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 11/24/2020

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: 22 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: 44 There were no deficiencies cited during the onsite infection control survey completed 11-10-2020. The following regulatory insufficiencies were cited during the investigation of Complaint #94389-C.	A 000	1/12/21	
A 008	481-67.2(1)e Program Policies and Procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse.	A 008	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

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A 008	Continued From page 1 67.2(1) The program's policies and procedures on incident reports, at a minimum, shall include the following: e. All accidents or unusual occurrences within the program's building or on the premises that affect tenants shall be reported as incidents. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure incident reports were completed for accidents or unusual occurrences for 2 of 11 tenants reviewed (Tenant #8 and Tenant #10). Findings follow: 1. On 11-12-2020 review of Tenant #8's Progress Notes dated 9-11-2020 revealed staff attempted to block the tenant from entering another perosn's room. The tenant grabbed staff's hair and both fell into the wall. Staff and a hospice nurse attempted to calm the tenant by singing, playing gospel music, and offering prayer with no success. She proceeded to go to the lounge, sat on the couch, and continued to be agitated. The Registered Nurse (RN) arrived and observed Tenant #8 between two staff, holding one by the wrist and one by the neck of her sweatshirt. Another staff attempted to release Tenant #8's grip and she continued to shout and be combative until she released her grip. The tenant continued to to pace, mutter, and move furniture until another staff member arrived and administered a PRN (as needed) medication. An incident report could not be located for the incident on 9-11-2020.	A 008		

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A 008	Continued From page 2 On 11-16-2020 at 4:19 p.m. the Health Care Coordinator confirmed she failed to complete an incident report as required. 2. On 11-16-2020 at 3:51 p.m. the hospice nurse stated staff notified her Tenant #10 fell on 9-2-2020. The hospice nurse stated staff found her on her back beside the bed with a fan at her feet and her walker on top of her. Two staff lifted her with a hoyer lift and placed her in bed. The on-call hospice nurse arrived, completed an assessment. She noted the tenant was alert and oriented, and walked with stand by assistance. The tenant had a quarter size goose egg on the back of her head. The on-call nurse instructed staff to administer pain medication as needed and to not leave the fan on the floor. Review of Progress Notes on 11-12-2020 failed to locate documentation of the fall on 9-2-2020. An incident report could not be located for the accident on 9-2-2020. On 11-17-2020 at 10:29 a.m. the Clinical Quality Manager stated she vaguely remembered the incident. She confirmed Tenant #10 had a fall and she failed to complete an incident report as required.	A 008		
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.	A 013		

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A 013	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the Program failed to provide adequate care, treatment, and services specifically for 4 of 11 tenants reviewed (Tenants #5, #6, #8, #10) and potentially all tenants of the Program. Findings follow: 1. On 11-12-2020 review of Tenant #8's Progress Note dated 9-5-2020 revealed staff escorted another tenant out of the memory care unit and Tenant #8 followed them. Staff attempted to redirect her and she engaged in verbal and physical aggression. Staff continued to engage with her to calm her down without success. Another staff arrived and calmed her down enough to administer a PRN (as needed) medication for agitation. A Progress Note dated 9-11-2020 revealed staff attempted to block the tenant from entering another person's room. The tenant grabbed staff's hair and both fell into the wall. Staff and a hospice nurse attempted to calm the tenant by singing, playing gospel music, and offering prayer with no success. She proceeded to go to the lounge, sat on the couch, and continued to be agitated. The Registered Nurse (RN) arrived and observed Tenant #8 between two staff, holding one by the wrist and one by the neck of her sweatshirt. Another staff attempted to release Tenant #8's grip and she continued to shout and be combative until she released her grip. The tenant continued to to pace, mutter, and move furniture until another staff member arrived and administered a PRN medication.	A 013		

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A 013	Continued From page 4 On 11-16-2020 the Health Care Coordinator (HCC) stated Tenant #8 continued to be agitated and sat next to another tenant after she went to the lounge. Staff sat on each side of her instead of removing the other tenant and Tenant #8 grabbed both staff. The HCC stated staff should have moved the other tenant for safety and allowed Tenant #8 personal space to calm down as long as she continued to be safe. Staff were expected to try different approaches to de-escalate a situation before they administered PRN medications and confirmed staffs' actions potentially increased her agitation and aggression. She stated retraining of behavior management techniques may be beneficial for staff. 2. On 11-12-2020 review of Tenant #6's Progress Note dated 8-27-2020 revealed his hearing aids were missing. Progress Notes dated 9-1-2020 to 11-9-2020 revealed the hearing aids continued to be lost. On 11-16-2020 at 4:19 p.m. the HCC stated she notified family of the lost hearing aids and asked them to replace them. She confirmed the Program lost the hearing aids and during the interview recognized the Program's responsibility to take care of tenants' personal items. 3. Observations of Tenant #5's apartment on 11-9-2020 revealed debris all over the living room carpet, dirty kitchen floor and counters, and a strong odor in his bedroom and bathroom. The bathroom revealed dried feces all over the toilet, floor, and wall and a dirty sink and shower.	A 013		

