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 06/20/2017

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: 20 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 22 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 12 Total Population of Program at time of on-site: 12 TOTAL census of Assisted Living Program: 34 An investigation of Complaint #68647-C was completed and the following regulatory insufficiencies were identified:	A 000		
A 013	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide care, treatment and services which were adequate and appropriate for 2 of 5 tenants reviewed (Tenants #1 and #2).	A 013	See attached POC 7/24/17	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 013	Continued From page 1 Findings follow: 1. Review of Tenant #1's file revealed a diagnosis of alcohol abuse. The service plan reflected staff assisted with giving four beers in the morning per family/physician. At the end of the night, staff checked the apartment for more alcohol and if found the Health Care Coordinator was notified and it was removed per family and physician until further instruction. The May 2017 and June 2017 task sheets reflected the task of providing four beers daily in the morning. The task of checking for additional alcohol at the end of the night was not indicated on the task sheet. An electronic incident report dated 6-4-17 at 8:00 a.m. indicated Tenant #1 was found on the floor in his/her bathroom, moving around and trying to get up. Tenant #1 did not remember what happened and was taken to a hospital by ambulance. The incident report indicated he/she had been drinking alcohol. The handwritten incident report dated 6-4-17 at 7:30 a.m. indicated Tenant #1 was lying on the floor with blood all around. The tenant's head was bleeding and he/she was complaining of hip pain. The tenant had indicated he/she was knocked out and had just woken up when staff came in to administer medications. Medical records indicated Tenant #1 presented to the hospital after an intoxicated fall. Tenant #1 had a laceration to the right forehead that was repaired in the emergency room. A T10 compression fracture was found and a right shoulder x-ray revealed a possible small avulsion of the lesser tubersoity. Tenant #1 was placed in a sling with non-weight bearing status to the upper extremity. Tenant #1 underwent a kyphoplasty. Emergency medical services	A 013		

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A 013	Continued From page 2 reported Tenant #1 was found on the floor lying in approximately five feet of dried blood. There was also dried blood on the right arm. It was noted an empty bottle of vodka was found lying next to Tenant #1. Progress Notes dated 6-4-17 indicated the Health Care Coordinator spoke with Staff E regarding Tenant #1's demeanor the night prior. Staff E said she could smell alcohol on Tenant #1 at supper time (approximately 4:30 p.m.). She last saw the tenant when she administered bedtime medications at approximately 8:30 p.m. Staff E said the smell of alcohol was strong at that time. Progress Notes also indicated Tenant #1's blood alcohol level at the hospital on 6-4-17 at 10:50 a.m. was 0.120. Task sheets for May 2017 and June 2017 revealed a task of placing four beers in Tenant #1's refrigerator in the morning. Staff initialed the completion of the task. There was no entry for the task of checking the apartment for additional alcohol at the end of the night as the service plan reflected. Tenant #1 was hospitalized on the morning on 6-4-17. Review of task sheets revealed staff continued to document putting four beers in the refrigerator in the morning from 6-4-17 to 6-12-17 despite the tenant being in the hospital. The June 2017 task sheet also indicated staff were to provide encouragement of extra fluids at meals and snacks and to encourage Tenant #1 to take small bites and alternate solids and liquids. Staff documented the completion of these tasks on the morning and evening shifts with the exception of 6-7-17 (no notation made), despite Tenant #1 not being in the building during that time.	A 013		

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A 013	Continued From page 3 An interview with Staff E on 6-14-17 at 9:20 a.m. indicated Tenant #1 came out for supper on 6-3-17 (evening before the fall). Staff E noticed the tenant's lips were swollen and he/she appeared dazed and confused. At the time of the bedtime medication pass, an odor of alcohol odor was noted. The tenant's appearance remained the same. When staff E asked the tenant how they were feeling, the tenant had no concerns. Tenant #1 consumed the bedtime pills with alcohol. Staff E did not check the apartment for alcohol as she was not aware she was supposed to. When staff was in the apartment doing a narcotic count, the alcohol was strong. 2. Review of Tenant #2's file revealed a Global Deterioration Scale score of six, which indicated severe cognitive decline. Tenant #2 resided in the dementia unit. An incident report dated 6-4-17 at 7:00 a.m. indicated Tenant #2 was found on the floor of his/her bathroom. Tenant #2 said he/she could not get up and that his/her knee hurt. Due to the way the tenant was positioned between the toilet and the sink, the mechanical lift was not an option. Per the Health Care Coordinator, two staff assisted Tenant #2 to sit on the toilet. Tenant #2 then complained of hip pain and was unable to stand or hold himself/herself upright. An ambulance was called and Tenant #2 was sent to the emergency room for an evaluation. Program evaluations completed on 5-12-17 reflected Tenant #2 did not have the ability to utilize the pendant system, demonstrated deficits in judgement related to safety and was to have eight safety checks per shift during the day and night. The service plan dated 5-15-17 reflected Tenant #2 had safety checks eight times per shift day and night.	A 013		

