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 05/14/2025

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: 27 Number of tenants with cognitive impairment: 3 Total census: 30 The following regulatory insufficiency was cited related to the investigation of Incident #127621-I and Complaint #128563-C:	A 000	See attached POC 6/30/25	
A 405	481-69.26(4)c Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: c. The service provider(s), if other than the program, including but not limited to providers of hospice care, home health care, occupational therapy, and physical therapy This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop service plans that reflected outside service providers. This pertained to 2 of 3 current tenants reviewed (Tenant #2 and Tenant #3) and 1 of 2 discharged tenants reviewed (Tenant C1). Findings follow: 1. Reiew of Tenant #2's file on 5/14/24 revealed a service plan dated 3/7/25 and current service plan (undated) reflected she received physical therapy (PT) and occupational therapy (OT) services from an outside therapy company.	A 405		

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A 405	Continued From page 1 A therapy caseload document reflected Tenant #2 received PT, OT and speech therapy (ST), three times per week (started on 3/9/25). When interviewed on 5/14/25 at 2:34 p.m. the Director of Nursing (DON) confirmed Tenant #2 was discharged from therapy services. Further review revealed Tenant #2's service plan was not updated to reflect the discharge from therapy services. It also did not reflect Tenant #2 received ST therapy services as indicated on the therapy caseload document. 2. Review of Tenant #3's file on 5/14/25 revealed a therapy caseload document revealed Tenant #3 received OT from 12/9/24 to 3/4/25, PT from 12/31/24 to 4/9/25 and ST from 2/11/25 to 3/6/25. It reflected she received PT twice weekly. Tenant #3's service plan had a revision on 12/19/24 that reflected PT and OT services. The service plan was not updated to reflect ST. The service plan had a revision on 4/25/25 to reflect no therapy services; however, Tenant #3 was discharged from OT on 3/4/25 (revision on 4/25/25), discharged from PT on 4/9/25 (revision on 4/25/25) and discharged from ST on 3/6/25 (revision on 4/25/25). Tenant #3's service plan did not reflect ST services and was not updated when therapies were discontinued. 3. Review of Tenant C1's file on 5/13/25 and 5/14/25 revealed a progress note dated 3/19/25 indicating Tenant C1 wanted to go on palliative care. When interviewed on 5/14/25 at 3:19 p.m. the Chief Nursing Officer and Owner (management	A 405		

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A 405	Continued From page 2	A 405		

company) revealed Tenant C1 received palliative care services prior to her admission to the Program but the Program was not aware. The palliative care visits picked up around 3/13/25.

The tenant's AL Health and Functional Assessment dated 3/10/25 reflected Tenant C1 continued to have home health visits five days per week for dressing care of her right lower leg.

When interviewed on 5/14/25 at 2:16 p.m. the Executive Director said when Tenant C1 moved in she received therapy services briefly. She was not sure what type of therapy service was provided. She said it was brief and stopped when Tenant C1 started with home health.

Tenant C1 had service plans dated 11/26/24, 12/10/24 and 3/26/25. The service plan did not reflect Tenant C1 received palliative care. It also did not reflect the home health visits for wound care five days per week. The initial service plan also did not reflect therapy services.

4. When interviewed on 5/14/25 at 2:34 p.m. the Director of Nursing confirmed all service plans were provided for the tenants reviewed.

ok
7/1/25

Boyson Heights Assisted Living Plan of Correction

A405: 69.26(4) The service plan shall be individualized and shall indicate, at a minimum:

c. The service provider(s), if other than the program, including but not limited to providers of hospice care, home health care, occupational therapy, and physical therapy

Plan

1. The program has identified that more nursing support for documentation and care purposes would benefit tenants and the program. An ADON position was created and the program will have a second full-time nurse beginning 5/30/25 who will assist with ensuring tenant outside provider services are added and removed from service plans timely.
2. New process with therapy for communication established. The DON, ADON and therapy coordinator will meet weekly to discuss caseload and progress. Routine visit notes will be provided to the DON and ADON by therapy to assist with tracking services. DON and ADON will use these forms to track and make necessary service plan updates.
3. DON and ADON set-up with access to local EPIC systems to better access information about outside provider services set-up without program involvement. These services include palliative care, hospice and home health. Access in place 6/30/2025. Providers not using EPIC have a binder system that they utilize in DON office for timely communication.
4. Nurse consulting will complete routine chart audits with a focus on outside providers to ensure ongoing compliance.