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
	S0300	A. BUILDING: _____ B. WING _____	C 01/02/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKER PLACE RETIREMENT	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 type of population served. The census numbers were provided by the Program at the time of the on-site. General Population Program Number of tenants without cognitive disorder: 15 Number of tenants with cognitive disorder: 1 Memory Care Unit Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 20 TOTAL census of Assisted Living Program for People with Dementia: 37 No regulatory insufficiencies were cited during the Investigation of Complaint #87444-C. The following regulatory insufficiency was cited during the Investigation of Complaint #86712-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 by: Based on interview and record review the	A 089	Plan of Correction is attached DD	

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

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 089	Continued From page 1 Program failed to ensure services plans indicated needs and preferences for assistance for 1 of 3 tenants reviewed (Tenant #1). Findings follow: On 12-26-19 a review of Tenant #1's file revealed she resided in the memory care unit and had a diagnoses of Alzheimer's disease. The tenant's Global Deterioration Scale revealed a score of 4 indicating moderate cognitive decline. Review of Documentation Survey Reports revealed she refused showers 4 out of 9 times in October 2019, 5 out of 9 times in November 2019, and 6 out of 9 times in December. On 12-24-19 at 2:12 p.m. Staff A confirmed Tenant #1 had refused showers at times. On 12-26-19 at 3:41 p.m. the Health Care Consultant confirmed Tenant #1 refused showers at times. On 1-2-20 at 3:06 p.m. Staff B confirmed Tenant #1 had refused showers at times. On 1-2-20 at 3:17 p.m. Staff C confirmed Tenant #1 had refused showers at times. Tenant #1's Service Plan dated 10-2-19 revealed she required assistance with bathing but failed to include interventions to address routine refusals for showers. The plan was not updated to address shower refusals.	A 089		

Parker Place Retirement
707 HWY 57
Parkersburg, IA 50665

2/13/20

January 31, 2020:

Complaint Intake #: 86712 and 87444-C

Plan of Correction (POC) Submitted For:
- Investigation Date: January 28- 2020

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:

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 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 has an updated service plan that indicates what to do if she refuses her shower.

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

a. The Program RN -updated the service plan 1/31/20 for tenant detailing the plan for when the resident refuses her shower.

3. Measures taken to ensure problem does not recur:

a. The manager will have weekly meetings with the program RN to review any possible change of condition or service plan updates for current residents beginning 2/3/2020.

d. The Program RN and Manager will audit change of conditions and service plan updates at minimum weekly, and at random on-going to ensure compliance beginning February 3rd, 2020.

2/13/20