IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

December 14, 2015

Ms. Dara Fishnick, Director of Housing
Oak Park Place
1381 Oak Park Place
Dubuque, IA 52002

RE: Final Recertification Monitoring Evaluation Report – Oak Park Place, Dubuque, IA

Dear Ms. Fishnick:

Enclosed is the **Final Recertification Monitoring Evaluation Report** 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, following a survey by DIA on **November 19, 23 & 24, 2015.** The Report notes Regulatory Insufficiencies in the area(s) of: Service Plans and Nurse Review.

Each Regulatory Insufficiency requires that the Program submit a written Plan of Correction (POC).

In preparing the POC, please use the tenant identifiers from the Report, i.e. Tenant #1, when reference is made to specific tenants. If your response includes a specific tenant's assessment or service plan, it is the Program's responsibility to conceal the tenant's name in order to maintain the tenant's anonymity. Your response shall include the following:

1. Elements detailing how the Program will correct each regulatory insufficiency.
2. What measures will be taken to ensure the problem does not recur.
3. How the Program plans to monitor performance to ensure compliance.
4. The date by which the regulatory insufficiency will be corrected.

Please note that all regulatory insufficiencies must be **corrected within 30 days of the date of the exit conference**; however, there may be situations where the timeframe may be shortened or lengthened, at the discretion of the department.

The POC must be submitted/emailed to DIA to my attention within ten (10) working days of receipt of this letter. It may be necessary for DIA to revisit the Program to confirm progress in fulfilling the POC's corrective measures.

As provided by IAC rule 481-67.14, you are afforded one opportunity to refute cited regulatory insufficiencies through the informal conference process. A request for an informal conference or a contested case hearing must be made within 20 working days of the notice or service of this letter and the final report. Please refer to rule 67.14 for more information.

If you have any questions in regard to this 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
	S0218	A. BUILDING: _____ B. WING _____	11/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK PARK PLACE	1381 OAK PARK PLACE DUBUQUE, IA 52002

(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: 41 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 41 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 14 Total Population of Program at time of on-site: 15 TOTAL census of Assisted Living Program: 56 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000		
A 089	*481-69.26(4)a Service Plans* 481-69.26(231C) 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 review of tenant files, a staff interview*	A 089		

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A 089	Continued From page 1 and review of Program documents the Program failed to develop service plans that were individualized and indicated at a minimum the tenants' identified needs and preferences for assistance for two of five tenant files reviewed (Tenants #2 and #3). Two tenants did not have service plans that reflected the identified needs of the tenants. 1. Tenant #2, an 84 year old, was admitted on 12-20-14 and diagnoses included: depression, hypertension, hypothyroidism, memory disturbance, insomnia, osteoporosis, shortness of breath, skin infection, anxiety, atrial fibrillation, hypokalemia and dementia. Tenant #2 was staged at a four on the Global Deterioration Scale (GDS), which indicated moderate cognitive decline. Tenant #2 received Hospice services. Tenant #2 resided in a dementia unit. According to Interdisciplinary Progress Notes dated 10-29-15, the dentist requested Tenant #2 be supervised or helped with brushing Tenant #2's teeth and to use small proxy brushes in between the back teeth. It also indicated to ensure Tenant #2's dentures were removed at night. The service plan indicated Tenant #2 had upper dentures. Staff was to provide setup/cueing for oral care. The service plan indicated to assist Tenant #2 as directed by Tenant #2. The service plan did not reflect the orders for oral care. The service plan did not reflect the identified needs of Tenant #2. 2. Tenant #3, a 79 year old, was admitted on 9-8-15 and diagnoses included: dementia, depression, anxiety and high cholesterol. Tenant	A 089		

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A 089	Continued From page 2 #3 was staged at a seven on the GDS, which indicated very severe cognitive decline. Tenant #3 received Hospice services. Tenant #3 resided in a dementia unit. According to Interdisciplinary Progress Notes dated 9-11-15, a new order was received to crush medications. The service plan dated 11-21-15 reflected staff administered medications; however, did not reflect the order to crush medications. A previous service plan reflected medications could be crushed; however, the most current service plan dated 11-21-15 did the reflect the order to crush medications. Interdisciplinary Progress Notes dated 9-24-15 indicated Tenant #3 had a right malleolus wound that was scabbed over. The area appeared to be the size of a dime with purple surrounding the edges. No drainage or odor was noted. Mild pain was present upon palpation of the area. A bandage was applied to reduce friction from socks. The service plan signed on 9-1-15 and 9-22-15 reflected Tenant #3 had a decubitus ulcer on the right outer ankle. According to an interview with the Director of Health Care Services, Tenant #3 had an area on the ankle, it was approximately five to six millimeters and was scabbed over. The service plan dated 11-21-15 did not reflect the area on Tenant #3's ankle. According to Interdisciplinary Progress Notes dated 10-27-15, the doctor ordered Tenant #3's dentures out for three days, make sure dentures were clean, could restart dentures in three days and to use denture adhesive on the plate. The service plan did not reflect the oral cares as ordered.	A 089		

