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 08/21/2017

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: 38 Number of tenants with cognitive disorder: 1 Total population of Program at time of on-site: 39 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 26 Total population of Program at time of on-site: 27 Total census of Assisted Living Program: 66 The following regulatory insufficiencies were cited during the investigation of Complaint #68649-C.	A 000	See attached Plan of Correction DD	
A 037	481-69.22(2) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional	A 037		

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

✓ DD 9/14/17

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A 037	Continued From page 1 or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 7 out of 28 tenants reviewed were evaluated using a functional, cognitive and health status tool/evaluation within 30 days of occupancy or after significant change (Tenant #7, Tenant #11, Tenant #16, Tenant #19, Tenant #20, Tenant #22, and Tenant #25). Findings include: A review of facility policies on 8/17/17, revealed an Evaluation of the Resident Policy. The Evaluation of the Resident Policy reflected the following statements: - Oak Park will evaluate each prospective tenant's functional, cognitive and health status prior to tenant's signing an occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program. - Oak Park will evaluate each tenant's functional, cognitive and healthy status within 30 days of occupancy and as needed with significant change, but not less than annually to determine the resident's continued eligibility for the program and to determine any modifications to needed services. Tenant #7 was admitted to the program on	A 037		

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A 037	Continued From page 2 2/01/17. Initial evaluations were completed on 1/31/17. No additional evaluations completed within 30 days of occupancy could be located. Tenant #11 was admitted to the program on 9/03/16. Initial evaluations were completed on 8/29/17. No additional evaluations completed within 30 days of occupancy could be located. In addition, a review of nurse's notes revealed Tenant #11 returned from a hospitalization on 2/15/17. No evaluations completed upon return from the hospital could be located. Tenant #16 was admitted to the program on 10/23/16. Initial evaluations were completed on 10/14/16. No additional evaluations completed within 30 days of occupancy could be located. Tenant #19 was admitted to the program on 7/08/16. Initial evaluations were completed on 6/17/16 and 7/1/16. No additional evaluations completed within 30 days of occupancy could be located. Tenant #20 was admitted to the program on 3/14/17. Initial evaluations were completed on 3/08/17. No additional evaluations completed within 30 days of occupancy could be located. Tenant #22 was admitted to the program on 12/15/16. Initial evaluations were completed on 12/6/17 and 12/7/16. No additional evaluations completed within 30 days of occupancy could be located. Tenant #25 was admitted to the program on 11/09/16. Initial evaluations were completed on 11/7/16. No additional evaluations completed within 30 days of occupancy could be located.	A 037		

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A 037	Continued From page 3 On 8/17/17 at 1:15 PM, the Director of Nursing and the Assisted Living Partners representative confirmed the above findings. The Director of Nursing stated she had completed nurse reviews on an ongoing basis. The Director of Nursing and the Assisted Living Partners representative had concerns the above items had been removed from the tenant files by a former employee of the Program.	A 037		
A 085	481-69.26(3) Service Plans 481-69.26(231C) Service plans. 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews, required service plan reviews could not be located for 8 of 28 tenants reviewed who received health or personal cares (Tenant #1, Tenant #7, Tenant #11, Tenant #16, Tenant #19, Tenant #20, Tenant #22, and Tenant #25). Findings include: A review of facility policies on 8/17/17 revealed a Service Plan Policy. The Service Plan Policy reflected the following statements: - Prior to signing the residency agreement and prior to taking occupancy, a preliminary service plan will be developed by the RN in consultation with the resident/guardian/family.	A 085		

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A 085	Continued From page 4 - The service plan will then be updated within 30 days of occupancy and as needed with significant change, but not less than annually." Tenant #1 was admitted to the program on 5/4/14. Nurse's notes dated 1/31/17 indicated Tenant #1 had sore, red, rash areas under his/her abdominal folds. A skin evaluation sheet dated 8/3/17 noted Tenant #1 was "very irritated" under the stomach area revealing "very red and almost raw areas." A skin evaluation sheet dated 8/13/17 noted Tenant #1's abdominal folds had a "huge infection and is very red and sensitive." Tenant #1 had periodic needs of treatment regarding his/her abdominal fold area. Tenant #1's service plan dated 7/14/17 did not contain any information regarding susceptibility regarding soreness, redness or rash of the abdominal fold area. Tenant #7 was admitted to the program on 2/01/17. An initial service plan was implemented on 1/31/17. An updated service plan completed within 30 days of occupancy could not be located. Tenant #11 was admitted to the program on 9/03/16. An initial service plan was implemented on 8/29/16. An updated service plan completed within 30 days of occupancy could not be located. Tenant #16 was admitted to the program on 10/23/16. An initial service plan was implemented on 10/21/16. An updated service plan completed within 30 days of occupancy could not be located. Tenant #19 was admitted to the program on	A 085		

