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 02/21/2018

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	Initial Comments Assisted Living Programs for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. General Population Number of tenants without cognitive disorder: 20 Number of tenants with cognitive disorder: 2 Memory Care Unit Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 12 TOTAL Census of Assisted Living Program for People with Dementia: 34 Incident #73855-I was investigated 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 services that were adequate and appropriate regarding visual checks for 1 of 3 tenants reviewed (Tenant #1). Findings follow: Review of Tenant #1's file revealed diagnoses	A 013	Plan of Correction is attached DD 3/14/18	

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A 013	Continued From page 1 including Alzheimer's disease, osteoarthritis, concussion, pelvis hematoma, and acetabular fracture. Tenant #1 was staged at a five on the Global Deterioration Scale (GDS), which indicated moderately severe cognitive decline, and he/she resided in the dementia unit. An incident report dated 1-5-18 at 4:40 p.m. indicated Staff A went into Tenant #1's apartment to get him/her for supper and found him/her laying half in the bedroom and half in the bathroom. Tenant #1's leg looked funny and he/she complained of pain in the right ankle, hip and leg. The tenant could not recall what had happened. Tenant #1 was breathing heavy, in a lot of pain and wanted to go to the hospital. Vitals were taken, 911 was called and Tenant #1 was sent to the hospital. The family was notified. The service plan in place at that time (dated 11-4-17) reflected Tenant #1 had a history of falls and required staff assistance to pivot transfer to the wheelchair, bed or toilet. The tenant required visual checks every 15 minutes for safety purposes. The tenant was to be reminded not to attempt to stand up or walk without staff assistance. Tenant #1 was non-weight bearing on the right leg and attempted to stand up without assistance due to impulsivity and dementia. Review of Tenant #1's visual check sheet for 1-5-18 revealed checks were documented as completed every 15 minutes until the time Tenant #1 was found on the floor and transported to the hospital. Staff A documented checks were completed at 3:30 p.m., 3:45 p.m., 4:00 p.m., 4:15 p.m. and 4:30 p.m. Review of Staff A's employee file revealed a Counseling Documentation Form dated 1-5-18	A 013		

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A 013	Continued From page 2 regarding a policy violation. The document indicated visual checks were not documented timely as all documentation was to be done at the time of the task. On 1-5-18 Staff A had documented all tenant checks at the end of the shift and a tenant had fallen during the shift. Interview with Staff A on 2-21-18 at 1: 58 p.m. revealed he worked second shift in the dementia unit on the day of the incident. He had assisted tenants to the dining room for supper in between checks on Tenant #1. Staff A went to get Tenant #1 for supper and found him/her in the apartment on the floor between the bathroom and bedroom. The tenant's leg was turned sideways and he/she was unable to move their foot. Staff A put a pillow under the tenant's head and called the Nurse who instructed him to call 911. Staff A stated Tenant #1 was awake in bed at the last visual check which he reported was 20 to 25 minutes prior to the tenant being found on the floor. Staff A said he usually documented completion of the visual checks when there was downtime. Interview with the Nurse on 2-21-18 at 11:17 a.m. revealed Tenant #1 was on 15 minutes checks at the time of the incident. Staff A verbally reported to her all the checks for Tenant #1 had been completed. Staff A stated he documented all of the checks at one time. Interview with the Manager on 2-21-18 at 4:00 p.m. revealed Tenant #1 was on 15 minute checks at the time of the incident. When the Manager called Staff A, he reported the last time he checked on Tenant #1 was 20 to 30 minutes prior to finding him/her on the floor. In summary, on 1-5-18 Tenant #1 had a fall with a fracture. The service plan indicated visual checks	A 013		

