

✓ 6/14/19

PRINTED: 05/20/2019
FORM APPROVED

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0300	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 05/16/2019
NAME OF PROVIDER OR SUPPLIER PARKER PLACE RETIREMENT		STREET ADDRESS, CITY, STATE, ZIP CODE 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: 16 Number of tenants with cognitive disorder: 3 Memory Care Unit Number of tenants without cognitive disorder: 2 Number of tenants with cognitive disorder: 14 Total census of Program: 35 The following regulatory insufficiencies were cited during the Investigation of Complaint #82939-C.	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 which were adequate and appropriate that potentially	A 013	Plan of Correction is attached 6/12/19	

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: S0300	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 05/16/2019
NAME OF PROVIDER OR SUPPLIER PARKER PLACE RETIREMENT			STREET ADDRESS, CITY, STATE, ZIP CODE 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 013	Continued From page 1 affected all 35 individuals living at the Program. Findings follow: On 5-15-19 at 2:23 p.m. Tenant #1 stated she hired a person to complete housekeeping because Staff A consistently failed to move items for dusting and after cleaning the bathroom, there was visible dirt remaining. She also stated staff sometimes knocked on the door and proceed to walk in without permission and failed to announce who they were or why they were coming in. She stated this really bothered her as she felt anyone could walk in at anytime and she had no control over who could come in to her own apartment. On 5-15-19 at 12:27 p.m. Staff B stated tenants complained about housekeeping and Staff A not doing a very good job cleaning. Staff B stated she noticed the toilets and floors were still dirty after the housekeeper had just been in an apartment. On 5-15-19 at 12:10 p.m. Staff C stated tenants complained to her about Staff A not doing a good job with cleaning their apartments. She stated she noticed floors were sticky and did not seem to have been cleaned very well. Staff C stated that tenants also complained about staff knocking on the door and just walking into their apartments without announcing themselves. She confirmed she had done this herself and needed to remember to state her name when she opened the door and not just walk on in without permission. On 5-15-19 at 10:08 a.m. a family member stated she noticed several times dusting not completed and visible filth on the toilet on the days	A 013			

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0300	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 05/16/2019
NAME OF PROVIDER OR SUPPLIER PARKER PLACE RETIREMENT		STREET ADDRESS, CITY, STATE, ZIP CODE 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 013	Continued From page 2 housekeeping was completed. On 5-15-19 at 12:42 p.m. the Quality Control Manager confirmed the Program failed to provide adequate cleaning of tenant apartments. The Program was rectifying this issue. She confirmed the Program expected staff to knock on a tenant's door, wait for a response. If there was no response they could open the door and announce their name and intentions before walking in.	A 013			
A 033	481-69.21(3) Occupancy Agreement 481-69.21(231C) Occupancy agreement. 69.21(3) The occupancy agreement shall be reviewed and updated as necessary to reflect any change in services or financial arrangements. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update occupancy agreements to reflect changes in financial arrangements for 1 of 4 tenants reviewed (Tenant #2). Findings follow: Review of Tenant #2's file indicated an admission date of 12-15-17. An Occupancy Agreement dated 12-15-17 revealed she agreed to reside in a one bedroom apartment. Further review revealed a letter dated 9-21-18 from the Program to Tenant #2 changed the terms of the lease agreement from a one bedroom apartment to a double occupancy apartment to accommodate a decrease in income.	A 033			

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0300	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 05/16/2019
NAME OF PROVIDER OR SUPPLIER PARKER PLACE RETIREMENT			STREET ADDRESS, CITY, STATE, ZIP CODE 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 033	Continued From page 3 On 5-15-19 at 4:06 p.m. the Manager confirmed he failed to update the Occupancy Agreement for Tenant #1 to reflect the change in financial arrangements.	A 033			

Parker Place Retirement
707 HWY 57
Parkersburg, IA 50665

✓ 6/14/19

May 23, 2019:

Complaint Intake #: 82939

Plan of Correction (POC) Submitted For:

- Investigation Date: May 1- 2019

6

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. Staff # 1 has been terminated from employment. Resident assistants are now tasked with daily apartment cleaning. Parker Place is currently hiring for a new housekeeper.

b. Staff will be retrained on appropriate apartment entry procedures.

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

a. The program manager will follow up with residents at monthly resident meetings to ensure adequate room cleaning until acceptable plan is in place and then periodically after.

b. Appropriate apartment entry training to be completed at the next staff training.

3. Measures taken to ensure problem does not recur:

a. The manager will review documented cleaned apartments once per week for 1 month and then randomly thereafter.

b. All current staff will have signed off on appropriate apartment training by 6/30/19.

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

ADD
6/12/19

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.

Program POC:

1. Elements detailing how insufficiency was corrected for residents:

- a. Tenant # 1 has an updated contract that indicates the correct amount charged for the apartment she is living in.

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

- a. The program manager will ensure all new contracts are signed for any change in occupancy or financial cost to tenant.

3. Measures taken to ensure problem does not recur:

- a. The Manager will audit all apartment contracts by June 30th and at random to ensure compliance.
- b. Appropriate apartment entry training to be completed at the next staff training. All current staff will have signed off on appropriate apartment training by 6/30/19.