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A 085	Continued From page 5 7/08/16. An initial service plan was implemented on 7/1/16. An updated service plan completed within 30 days of occupancy could not be located. Tenant #20 was admitted to the program on 3/14/17. An initial service plan was implemented on 3/10/17. An updated service plan completed within 30 days of occupancy could not be located. Tenant #22 was admitted to the program on 12/15/16. An initial service plan was implemented on 12/7/06. An updated service plan completed within 30 days of occupancy could not be located. Tenant #25 was admitted to the program on 11/9/16. An initial service plan was implemented on 11/8/16. An updated service plan completed within 30 days of occupancy could not be located. On 8/17/17 at 1:15 PM, the Director of Nursing and the Assisted Living Partners representative confirmed the above findings. The Director of Nursing stated she updated service plans on an ongoing basis. The Director of Nursing and the Assisted Living Partners representative had concerns updated service plans had been removed from the tenant files by a former employee of the Program.	A 085		
A 094	481-69.27(1)a 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	A 094		

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A 094	Continued From page 6 conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse: 69.27(1)a To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders. This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews, 90 day nurse reviews could not be located for 8 of 28 tenants reviewed who received personal or health related care (Tenant #8, Tenant #16, Tenant #17, Tenant #18 Tenant #19, Tenant #22, Tenant #24 and Tenant #25). Findings include: Tenant #8 was admitted on 7/15/14. On 8/17/17 a review of Tenant #8's file revealed no nurse reviews completed for the year 2017. Tenant #8's file contained nurse reviews from previous years. Tenant #16 was admitted on 10/23/16. On 8/17/17 a review of Tenant #16's file revealed no nurse reviews completed for the year 2017. Tenant #17 was admitted on 10/31/16. On 8/17/17 a review of Tenant #17's file revealed no nurse reviews completed for the year 2017.	A 094		

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A 094	Continued From page 7 Tenant #18 was admitted on 5/01/16. On 8/17/17 a review of Tenant #18's file revealed no nurse reviews completed for the year 2017. Tenant #19 was admitted on 7/8/16. On 8/17/17 a review of Tenant #19's file revealed no nurse reviews completed for the year 2017. Tenant #22 was admitted on 12/15/16. On 8/17/17 a review of Tenant #22's file revealed a missing nurse review for April of 2017. Tenant #24 was admitted on 8/29/15. On 8/17/17 a review of Tenant #24's file revealed no nurse reviews completed for the year 2017. Tenant #24's file contained nurse reviews from previous years. Tenant #25 was admitted on 11/9/16. On 8/17/17 a review of Tenant #25's file revealed a missing nurse review for March of 2017. On 8/17/17 at 1:15 PM, the Director of Nursing and the Assisted Living Partners representative confirmed the above findings. The Director of Nursing went on to say she completed nurse reviews on an ongoing basis. The Director of Nursing and the Assisted Living Partners representative had concerns the above items had been removed from the tenant files by a former employee of the Program.	A 094		

9/19/17

September 13, 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 August 14 and August 21, 2017. 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.

Evaluation of Tenant

1. Elements detailing how the Program will correct each regulatory insufficiency.
    - The health, functional, and cognitive status will be evaluated by the RN within 30 days of occupancy or with a significant change in condition.
    - The RN will complete a health, functional, and cognitive assessment for Tenants 7, 11, 16, 19, 20, 22, and 25.

2. What measures will be taken to ensure the problem does not recur.
    - The RN will be educated on regulatory requirements for completion of tenant evaluations.

3. How the Program plans to monitor performance to ensure compliance.
    - The RN and or Designee will audit tenant charts for compliance at least two times per year. Specifically the audit will confirm completion of evaluations per regulation.

4. The date by which the regulatory insufficiency will be corrected.
    - This regulatory insufficiency will be corrected by October 1, 2017.

Service Plans

1. Elements detailing how the Program will correct each regulatory insufficiency.
    - The RN will complete a service plan for Tenants 1, 7, 11, 16, 19, 20, 22, and 25.

9/19/17

2. What measures will be taken to ensure the problem does not recur.
    - The RN will be educated on regulatory requirements for completion of tenant service plans.

3. How the Program plans to monitor performance to ensure compliance.
    - The RN and or Designee will audit tenant charts for compliance at least two times per year.
    - The RN and or Designee will review service plans when completing the 90 day nurse review to ensure the service plan identifies tenant needs and requests for assistance.

4. The date by which the regulatory insufficiency will be corrected.
    - This regulatory insufficiency will be corrected by October 1, 2017.

Nurse Review

1. Elements detailing how the Program will correct each regulatory insufficiency.
    - The RN will complete a 90 day nurse review for Tenants 8, 16, 17, 18, 19, 22, 24, and 25.

2. What measures will be taken to ensure the problem does not recur.
    - The RN will be educated on regulatory requirements for completion of 90 day nurse reviews.

3. How the Program plans to monitor performance to ensure compliance.
    - The RN and or Designee will audit tenant charts for compliance at least two times per year.
    - A scheduler will be used to keep track of when 90 day nurse reviews are to be completed.

4. The date by which the regulatory insufficiency will be corrected.
    - This regulatory insufficiency will be corrected by October 1, 2017.

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

Sincerely,

Lessa Bobak
Interim Director