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 05/28/2019

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: 32 Number of tenants with cognitive disorder: 4 Memory Care Unit Number of tenants without cognitive disorder: 2 Number of tenants with cognitive disorder: 11 TOTAL Census of Assisted Living Program for People with Dementia: 49 The investigation of Complaint #82894-C resulted in the following regulatory insufficiency:	A 000		
A 037	481-67.5(6)b Medications 481-67.5(231B,231C,231D) Medications. Each program shall follow its own written medication policy, which shall include the following: 67.5(6) When medications are administered traditionally by the program: b. Medications shall be kept in a locked place or container that is not accessible to persons other than employees responsible for the administration or storage of such medications. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record	A 037	Plan of Correction is attached	

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

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 05/28/2019

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 037	Continued From page 1 review the Program failed to store Program administered medications in a secured location for 1 of 1 tenants observed receiving insulin (Tenant #3). Findings follow: Observation on 5-28-19 at approximately 10:30 a.m. revealed Staff A provided assistance with oral medication, a blood glucose check and insulin administration assistance (insulin pen) for Tenant #3 in her apartment. Staff A retrieved the insulin pen from the refrigerator located in Tenant #3's apartment. The insulin pen was stored in a non-secured location. Staff A prepared the insulin pen for administration and assisted Tenant #3 with administration of the insulin. Review of Tenant #3's service plan last reviewed 12-27-18 revealed medications were administered by licensed or certified staff. The Program's Medication policy and procedure indicated the Program would store all medications administered by staff in a locked storage place or container that was not accessible to people other than staff responsible for the administration of medications. When interviewed on 5-28-19 at 1:21 p.m. Staff A revealed Tenant #3 was the only tenant in the general population that staff assisted with insulin administration. The insulin pen being used for Tenant #3 was stored in the refrigerator in her apartment. When interviewed on 5-28-19 at 2:31 p.m. the Nurse revealed Tenant #3's insulin pen was stored in the refrigerator in her apartment.	A 037		

6/20/19

June 13, 2019

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 completed on May 28, 2019.. 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.

Medications

1. Elements detailing how the Program will correct each regulatory insufficiency.
    - The RN and/or Designee will ensure all medications that are staff administered are locked in medication cart and/or refrigerator, as appropriate.

2. What measures will be taken to ensure the problem does not recur.
    - The RN and/or staff who perform medication delegation will be educated on regulatory requirements for medications.

3. How the Program plans to monitor performance to ensure compliance.
    - The RN and/or Designee will perform audit medication carts at least once a month to ensure all medications that are staff administered are locked in medication cart and/or refrigerator.

4. The date by which the regulatory insufficiency will be corrected.
    - This regulatory insufficiency will be corrected by June 30, 2019.

If you have any questions regarding this plan of correction, please feel free to contact me at 608-469-4017. Thank you.

Sincerely,

Lessa Bobak

Lessa A Bobak
Regional Nurse

DD 6/19/19