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 _____	C 12/14/2016

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: 37 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 37 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 2 Number of tenants with cognitive disorder: 18 Total Population of Program at time of on-site: 20 TOTAL census of Assisted Living Program: 57 No regulatory insufficencies were cited regarding Incidents #62907-I and #63235-I The following regulatory insufficiency was cited during the investigation of Complaint #63867-C.	A 000		
A 003	481-67.2 Program policies and procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse.	A 003		

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

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A 003	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, staff failed to follow the policies and procedures established by the program regarding hand washing and sanitation during 2 of 3 medication passes observed. Findings include: 1. On 12-12-16 at 4:15 p.m., the monitor observed Staff A administer medications to four tenants who resided in the memory care unit. Medications were administered from a medication cart located in the locked medication room. Staff initiated the medication pass by using hand sanitizer. The first tenant dropped a pill while attempting to swallow six pills. Staff A used a paper napkin to pick up the contaminated pill and gave it to the Director of Health Care Services. Staff A then administered meds to the second tenant. While preparing meds for the third tenant Staff A placed her fingers inside the medication cup. After contaminating the medication cup, Staff A used hand sanitizer but did not replace the med cup. While preparing meds for the fourth tenant, Staff A placed her fingers inside the plastic water cup the tenant was going to drink from. Staff A completed the tasks of medication administration for the fourth tenant and stated she was finished with medications until the 8:00 p.m. med pass. The monitor prompted Staff A to administer the replacement pill for the first tenant. 2. On 12-13-16 at 10:45 a.m., the monitor	A 003		

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A 003	Continued From page 2 observed Staff B administer medications and assist with treatments for five tenants who resided in the general population. Medications were administered from a medication cart. Staff B administered medications and assisted with treatments for five tenants without handwashing or hand sanitation While punching two pills out of the bubble pack for the second tenant, one of the pills did not go into the cup but landed on top of the medication cart. Staff B put a glove on her right hand, picked up the pill, put it in the medication cup and administered it to the tenant. Staff B did not sanitize her hands after removing the glove. 3. When interviewed on 12-13-16 at 3:20 p.m., the Director of Health Care Services stated her expectation regarding hand sanitation during a medication pass was that if hands were visibly dirty, staff were to wash them; otherwise they were to use hand sanitizer between each tenant. When using gloves, staff should either wash their hands or use hand sanitizer after removing the gloves. On 12-14-16 at 7:38 a.m., the Director of Health Care Services stated she taught staff to wash their hands before starting a medication pass and to use hand sanitizer between tenants. 4. On 12-14-16 at 7:55 a.m., the Director of Health Care Services provided a Medication Pass Procedure policy. Step 2 indicated staff were to wash hands before starting the med pass; use hand sanitizer between each tenant's medication pass; wash hands before and after using gloves for injections, drops, topicals and suppositories in order to decrease or eliminate cross contamination. Also provided was a Skills Checklist for Gloving. Step 1 indicated staff were to wash hands prior to donning the gloves. The	A 003		

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A 003	Continued From page 3 final step indicated hands were to be washed after discarding the gloves. 5. A Medication Pass Delegation was signed and dated on 10-15-16 by Staff A. The delegation indicated "correct use of hand sanitizer or handwashing is exhibited." A skills check list for Hand Hygiene Technique using Soap and Water was signed by Staff A and the Director of Health Care Services on 9-7-16. 6. A Delegation Form for Routine Medication Administration was signed and dated on 9-28-16 by Staff B and the Director of Health Care Services. The form indicated hands were to be washed/sanitized during medication demonstration.	A 003		

Oak Park place

A Progressive Senior Neighborhood

VJK 1/18/17

January 4, 2017

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

Dear Ms. Dixon:

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 Monitoring Report for the onsite visit on December 12 through 14, 2016. 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.

Policies and Procedures

1. Elements detailing how the Program will correct each regulatory insufficiency.
    - Staff A and B will be retrained on handwashing and sanitation procedures.

2. What measures will be taken to ensure the problem does not recur.
    - All staff responsible for medication administration will be retrained on handwashing and sanitation processes.

3. How the Program plans to monitor performance to ensure compliance.
    - The RN and or Designee will observe staff with medication administration at least annually to ensure staff follows appropriate protocol with handwashing and sanitation.

4. The date by which the regulatory insufficiency will be corrected.
    - This regulatory insufficiency will be corrected by January 31, 2017.

1381 Oak Park Place, Dubuque, Iowa 52002
Local Phone: 563-585-4900 Fax: 563-582-6431
"An Alternative Continuum of Care Community

1/18/17

If you have any questions regarding this plan of correction, please feel free to contact me at 563-585-4900. Thank you.

Sincerely,

Dara Fishnick
Director of Housing