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A 013	Continued From page 3 were to be completed every 15 minutes. On 1-5-18 Staff A documented checks were completed every 15 minutes; however, interviews indicated the last check prior to the discovery of Tenant #1 on the floor was greater than 15 minutes and possibly as long as 30 minutes.	A 013		
A 083	481-69.26(1) Service Plans 481-69.26(231C) Service plans. 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update service plans whenever changes were needed to meet the specific service needs of tenants for 2 of 3 tenants reviewed (Tenants #1 and #3). Findings follow: 1. Review of Tenant #1's file revealed diagnoses including Alzheimer's disease, osteoarthritis, concussion, pelvis hematoma, and acetabular fracture. Tenant #1 was staged at a five on the Global Deterioration Scale (GDS), which indicated moderately severe cognitive decline, and he/she resided in the dementia unit.	A 083		

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A 083	Continued From page 4 Progress Notes indicated on 11-8-17 Hospice was notified of the request to evaluate Tenant #1 for services. A call was received that Hospice would evaluate on 11-9-17. An entry dated 1-26-18 (late entry for 11-9-17) noted a change of condition was completed for admission to Hospice. Review of Tenant #1's service plans revealed a plan dated 1-28-18 that was revised to include Hospice services; however, Hospice services began on 11-9-17. 2. Review of Tenant #3's file revealed diagnoses including senile dementia with behavioral disturbances, depression and anxiety. Tenant #3 was staged at a six on the GDS, which indicated severe cognitive decline, and he/she resided in the dementia unit. Progress Notes dated 1-15-18 indicated staff reported Tenant #3 had a hard time taking some of his/her medications and was chewing them instead of swallowing them. Staff were instructed to put his/her medications in applesauce. Interview with Staff B on 2-21-18 at 3:50 p.m. revealed Tenant #3 tended to chew his/her medications and staff put the medications in applesauce or yogurt. Interview with the Nurse on 2-21-18 at 3:07 p.m. revealed Tenant #3's medications were administered in applesauce. Review of Tenant #3's most recent service plan dated 1-14-18 indicated staff administered Tenant #3 medications; however, it did not reflect Tenant #3 chewed medications and that medications	A 083		

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A 083	Continued From page 5 were administered in applesauce. The service plan was not updated to reflect this information.	A 083		

✓ 3/19/18

Parker Place Retirement
707 HWY 57
Parkersburg, IA 50665

Feb 21, 2018:

Complaint Intake #: 73855-I

Plan of Correction (POC) Submitted For:
- Investigation Date: Februay21- 2018

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 returned to the community after a skilled care stay and is ambulatory. Resident is on 16 visual checks per shift through the daily task sheet.

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

a. The program RN will ensure timely check of residents as indicated on the resident service plan starting 3/12/2018.

b. Providing staff education at in-service on 3/15/18. Reviewing checks weekly for one month and then at random.

3. Measures taken to ensure problem does not recur:

a. The manager will have weekly meetings as needed with the program RN to review any possible change of condition or service plan updates for current residents.

d. The Program RN and Manager will audit change of conditions and service plan updates at minimum weekly, and at random on-going to ensure compliance beginning February 27th, 2018.

POC:
A. Regulatory Insufficiency A013 – Service Plans: 481-69.26(231C) Insufficiency:
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

DD 3/14/19

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 how insufficiency was corrected for residents:

a. Tenant # 1 has an updated service plan that indicates hospice services has started.

b. Tenant #3 has updated service plan as of 3/10/18 that indicates she chews her pills and prefers them to be crushed and administered with fluid of choice.

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

a. The Program RN -updated the service plan 1/28/18 for tenant #1 detailing when hospice services started. Program RN to ensure updates/assessments are completed upon admission to hospice services.

b. The program RN had completed the change of condition on 3/10/2018 for resident #3 and has indicated her medication preferences. The program RN will ensure timely completion service plans. RN is completing weekly status report and turning into Manager.

3. Measures taken to ensure problem does not recur:

a. The manager will have weekly meetings with the program RN to review any possible change of condition or service plan updates for current residents beginning 3/12/18.

d. The Program RN and Manager will audit change of conditions and service plan updates at minimum weekly, and at random on-going to ensure compliance beginning February 27th, 2018.