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 013	Continued From page 4 Task sheets for May 2017 reflected safety checks were to be completed 8 times a shift as needed. There were no documented safety checks after 5-18-17. The June 2017 task sheets reflected safety checks were to be completed 8 times a shift as needed. There were no documented safety checks on 6-3-17 or the overnight shift of 6-3-17 to 6-4-17. 17. Tenant #2 was found on the floor on 6-4-17 at 7:00 a.m. An interview with Staff B on 6-13-17 at 3:30 p.m. and 4:07 p.m. revealed that at shift change on 6-4-17 Staff F reported Tenant #2 was not out of bed yet. Staff B went to Tenant #2's apartment and found him/her on the floor in the bathroom. The tenant was wearing night clothing but no gripper socks. The protective undergarment beside him/her was wet. Staff B said she had heard overnight staff watched Netflix during the shift. An interview with Staff E on 6-14-17 at 9:20 a.m. revealed she did not believe third shift staff completed checks as tenants were often soaked when first shift staff arrived. Tenants had reported not seeing staff come into their apartments like they used to and the cleaning on third shift was not getting completed. Staff E said many staff had concerns checks were not getting done on third shift.	A 013		
A 055	481-67.9(1) Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(1) Number of staff. A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs.	A 055		

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A 055	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure 5 of 6 staff reviewed were trained to fully meet tenants needs (Staff A, B, D, E and F). Findings follow: Review of Tenant #2's file revealed a Global Deterioration Scale score of six, which indicated severe cognitive decline. Tenant #2 resided in the dementia unit. An incident report dated 6-4-17 at 7:00 a.m. indicated Tenant #2 was found on the floor of his/her bathroom. Tenant #2 said he/she could not get up and that his/her knee hurt. Due to the way the tenant was positioned between the toilet and the sink, the mechanical lift was not an option. Per the Health Care Coordinator, two staff assisted Tenant #2 to sit on the toilet. Tenant #2 then complained of hip pain and was unable to stand or hold himself/herself upright. An ambulance was called and Tenant #2 was sent to the emergency room for an evaluation. An interview with Staff D on 6-13-17 at 10:23 a.m. revealed she was notified by Staff B that Tenant #2 had fallen. Tenant #2 was lying on the floor between the toilet and the wall in the bathroom. Staff B called the Health Care Coordinator who directed to get Tenant #2 up off the floor. Tenant #2 was assisted into a sitting position by Staff B and Staff D by taking an arm on each side. Staff D went behind Tenant #2, stuck her arms under Tenant #2's arm pits and got Tenant #2 to a "sort of "standing position. Tenant #2 was unable to get to his/her feet. Tenant #2's socks were sliding and he/she was drug backwards onto the toilet.	A 055		

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A 055	Continued From page 6 The approximate distance was less than one foot. Staff B called the Health Care Coordinator again and an ambulance was called. Staff D said she had not been trained on proper transfer techniques at the time of Tenant #2's incident. An interview with Staff B on 6-13-17 at 3:30 p.m. and 4:07 p.m. revealed Tenant #2 was found in the bathroom on the floor with his/her head between the toilet and wall. Tenant #2's head faced the toilet. The Health Care Coordinator was called and said to try to move Tenant #2. Staff B and Staff D slid Tenant #2 a couple of inches so the tenant would not hit his/her head. Staff D transferred Tenant #2 to the toilet. Staff B did not remember how the transfer occurred and thought she was out of the room when it happened. The Health Care Coordinator did not provide any direction to staff except that the mechanical lift could be used. However, due to the position of the tenant, it was not possible to use the lift. Staff B was concerned that moving Tenant #2 could cause have caused more damage. Tenant #2 complained of hip and knee pain after the move. Review of staff training records revealed Staff B and Staff D as well as Staff A, Staff E and Staff F had all been trained on how to use the mechanical lift to assist tenants up from the floor. However, none of these staff had been trained on how to assist a tenant off the floor when the mechanical lift could not be utilized.	A 055		
A 042	481-69.23(1)d Criteria for Admission/Retention of Tenants 481-69.23(231C) Criteria for admission and retention of tenants.	A 042		

