1/16/19

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 12/03/2018

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	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: 35 Number of tenants with cognitive disorder: 3 Memory Care Unit Number of tenants without cognitive disorder: 5 Number of tenants with cognitive disorder: 9 Total Census of Assisted Living Program for People with Dementia : 52 No regulatory insufficiencies were cited during the investigation of Incident #79876-I. The following regulatory insufficiency was cited during the investigation of Complaint #78742-C.	A 000		
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	A 089	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 089	Continued From page 1 by: Based on interview and record review the Program failed to ensure tenant's needs were reflected on the service plan for 5 of 5 tenants reviewed (Tenants #1, #2, #3, #4 and #5). Findings follow: 1. Record review on 11/27/18 revealed Tenant #1 developed a wound to her left lower leg on 7/24/18 according to a Wound Weekly Observation Tool dated 9/13/18. According to the July 2018 Medication Administration Record (MAR), staff were to change the dressing to the left lower leg daily, cleanse the leg with normal saline, place telfa over the wound then wrap the leg with kling and tape the dressing in place. A Progress Note dated 8/16/18 documented Tenant #1's son attended an appointment with his mother on that date in which new orders were given to treat the wound and change the wrapping every three days. The Program began following the orders on 8/19/18. According to the Progress Notes for Tenant #1, her wound was healed on 10/2/18. Tenant #1's wound care instructions were not identified on her service plan. 2. Record review on 11/27/18 revealed Tenant #2 developed an ulcer to her lower right leg on 6/20/18 according to a Wound Weekly Observation Tool dated 11/13/18. Tenant #2's initial treatment was to wear an Unna boot which was to be removed once weekly prior to her appointment with her physician for debridement of the wound. Tenant #2 initially managed care for the wound herself. A Progress Note written on 9/20/18 identified Tenant #2 was to "elevate legs as much as possible." A new order was received on 11/1/18, according to a Progress	A 089		

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A 089	Continued From page 2 Note written on the same date, which identified Tenant #2 was to begin receiving Silvadene and 4x4 size of Mepilex applied and changed every shower day to her wound. Another order was received on 11/14/18 which identified Tenant #2's bandage was to be changed daily. According to the November MAR, program staff completed the dressing changes for Tenant #2 from 11/1/18 to 11/21/18. Tenant #2 returned to wearing the Unna boot on 11/21/18. A Comprehensive Assessment form dated 10/2/18 identified Tenant #2 was "independent in dressing, but staff does pull her catheter tubing through her pants for her." Tenant #2's service plan identified she was able to dress herself. Tenant #2's wound care instructions, the recommendation to elevate her legs and the need for staff to assist with dressing were not identified on the service plan. 3. Record review on 11/27/18 revealed Tenant #3 had numerous open wounds on her body caused by her picking at her skin. The November MAR indicated treatment for the wounds was to cleanse any open areas with normal saline and apply triple antibiotic ointment daily. Tenant #3's service plan indicated staff were to observe her skin, keep skin clean and dry and to hydrate skin with lotion as needed. Tenant #3 was found to have a weeping, open area on her left inner ankle according to a Skin Evaluation form dated 10/26/18. A progress note dated 10/30/18 identified the wound was related to her AFO (Ankle Foot Orthosis). According to the note, the MD was working on getting Tenant #3 a new AFO. A progress note on 11/1/18 identified staff were to walk with Tenant #3 to her destinations due to not wearing her AFO. The note indicated the tenant's service plan was updated due to foot drop placing her at a high	A 089		

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A 089	Continued From page 3	A 089		

risk. Tenant #3's service plan had not identified the need to wear an AFO or the correct treatment for her open wounds.

4. Record review on 11/28/18 revealed Tenant #4 had been refusing to take his scheduled medication. The November MAR documented Tenant #4 had refused to take scheduled medication from 11/18/18 to 11/28/18. A Comprehensive Assessment was completed on 11/27/18 which identified "Resident's condition is basically unchanged, but he is now refusing to take all his medications, and at times convinces his wife not to take hers." Medication refusal was not addressed on Tenant #4's service plan.

During an interview conducted with Staff A on 11/28/18 at 1:20 PM, she reported Tenant #4 had not changed clothing for three weeks. On 12/3/18 at 12:25 PM, Staff C stated she had reported to her supervisor that Tenant #4 had refused to shower on 11/26/18 and 11/29/18.

Skin evaluation forms dated 11/6/18, 11/13/18 and 11/27/18 identified Tenant #4 had refused to shower.

The service plan did not reflect Tenant #4's refusal to shower or change clothes.

5. Record review on 11/28/18 revealed Tenant #5 refused her medication four days between 11/18/18 and 11/28/18 according to the November MAR. Tenant #4 is the spouse of Tenant #5.

An interview conducted with Staff A on 11/28/18 at 1:20 PM revealed she had seen Tenant #4 grabbed the hand of Tenant #5 and tell her he

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A 089	Continued From page 4 would leave if she took her medication. Staff A said after this happened, she would try to distract Tenant #4 and then give Tenant #5 her medication. Staff A reported Tenant #5 had not bathed or changed clothing for three weeks. When interviewed on 11/28/18 at 3:10 PM Staff B stated she had distracted Tenant #5 on one occasion to enable the medication passer to get Tenant #5 to take her medication. During an interview on 12/3/18 at 12:25 PM, Staff C stated she was able to get Tenant #5 to take her medication when Tenant #4 was not present, but that Tenant #5 would not take medication if her spouse was around. Staff C stated she had told her supervisor that Tenants #4 and #5 had refused to shower on 11/26/18 and 11/29/18. Skin Evaluation forms dated 11/9/18, 11/13/18, 11/20/18, 11/23/18 and 11/27/18 identified Tenant #5 had refused to shower. Tenant #5's service plan did not address her refusal to shower or change clothes. In addition, the plan did not include interventions to ensure she took her medication as prescribed. During an interview conducted with the Director of Housing, Director of Health Care Services/RN and the Regional RN on 11/27/18 at 1:30 PM they confirmed the above listed information was missing from the service plans of Tenants #1, #2 and #3. The Director of Housing confirmed the service plans for Tenants #4 and #5 did not address medication or showering refusals during an interview on 12/3/18 at 1:25 PM.	A 089		

1/16/19

Oak Park place

December 28, 2018

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 completed on December 3. 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.

Service Plans

1. Elements detailing how the Program will correct each regulatory insufficiency.
    - The RN will develop updated service plans for tenant #1, #2, #3, #4, and #5. The service plan will identify tenant needs.

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

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 service plan per regulation.

4. The date by which the regulatory insufficiency will be corrected.
    - This regulatory insufficiency will be completed by January 14, 2019.

DD — 1/15/19

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

Sincerely,

Cheryl Scheele
Director of Housing