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
	S0276	A. BUILDING: _____ B. WING _____	09/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKS AT PARKVIEW CARE CENTER	2235 HIGHWAY 34 EAST FAIRFIELD, IA 52556

(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: 13 Number of tenants with cognitive disorder: 0 Total census of Assisted Living Program: 13 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program:	A 000		
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 as needed to reflect the specific service needs of 2 of 3 tenants reviewed (Tenants #1 and #2).	A 083	Plan of Correction is attached	

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

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A 096	Continued From page 2 a registered nurse or a licensed practical nurse via nurse delegation: 69.27(1)c To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status; This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete comprehensive nurse reviews every 90 days as required for 2 of 2 long-term tenants reviewed (Tenants #2 and #3). Findings follow: 1. Review on 9-10-18 of Tenant #2's file revealed nurse reviews were completed every 90 days; however, the reviews did not include assessments of health status, recommendations and referrals as needed, or documentation regarding progress towards previous recommendations. Nurse Review documentation indicated the following: a. On 12-1-17 a nurse review was completed. There were no changes noted to the service plan and Tenant #2 denied any concerns or issues at that time. b. On 6-1-18 a nurse review was completed. The service plan was reviewed (with Tenant #2 and staff) and there were no changes noted. Tenant #2 denied any concerns or needs at that time.	A 096		

10/7/18

The Oaks Assisted Living

Plan of Correction

RE: Assisted Living Recertification Visit on 9/10/2018

Preparation and/or exception of the P.O.C. in general, or this corrective action in particular, does not constitute action to nor an agreement by The Oaks Assisted Living of any of the cited deficiencies. This P.O.C. is prepared and/or executed to ensure continued compliance with regulatory requirements.

Please find enclosed our Plan of Correction which constitutes my credible allegation of compliance.

FTAG A089 -Service Plans- Corrected 9/10/2018

Tenant #1 Service Plan was updated by the RN Delegator on 9/10/18 to reflect the tenant PT and OT services.

Tenant #2 Service Plan was updated by the RN Delegator on 9/10/2018 to reflect PT Services to evaluate and treat per physicians order.

The RN Delegator will review orders weekly and will note changes on Service Plan to reflect all new orders and changes that need to be addressed.

FTAG A096-Nurse Review- Corrected 9/10/2018

Effective 9/10/2018 all future 90 day reviews will have a comprehensive review with a note that relates to the tenants, health status, any recommendations of referrals or new orders, hospitalizations or doctors visit, and any other related health or care issues, as well as the progress of any past recommendations. Nurse Review will also be complete with any related health status changes as it occurs within the 90 day period of review.

In order for the Program to ensure future compliance, all changes in personal care or health related care will be updated in the Service Plan within 30 days of the change occurring. As well as Nurse Review being completed with a comprehensive note of all changes. The RN Delegator and The Director will audit tenant charts monthly to monitor performance to ensure further compliance.

Sarah Flattery

Director of The Oaks Assisted Living at Parkview 10-8-2018

sarah@osbycorp.com

10/10/18