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A 042	Continued From page 7 69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who: d. Is in an acute stage of alcoholism, drug addiction, or uncontrolled mental illness This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program retained a tenant in an acute stage of alcoholism (Tenant #1). Findings follow: 1. Review of Tenant #1's file revealed a diagnosis of alcohol abuse. The tenant had resided in the program since 2014. An evaluation dated 2-21-17 reflected Tenant #1 had a history of chest pain that family indicated was from excessive alcohol intake. The service plan reflected staff assisted with giving the tenant four beers in the morning per family/physician. At the end of the night, staff were to check for more alcohol and if found the Health Care Coordinator was notified and it was removed per family and physician until further instruction. The service plan also indicated staff were to encourage food consumption and to offer or an extra nutritional supplement that Tenant #1 kept in his/her apartment. Tenant #1 had a 10 pound weight loss since May 2016. Staff administered Tenant #1's medications. A 90 day review documented in a Progress Note dated 12-9-16 indicated a managed risk agreement had been developed. Tenant #1 had fallen a couple of times. The tenant reported the falls were a resulting of slipping off the bed. These incidents had occurred in the evenings after Tenant #1 had been drinking beer and Black Velvet all day. Alcohol intake had not reduced at all. Per the service plan Tenant #1 received four	A 042		

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A 042	Continued From page 8	A 042		

beers every morning. The tenant drank Black Velvet daily and asked staff to go buy more when needed. Tenant #1 had an order for Oxycodone every eight hours. A progress notes dated 12-12-16 indicated the Health Care Coordinator discussed the possible managed risk agreement with Tenant #1, however the tenant did not want it implemented as he/she was going to work at decreasing alcohol consumption the the four daily beers. A Progress Note dated 1-6-17 indicated staff had not voiced concerns with Tenant #1's alcohol intake and Tenant #1 seemed to be doing well.

Tenant #1 had an order for Nitrostat 0.4 milligram sublingual, one tablet under the tongue every five minutes as needed for chest pain. A Progress Note dated 2-20-17 revealed Tenant #1 complained of chest pain and three doses of Nitrostat were administered. An ambulance was called and Tenant #1 was taken to the hospital. A Progress Note dated 2-21-17 indicated Tenant #1 was released from the hospital. It was determined the chest pain was not heart related. A Progress Note dated 3-9-17 revealed Tenant #1's family said the episodes (chest pain) happened occasionally and were related to his/her alcoholism. There had been no falls or complaints of being in the common areas while intoxicated. Staff had not reported any issues with Tenant #1 wanting staff to buy alcohol.

An electronic incident report dated 6-4-17 at 8:00 a.m. indicated staff called and reported Tenant #1 was found on the floor in his/her bathroom. Tenant #1 was moving around trying to get up. The tenant did not remember what happened and was taken to a hospital by ambulance. The incident report indicated he/she had been drinking alcohol. The handwritten incident report

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A 042	Continued From page 9 dated 6-4-17 at 7:30 a.m.. indicated Tenant #1 was lying on the floor with blood all around. Tenant #1's head was bleeding and he/she complained of hip pain. The tenant indicated he/she was knocked out and just woke up when staff came in to administer medications. Hospital records indicated Tenant #1 presented to the hospital after an intoxicated fall. Tenant #1 had a laceration to the right forehead that was repaired in the emergency room. A T10 compression fracture was found and a right shoulder x-ray revealed a possible small avulsion of the lesser tuberosity. Tenant #1 was placed in a sling with non-weight bearing status to the upper extremity. Tenant #1 underwent a kyphoplasty. Emergency medical services reported Tenant #1 was found on the floor lying in approximately five feet of dried blood. There was also dried blood on the right arm. It was noted an empty bottle of vodka was found lying next to Tenant #1. A Progress Note dated 6-4-17 indicated the Health Care Coordinator spoke with Staff E regarding Tenant #1's demeanor the night prior to the fall. Staff E said she could smell alcohol on Tenant #1 at supper time (approximately 4:30 p.m.). Tenant #1 was last seen during bedtime medication administration at approximately 8:30 p.m. Staff E said the smell of alcohol was strong at that time. Progress Notes also indicated Tenant #1's blood alcohol level at the hospital on 6-4-17 at 10:50 a.m. was 0.120. A Progress Note dated 6-8-17 indicated Tenant #1 had been discharged from the hospital and was taken to another facility for physical therapy. 2. An interview with Staff A on 6-13-17 at 12:56 p.m. revealed around 7:30 to 7:45 am. on 6-4-17	A 042		