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A 089	Continued From page 3 Review of incident reports indicated Tenant #3 had 10 incident reports for falls from 9-23-15 to 11-14-15. The service plan did not reflect Tenant #3 had a history of falls. The service plan did not reflect the identified needs of Tenant #3. 3. According to the Program's policy regarding service plans, the service plan would be individualized and would indicate at a minimum: the tenant's identified needs and preferences for assistance.	A 089		
A 096	481-69.27(3) Nurse Review 481-69.27(231C) Nurse review. If a tenant does not receive personal or health-related care, but an observed significant change in the tenant ' s condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation: 69.27(3) To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant ' s health status This REQUIREMENT is not met as evidenced by: Based on review of tenant files and review of Program documents the Program failed to assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there were changes in the	A 096		

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A 096	Continued From page 4 tenant's health status if a tenant received personal or health-related care for two of five tenant files reviewed (Tenants #2 and #4). One tenant received personal and health-related care and a nurse review was not completed every 90 days and one tenant did not have a nurse review completed as needed. 1. Tenant #2, an 84 year old, was admitted on 12-20-14 and diagnoses included: depression, hypertension (HTN), hypothyroidism, memory disturbance, insomnia, osteoporosis, shortness of breath, skin infection, anxiety, atrial fibrillation, hypokalemia and dementia. Tenant #2 was staged at a four on the Global Deterioration Scale, which indicated moderate cognitive decline. Tenant #2 received Hospice services. Tenant #2 resided in a dementia unit. Interdisciplinary Progress Notes dated 9-29-15 indicated a new order was received for Cipro 500 milligram by mouth twice daily for 10 days for a urinary tract infection (UTI). A nurse review was not completed when Tenant #2's antibiotic therapy was completed for treatment of the UTI. A nurse review was not completed as needed. 2. Tenant #4, an 89 year old, was admitted on 2-26-14 and diagnoses included: diabetes mellitus type 2, ataxia secondary to peripheral neuropathy, HTN, hyperlipidemia, sleep disorder and chronic anxiety. Review of Tenant #4's service plan indicated Tenant #4 received personal and health-related care. Cognitive, health and functional evaluations were completed on 6-27-15. The 6-27-15 evaluations were the most current evaluations completed. Review of	A 096		

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A 096	Continued From page 5 Interdisciplinary Progress Notes and review of Tenant #4's file indicated a nurse review was not completed every 90 days. 3. According to the Program's policy regarding nurse reviews, if a tenant did not receive personal or health-related care, but an observed significant change in the tenant's condition occurred, a nurse review would be conducted. If a tenant received personal or health-related care, the Program would provide for a registered nurse or licensed practical nurse via nurse delegation: to assess and document the health status of each tenant, to make recommendations and referrals as appropriate and to monitor progress relating to previous recommendations at least every 90 days and whenever there were changes in the tenant's health status.	A 096		

Oak Park place

A Progressive Senior Neighborhood

December 17, 2015

Department of Inspections and Appeals
Attn: Rose Boccella
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319

Dear Ms. Boccella:

On behalf of Oak Park Place Assisted Living in Dubuque, I respectfully submit our Plan of Correction for your approval. Our response is specific to the Recertification Monitoring Report for the onsite visit on November 19, 23, and 24, 2015. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of state law.

Service Plans

1. Elements detailing how the Program will correct each regulatory insufficiency.
    - The RN will update the service plan for Tenant #2. The service plan will reflect any orders for oral care and staff assistance with brushing teeth and removal of dentures at night.
    - The RN will update the service plan for Tenant #3. The service plan will reflect identified needs in the area of crushing medications, skin condition/wound care, oral hygiene/denture care, and identify tenant as a fall risk with interventions for fall reduction.
2. What measures will be taken to ensure the problem does not recur.
    - The RN will be re-educated on regulatory requirements for service plan development.
3. How the Program plans to monitor performance to ensure compliance.
    - The RN will review service plans every 90 days when completing the 90 day nurse review. This process will include reviewing the service plan for appropriateness and accuracy.
    - The RN or designee will monitor for compliance at least annually.

4. The date by which the regulatory insufficiency will be corrected.
    - This regulatory insufficiency will be corrected by January 14, 2016.

Nurse Review

1. Elements detailing how the Program will correct each regulatory insufficiency.
    - The RN will complete a nurse review for Tenant #2.
    - The RN will complete a 90-day nurse review for Tenant #4.
2. What measures will be taken to ensure the problem does not recur.
    - The RN will be re-educated on regulatory requirements for completing a nurse review.
3. How the Program plans to monitor performance to ensure compliance.
    - The RN will develop a system to track when 90-day nurse reviews are due to ensure reviews are completed as required by regulation.
    - The RN will develop a system to track when tenants are receiving ATB therapy so a follow-up nurse review can be completed upon completion of ATB therapy.
    - The RN or designee will monitor for compliance annually.
4. The date by which the regulatory insufficiency will be corrected.
    - This regulatory insufficiency will be corrected by January 14, 2016.

If you have any questions regarding this plan of correction, please feel free to contact me at 563-585-4900 (office) or 563-543-5119 (cell). Thank you.

Sincerely,

Dara Fishnick
Director of Housing