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
	S0276	A. BUILDING: _____ B. WING _____	10/06/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKS AT PARKVIEW CARE CENTER	2235 HIGHWAY 34 EAST FAIRFIELD, IA 52556

(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: 0 Total Population of Program at time of on-site: 15 TOTAL census of Assisted Living Program: 15 The following regulatory insufficiency was 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 interviews and record reviews the Program failed to develop service plans that reflected the tenants' identified needs and preferences for assistance. This pertained to three of three tenant files reviewed (Tenants #1, #2 and #3). Findings follow:	A 089	See attached Plan of Correction 10/31/16	

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A 089	Continued From page 1 1. Record review of Tenant #1's file revealed a diagnosis of diabetes. The service plan dated 3-20-16 indicated Tenant #1 was independent with medication administration utlizing a medication planner filled weekly by the nurse. There were two checkboxes on the service plan to identify if a person with diabetes needed assistance with finger sticks to test for blood sugars or if they were independent in that area. Neither box was checked. A Nursing Review dated 9-20-16 indicated Tenant #1 managed his/her own medications without difficulties. Nursing Notes indicated the following: -On 7-9-16 Tenant #1's blood sugar was 65 -On 9-7-16 Tenant #1's blood sugar was 354 -On 9-20-16 Tenant #1's blood sugar was 293 -On 9-21-16 Tenant #1's blood sugar was 270 An interview with the Nurse and Director revealed Tenant #1 did his/her own blood sugar checks and notified staff as needed. The service plan did not reflect the issue of fluctuating blood sugars and did not identify who completed Tenant #1's blood sugar checks. 2. Record review of Tenant #2's file revealed the service plan dated 10-28-16 indicated Tenant #2 was independent with medication administration utlizing a medication planner filled weekly by the nurse. An interview with Staff A revealed the tenant needed to be reminded to take their medications at breakfast and bedtime. The service plan did not reflect that staff provided a routine reminders to Tenant #2 to take their medicaitons.	A 089		

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A 089	Continued From page 2 3. Record review of Tenant #3's file revealed Nursing Notes dated 9-6-16 documenting an order to change a non-adhering dressing to the lower extremity as needed. Assurance checks every two hours were to be initiated. According to a Physician Communication Fax document dated 9-14-16, Tenant #3 had a sore on the right ankle and an order was received for Mepilex with border, change every three days and as needed. According to a Resident Consultation Form dated 9-20-16, there was improvement with Tenant #3's right leg ulcer and left leg ulcer but they were not completely healed. The tenant also had an excoriated area on the upper back. New orders were received for Sarna Lotion on the back, change Mepilex on the right leg ulcer after each shower until healed, change the left leg dressing twice weekly for two more weeks. The service plan dated 9-7-16 did not reflect the leg ulcers and treatment or the excoriated area on the upper back and the treatment. In additon the service plan did not identify assurance checks every two hours as ordered.	A 089		

The Oaks Assisted Living

Plan of Correction

RE: Assisted Living Recertification Visit 10/6/16

Preparation and/or exception of the P.O.C. in general, or this corrective action in particular, does not constitute action to nor an agreement by the Oaks Assisted Living of any of the cited deficiencies. This P.O.C. is prepared and/or executed to ensure continued compliance with regulatory requirements.

Please find enclosed our Plan of Correction, which constitutes my credible allegation of compliance.

FTAG A089 – Service Plans – Corrected 10/6/2016

Tenant #1's Service Plan was updated by the RN Delegator on 10/6/2016 to reflect the tenant is independent with his diabetic needs, including insulin administration. The Service Plan was also updated to reflect that the tenant has fluctuating blood sugar results and staff obtain and record the tenant's blood sugars twice daily at 6am and 4pm.

Tenant #2's Service Plan was updated by the RN Delegator on 10/6/2016 to reflect that the staff give helpful reminders to the tenant to take his medication from his pill reminder daily.

Tenant #3's Service Plan was update by the RN Delegator on 10/6/2016 to address;

- an order received on 9/6/2016, to change the non-adherent dressing to the lower extremity as needed
- to include the assurance checks were implemented for every 2 hours after 9pm each night
- to include a faxed order received on 9/14/16 for a sore on the right ankle with orders received for Mepilex with border dressing to be changed every 3 days or as needed
- to include an order received on 9/20/2016 for Sarna Lotion to be applied to the tenant's back, to change the dressing on the right leg after each shower until healed and change a dressing on the left leg twice weekly for 2 more weeks

In order for the Program to ensure future compliance, all changes in personal care or health related care will be updated in the Service Plan within 30 days of the change occurring. The RN Delegator and the Director will audit tenant charts monthly to monitor performance to ensure further compliance.

Sarah Flattery

Sarah Flattery, Director of The Oaks Assisted Living at Parkview 10/28/2016

11/1/16

10/31/16