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A 042	Continued From page 10	A 042		

she went into the apartment and heard Tenant #1 call out for help. The tenant was found on the bathroom floor in a puddle of blood. Tenant #1 had just woken up and did not know what had happened. Tenant #1 was wearing only underwear. Staff A covered Tenant #1 and called an ambulance. Tenant #1's pendant was wrapped around the walker handle. Tenant #1 said he/she thought he/she laid there all night. There was quite a bit of dried blood and coagulated blood. She said the emergency medical technician thought the tenant had laid there for four to six hours.

Staff A said Tenant #1 had Black Velvet delivered by the grocery store one to two times per week. Tenant #1 was given four beers per day in the morning. The Black Velvet was kept in the top dresser drawer. On Thursday (before the fall) there was approximately 1/4 bottle of the Black Velvet gone. The bottle was gone by Saturday. Once in a while Tenant #1 hoarded cans of beer. She had found three beer cans under a cupboard a couple weeks prior. Tenant #1 consumed alcohol daily starting in the morning.

3. An interview with Staff E on 6-14-17 at 9:20 a.m. indicated Tenant #1 came out for supper on 6-3-17 (evening before the fall). Staff E noticed the tenant's lips were swollen and he/she appeared dazed and confused. At the time of the bedtime medication pass, an odor of alcohol odor was noted. The tenant's appearance remained the same. When staff E asked the tenant how they were feeling, the tenant had no concerns. Tenant #1 consumed the bedtime pills with alcohol. Staff E did not check the apartment for alcohol as she was not aware she was supposed to. When staff was in the apartment doing a narcotic count, the alcohol was strong.

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A 042	Continued From page 11 4. An interview with the Health Care Coordinator on 6-14-17 at 10:58 a.m. revealed staff put four beers in the tenant's refrigerator daily. Staff was not monitoring the tenant's alcohol consumption. Tenant #1 had no other falls in the recent time period. There were no concerns with Tenant #1 and alcohol in the recent months. The managed risk agreement was written; however, was never finalized. The physician was aware of Tenant #1 taking the prescribed Oxycodone and consuming alcohol. Tenant #1 had no other falls with significant injury. 5. The Negotiated Risk Agreement document written in December 2016 (undated and unsigned) indicated Tenant #1 continued to drink heavily everyday. Tenant #1 was given four beers daily but hoarded them in the apartment to get more. He/she had two 750 milliliters bottles of Black Velvet delivered at a time from a store. Staff had witnessed it more than once per week. The consequences indicated in the agreement included: - consumption of large amounts of alcohol could lead to serious injury or death. - mixing prescription narcotics with alcohol could cause the tenant to stop breathing. - the Tenant #1 had already had an increase in falls. The alternatives indicated in the agreement included: - not have the store deliver Black Velvet. - limit self to four beers per day - not drink alcohol when taking narcotics. - get out of the apartment and find staff when having an urge. Oxycodone would be refused if Tenant #1 was drinking heavily or more than four beers per day. Staff would continue to report to the Health Care	A 042		

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A 042	Continued From page 12 Coordinator when Tenant #1 was falling due to drinking or if there was a delivery from the store. The above agreement was written, however not implemented.	A 042		
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 interview and record review the Program failed to develop service plans that reflected identified needs for 3 of 5 tenants reviewed (Tenants #1, #2 and #4). Findings follow: 1. Record review of Tenant #1's file revealed an order for Nitrostat 0.4 milligram sublingual, one tablet under the tongue every five minutes as needed for chest pain. A Progress Note dated 2-20-17 revealed Tenant #1 complained of chest pain and three doses of Nitrostat were administered. An ambulance was called and Tenant #1 was taken to the hospital. A Progress Note dated 2-21-17 indicated Tenant #1 was released from the hospital. It was determined the chest pain was not heart related. A Progress Note dated 3-9-17 revealed Tenant #1's family said the episodes (chest pain) happened occasionally and were related to his/her alcoholism. The service plan did not reflect chest	A 089		

