IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 51245-C
51269-C

January 13, 2015

Ms. Rhonda Allen, Director
Parker Place Retirement
707 Hwy 57
Parkersburg, IA 50665

RE: Final Complaint/Incident Investigation Report – Parker Place Retirement, Parkersburg, IA

Dear Ms. Allen:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of December 30, 2014, completed by the Department of Inspections and Appeals ("DIA") in accordance with Iowa Code chapter 231C and Iowa Administrative Code ("IAC") chapters 481—67 and 481—69.

The following allegation was investigated in regards to Complaint #51245-C: Service Plans
Based on observations, staff interviews and a review of tenant files, incident reports, program policies, staff schedules, alarm response reports and documented door alarm checks, the following was unsubstantiated:

Allegation: Service Plans
Findings: Not Substantiated

Comments: Review of incident reports indicted a dementia unit tenant was found in a general population tenant's apartment. Staff was notified and the tenant was easily redirected to the dementia unit. Four tenant files were reviewed at the time of the investigation. One tenant had left the locked dementia unit but had not left the building, thus did not elope from the Program. The tenant was reported to be in another tenant's apartment in the general population and was easily redirected to the locked dementia unit. The tenant did not have a history of elopement prior to the incident and there were no elopements after the incident. Review of alarm response reports, door alarm checks and staff interviews indicated the door alarms worked, door alarms were checked on a weekly basis and no staff reported any problems with pagers or wide gap alarms. All exit doors were tested during the onsite and

alarms sounded appropriately and the doors latched immediately. Staff pagers received notification of all exit doors being opened during the test. Staff and management interviews indicated there were no complaints from tenants or tenant families regarding cares or services provided to the tenants. Tenant observations revealed tenants were dressed and neat and clean in appearance.

The following allegation was investigated in regards to Complaint #51269-C: Service Plans
Based on observations, tenant and staff interviews and a review of tenant files, policy review, activity calendars, shower schedules and housekeeping schedules, the following was unsubstantiated:

Allegation: Service Plans
Findings: Not Substantiated

Comments – Four tenant files were reviewed at the time of the investigation. The service plans indicated the tenants' requested needs for showers and housekeeping. Program documents were reviewed and indicated housekeeping was completed weekly. Private tenant interviews and a community meeting was held with tenants who indicated housekeeping was completed weekly and no one had any complaints regarding housekeeping or cleaning of showers. The tenants indicated during the spring, staff moved the refrigerators and stoves and cleaned under them and also washed the windows. The tenants indicated staff assisted with showers and they had no complaints. Staff was willing to do anything tenants wanted or needed. Per interviews, staff indicated they were scheduled 30 minutes per apartment to clean but were able to take additional time if needed.

According to a Program document, a tenant meeting held on 12-1-14 indicated housekeeping was good, all apartments were cleaned and staff did a very good job.

Activity calendars were reviewed and staff indicated all activities on the calendar were normally held as indicated unless the activity staff was required to transport a tenant to an appointment. The activity would still be held but at another time. An outing to Wal-Mart was not indicated on the activity calendar but a flyer on the bulletin board announced this activity. According to the Manager, the outing was canceled due to the bitter cold morning since the temperature was two degrees.

If you have any questions regarding the enclosed Report, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

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
	S0300	A. BUILDING: _____ B. WING _____	C 12/30/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKER PLACE RETIREMENT	707 HWY 57 PARKERSBURG, IA 50665

(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	481-67 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. General Population Program Number of tenants without cognitive disorder: 15 Number of tenants with cognitive disorder: 3 Total Population of Program at time of on-site: 18 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 10 Total Population of Program at time of on-site: 11 TOTAL census of Assisted Living Program: 29 No regulatory insufficiencies were cited during the incident investigations #51245-C and #51269-C.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE