8/3, 8/20, and 8/27. The ADL Verification Worksheet showed for the month of September the resident received a bath/shower for September on 9/3, 9/17, and 9/18, and 9/25/20. The facility's Bathing Procedure revised in 9/2005 stated the purpose for the Procedure included the following: - to increase elimination through skin. - to relieve sensations of fatigue. - to stimulate circulation. - to promote muscular relaxation. - to promote cleanliness and prevent body odor.		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, and record review the facility failed to consistently screen staff, visitors, and Hospice Staff entering and leaving the facility as protocol for the present COVID-19 [MEDICAL CONDITION]. The facility identified a census of 41 residents. Findings include: 1. Observation upon entrance to the facility on [DATE] showed Staff B, Receptionist at the front door entrance checking in 4 staff persons. She wrote their names in the log and took their temperatures, but did not ask any of the questions related to the exposure of [MEDICAL CONDITION]. Observation also showed another side door, by the front entrance goes directly into the Health Center front area, by the conference room. The double door set has a key punch to be used for entering and exiting. There is no station set up for checking persons entering or leaving the Health Center Observation on 9/29/20 at 8:30 a.m., Staff E, Hospice staff found putting on the PPE (Personal Protective Equipment) to go into Resident #5's room. Staff E reported no one checked her in, as no staff present at the front door. She reported she checked her own temperature before entering the building. Staff E remarked she knows the code to get into the Health Care Center and just comes in for her visit. Observation on 9/29/20 at 2:10 p.m., Staff D, the facility's Van Driver came down the hall wearing a mask, propelling a resident who came back from a physician's visit, also wearing a mask. The Van Driver reported no one present at the front entrance to check them in, so they just came in. Observation on 9/30/20 at 12:48 p.m., Staff F, Registered Nurse (RN) exited through the front door, reporting she had to go pick up her kids from school. Staff F did not get checked with a temperature or asked questions before she left the building. Observation on 9/30/20 at 12:53 a person, wearing a mask, left the building through the key punch side door inside the Health Facility and drove away without being screened out prior leaving the facility. Review of the log called the Visitor Daily Temperatures identified the person and name of the person if visiting, time in, time out, and the temperature taken. The log included the COVID questions to be asked as the following: - exposed to someone with COVID-19? - Travel international or to a state in last 14 days? - cruise or setting with crowds in last 14 days? - fever or cough? - shortness of breath, chills, or body aches? - diarrhea or vomiting? And the temperature readers signature and date. An interview on 9/29/20 at 2:00 p.m., the Director of Nursing (DON), reported the questions should be asked or at least referred to and the Hospice Staff person should have been checked in and out by the facility's staff. An interview on 10/1/20 at 11:10 a.m., Staff C, RN reported all staff and visitors should be checked in and out of the Health Care Facility. All are asked the questions and have their temperature taken. An interview on 10/5/20 at 12:15 p.m., the DON reported all staff, visitors, Hospice Staff should be screened before entering and when leaving the Health Care Center. She noted thinking one could not enter at the side door and when reported anyone with the keypad numbers could come in or out, she reported this as a concern and would look into it. The facility's sent out a Notice dated 3/12/20 for the COVID-19		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(continued... from page 1)</p> <p>Information (Pandemic Update) which went out to all residents, resident family members and employees. The notice stated effective immediately, a lock down in effect for the Nursing Center and Assisted Living areas. The entrance to the building is limited to the Commons building and check in at the front desk. All other entrances will be locked and accessed by a key fob only. If a family member does come in the building they will be asked questions about their health, recent travel, and have their temperature taken. Staff will be required to get their temperatures taken in the front lobby in the Commons east building to avoid cross contamination to the other building. Another Staff Information Bulletin dated 4/7/20 included: please make sure you enter the building through restricted areas and have your temperature taken and answer some questions about potential exposure before and after each shift.</p>		