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 06/20/2017

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 089	Continued From page 13 pain or order for Nitrostat. 2. Record review of Tenant #2's file revealed the tenant had a Global Deterioration Scale score of six, which indicated severe cognitive decline. Tenant #2 resided in the dementia unit. A June 2017 task sheet revealed staff assisted Tenant #2 with toileting every two hours. The service plan did not reflect staff provided assistance with toileting every two hours. 3. Record review of Tenant #4's file revealed diagnoses including schizophrenia, major depressive disorder and anxiety. A Progress Note dated 4-24-17 indicated cancer cells were found in Tenant #4's bladder. A Progress Note dated 6-1-17 indicated Tenant #4 was not handling his/her current situation well and a psych consult was requested. A Progress Note dated 6-7-17 revealed Tenant #4 returned from a psychiatry appointment. The nurse practitioner spoke with him/her about comments regarding not wanting to live. Tenant #4 did not have a plan for self-harm, agreed not to harm self and would notify the nurse if depression increased. The service plan was updated on 6-13-17 (during the investigation) to reflect the comments regarding wanting to die. Eight visual checks per shift were initiated to ensure safety. The service plan indicated the nurse was not made aware of comments regarding want to die until 6-13-17. However, prior progress notes indicated the tenant had made comments about not wanting to live which had resulted in a psych referral. 4. An interview with Staff A on 6-13-17 at 12:56 p.m. revealed Tenant #4 had been diagnosed with bladder cancer and had made comments regarding wanting to kill self but had not mentioned any plan on how to do so.	A 089		

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 06/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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7/24/17

Parker Place Retirement
707 HWY 57
Parkersburg, IA 50665

1/24/17

July 9, 2017:

Complaint Intake #: 68647-C

Plan of Correction (POC) Submitted For:

- Investigation Date: June 12, 13, 14, 20- 2017

POC:

A. Regulatory Insufficiency A013 - Tenant Rights: 481-67.3(2) Insufficiency: A0'13
481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate

Program POC:

1. Elements detailing how insufficiency was corrected for residents:

a. Tenant # 1 tasks and need for documentation reviewed and updated July 10, 2017.

b. Tenant #2 visual checks and tasks were updated immediately.

2. Actions program taking to protect tenants in similar situations:

a. The Program RN has provided training with staff to ensure that if tasks are not being completed, that manager and RN are notified. Review of training for documentation scheduled for 7/20/17 in- service. Additional training will be provided at scheduled monthly in-services and one on one as needed.

b. The program RN and manager will continue to provide training regarding visual check compliance with staff with any new hire and as needed.

c. The program RN and manager will conduct random visual checks on completion of tasks with staff and provide one-on one training upon hire and as needed. This will begin July 17, 2017 and ongoing.

d. Program RN to ensure all residents with a GDS of 4 and above and others as indicated at a minimum, receive 8 visual checks per shift beginning June 15, 2017 and to continue with comprehensive assessment or as needed.

3. Measures taken to ensure problem does not recur:

a. The Program RN will continue to provide training to staff on appropriate documentation. This will be completed upon hire, annually and randomly as needed.

b. The Program RN will continue to provide and train staff on proper documentation techniques, including incident reporting. All staff to be redelegated by July 31, 2017. The Program RN will provide one on one hands on training as needed on-going.

c. Although staff followed policy, delegation was created for utilizing lift sheet. All current staff to be trained and delegated by July 31, 2017.

d. The Program RN and Manager will audit tasks at minimum weekly, and at random on-going to ensure compliance beginning July 17, 2017.

e. The Program RN was counseled on 5/26/17 and again on 7/14/17 for failure to follow policy of visual checks. The Program RN was provided additional training on 7/12/17, regarding procedures to hold medications and tasks while tenants are hospitalized or out of the program.

f. Staff counseling and retraining will be completed with staff who did not follow policy and procedure for task documentation while Tenant # 1 was out of the community by 7/25/17.

B. Staffing: 481-67.9(1) *Regulatory Insufficiency: A 055: Number of staff, A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs.*

Program POC

1. Elements detailing how insufficiency was corrected

a. All current staff completed delegations and training for the proper use of lift sheet In May and June 2017. Any new hires to complete within 30 days of hire date, annually and on an as needed basis.
b. Delegation implemented for lift sheet and all current staff to be trained and delegated by July 31, 2017.

