✓ 10/8/18

PRINTED: 09/11/2018
FORM APPROVED

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
	S0189	A. BUILDING: _____ B. WING _____	08/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKVIEW ASSISTED LIVING	114 FOREST STREET FAIRBANK, IA 50629

(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 are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive disorder: 19 Number of tenants with cognitive disorder: 0 TOTAL census of Assisted Living Program: 19 The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000	HEALTH FACILITIES SEP 17 2018	
A 155	481-69.35(1)c Structural Requirements 481-69.35(231C) Structural requirements. 69.35(1) General requirements. c. Programs shall have private dwelling units with a single-action, lockable entrance door. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the Program failed to have single-action lockable entrance doors on tenant apartments. This potentially affected all tenants (census of 19). Findings follow: 1. Observation on 8-21-18 at approximately 12:25 p.m. and 3:08 p.m. and 8-22-18 at 2:05 p.m. of an unoccupied tenant apartment revealed the dwelling unit did not have a single-action, lockable entrance door. The monitor remained in the unoccupied apartment and locked the entrance door to the dwelling unit. When the	A 155	Single-action lockable door Knobs have been purchased and will be installed on all 18 of our tenant doors. Installation will be completed by October 10th, 2018. This completion will correct our insufficiency.	10-10-18

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Stephanie Michels	Administrator	9-13-18

DD - 10/5/18