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
	S0439	A. BUILDING: _____ B. WING _____	C 02/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOYSON HEIGHTS SENIOR LIVING COMMUNI	765 BOYSON ROAD NE CEDAR RAPIDS, IA 52402

(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 impairment: 44 Number of tenants with cognitive impairment: 2 Total census: 46 Complaint #110172-C was investigated and the following regulatory insufficiency was cited:	A 000		
A 395	481-69.26(4)a Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop service plans that reflected the identified needs of the tenants. This pertained to 2 of 4 tenants reviewed (Tenants #1 and #2). Findings follow: 1. Record review on 2/16/23 of Tenant #1's file revealed the February 2023 medication administration record (MAR) reflected an order for lorazepam 0.5 milligram (mg), take by mouth, once daily at 7:00 p.m. The MAR reflected Tenant #1 refused the scheduled medication seven times from 2/1/23 to 2/15/23.	A 395		

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A 395	Continued From page 1 When interviewed on 2/15/23 at 2:27 p.m. Staff A said Tenant #1 refused her lorazepam and Tenant #1 said it make her sick. When interviewed on 2/16/23 at 1:10 p.m. Staff C said Tenant #1 had refused her lorazepam, as it had given her an upset stomach. Continued record review of Tenant #1's service plan dated 11/9/22 indicated staff administered medications to Tenant #1. The service plan did not reflect Tenant #1's medication refusals. 2. Record review on 2/16/23 of Tenant #2's file revealed the Monthly Weight Report reflected Tenant #2 had a 20.6 weight loss from September 2022 to February 2023. From January 2023 to February 2023 Tenant #2 had a 10.2 pound weight loss. The recorded weight for Tenant #2 in February 2023 was 96.6 pounds. Continued record review revealed Tenant #2's service plan dated 1/13/23 did not reflect Tenant #2's weight loss and any interventions. 3. When interviewed on 2/16/23 at 3:22 p.m. the Executive Director confirmed current service plans were provided for the tenants listed above. She also confirmed Tenant #2 had a weight loss.	A 395		