2. Actions the program is taking to protect tenants in similar situations:

a. The Program RN and Manager provided staff with lift sheet training and lift delegations. Delegation implemented for using lift sheet so mechanical lift is able to be used. All staff to be delegated with this process by July 31, 2017.

3. Measures taken to ensure problem does not recur:

a. The Program RN will continue delegations of lift and lift sheets within 30 days of hire, annually and on an as needed basis. Random audits to be performed by Program RN to ensure compliance when the lift is used as needed. Random audits will begin 7/17/17.

b. Program RN and Manager to review schedule as needed, to ensure all scheduled persons are trained and delegated staff.

C. Criteria for Admission/Retention of Tenants: 481-69.23(1)*Regulatory Insufficiency: A042 69.23(1)* 481-69.23(231C) *Criteria for admission and retention of tenants. 69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who:*
d. Is in an acute stage of alcoholism, drug addiction, or uncontrolled mental illness

Program POC:

1. **Elements detailing the insufficiency was corrected**:

a. The Program RN will review service plans and assessments to ensure all residents meet criteria. Review and updates to be completed on 8/1/17.
b. The Program RN requested support from physician related to resident level of care and documentation to support Tenant #1 history of chest pain, being related to alcoholism
c. Managed Risk created and reviewed with Tenant # 1 7/10/17, resident agrees and document signed.
d. The program RN issued a 15-day notice on 7/10/17 to Tenant #1 due to increased alcohol use.
e. The program RN initiated monthly weights on 7/5/17 to monitor for any significant weight change. The resident does not have a history of weight loss prior to her fall, but was noted to be up 3 pounds.

2. Actions program taking to protect tenant in similar situations:

a. Program RN to complete assessment at move in, 30 days, annually and with change of condition as indicated to ensure resident meets our assisted living criteria.
b. The Program RN or Manager have received no documentation to support staff comments of Tenant # 1 drinking alcohol all day, The Program RN will provide Incident report and nurse communication document training to all current staff by 7/31/17.
c. Incident Reporting and Nurse Communication Education to be completed with all current staff by 7/31/17 by Program RN and will then occur upon hire, annually and as needed.

d. Mandatory Medication Management training for all direct care staff scheduled July 25, 2017 by RN.

3. Measures taken to ensure problem does not reoccur:

a. The Program RN completes assessments upon move in, 30 days, annually and with change. Program RN to then discuss criteria with manager as needed.

D. **Service Plans**: 481-69.26(1) *Regulatory Insufficiency: A083 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1)and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed.*

Program POC:

1. **Elements detailing the insufficiency was corrected**:

a. The Program RN to review and update service plans to ensure the plans adequately meet the needs of the residents and list chronic health conditions. Review and updates to be completed on 8/1/2017.

b. The Program RN will ensure the Service Plan reflects specific individual needs to each resident. Resident service plans will outline behaviors and interventions for chronic health issues and potential health issues.

c. Staff will notify the Program RN and utilize the Nurse communication form to ensure follow up and provide additional training as needed.

d. Manager and Program RN to provide education at staff in-service 7/20/17 regarding appropriate notification to Program RN when resident has harmful thoughts, depression concerns.

2. Actions program taking to protect tenant in similar situations:

a. Service plans will outline behavioral/health concerns, ADL preferences and interventions for these issues. Individualized approach to service is noted on the service plan to provide staff with personalized approach related to chronic health conditions.

b. The Program RN and Manager will conduct random audits of staff approach to service to observe resident refusals and other concerns at random and provide interventions and re-direction training. This will

be conducted on-going based on residents' individual needs beginning July 17, 2017.

c. When visual checks are implemented or changed, this will be reflected in the individualized service plan.

3. Measures taken to ensure problem does not reoccur:

a. The Program RN and Manager will continue to provide one-on-one hands on training with staff regarding needs identified in the service plan.

b. The Program RN will ensure staff is utilizing redirection techniques, spontaneous and planned activities the resident enjoys by reviewing the individualized service plans. This will be completed upon hire, annually and randomly on-going as needed based on the Program RN's observation of staff approach to service beginning July 17, 2017.

The Program will be in substantial compliance by 8/1/2017.

Disclaimer for POC

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the program of the truth of the facts alleged or conclusions set forth in the statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law