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A 013	Continued From page 5 Observations of Tenant #10's apartment revealed a dirty bathroom and excessive black mildew buildup in the toilet. Observation of the memory care unit on 11-10-2020 at 2:30 p.m. revealed staff failed to clean and sanitize tables and chairs after lunch. The floor was sticky when walked on. Review of a standard tenant Occupancy Agreement revealed the Program provided 30 minutes of weekly housekeeping and laundry service of 2 loads per week. On 11-9-2020 at 2:15 p.m. Staff G stated tenants complained about laundry and housekeeping not completed timely. She stated the memory care program scheduled 2 staff and the assisted living (AL) program used to schedule 2 but recently only scheduled 1. Administrative staff assisted at times but tasks failed to be completed due to not enough staff. On 11-9-2020 at 4:06 p.m. two tenants stated staff failed to complete housekeeping at least one time per week. They stated staff arrived to clean their apartment and complete laundry only after they complained to the manager. On 11-10-2020 at 10:42 a.m. Staff B stated he worked second shift and tried to get all housekeeping and laundry completed but at times left it for the following shifts. He stated he attempted to clean Tenant #5's apartment but the tenant did not want it cleaned and yelled at him to leave. On 11-10-2020 at 10:49 a.m. Staff H stated one staff was scheduled for the AL program for	A 013		

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A 013	Continued From page 6 second shift, although there used to be 2 staff scheduled. She stated first shift left tasks to be completed and she was unable to get all of the laundry completed. On 11-10-2020 at 12:48 p.m. the Health Care Coordinator stated the laundry schedule required rearranging to ensure it was completed once a week. She agreed tenants complained about housekeeping not completed timely. On 11-10-2020 at 3:21 p.m. the Manager stated there were difficulties finding and keeping staff and the Program experienced high turnover of resident assistants and nurses the past few months. He integrated the housekeeping position into a resident assistant position as staff refused to clean up as messes occurred. He confirmed staff failed to complete housekeeping weekly for the past few months and but ensured staff cleaned an apartment right away if a tenant complained. He addressed issues with staff as they arose but failed to see improvement and recently developed a cleaning list and expected staff to follow it.	A 013		
A 055	481-67.9(1) Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(1) Number of staff. A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. This REQUIREMENT is not met as evidenced by: Based on observations and interview the	A 055		

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A 055	Continued From page 7 Program failed to ensure a sufficient number of available staff to meet the needs of 2 of 2 tenants observed (Tenant #5 and Tenant #10) and potentially all tenants. Findings follow: Observations of Tenant #5's apartment on 11-9-2020 revealed debris all over the living room carpet, dirty kitchen floor and counters, and a strong odor in his bedroom and bathroom. The bathroom revealed dried feces all over the toilet, floor, and wall and a dirty sink and shower. Observations of Tenant #10's apartment revealed a dirty bathroom and excessive black mildew buildup in the toilet. Observation of the memory care unit on 11-10-2020 at 2:30 p.m. revealed staff failed to clean and sanitize tables and chairs after lunch. The floor was sticky when walked on. Review of a standard tenant Occupancy Agreement revealed the Program provided 30 minutes of weekly housekeeping and laundry service of 2 loads per week. On 11-9-2020 at 2:15 p.m. Staff G stated tenants complained about laundry and housekeeping not completed timely. She stated the memory care program scheduled 2 staff and the assisted living (AL) program used to schedule 2 but recently only scheduled 1. Administrative staff assisted at times but tasks failed to be completed due to not enough staff. On 11-9-2020 at 4:06 p.m. two tenants stated staff failed to complete housekeeping at least one time per week. They stated staff arrived to clean their apartment and complete laundry only after	A 055		

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A 055	Continued From page 8 they complained to the manager. On 11-10-2020 at 10:42 a.m. Staff B stated he worked second shift and tried to get all housekeeping and laundry completed but at times left it for the following shifts. He stated he attempted to clean Tenant #5's apartment but the tenant refused and yelled at him to leave. On 11-10-2020 at 10:49 a.m. Staff H stated one staff was scheduled for the AL program for second shift, although there used to be 2 staff scheduled. She stated first shift left tasks to be completed and she was unable to get all of the laundry done. On 11-10-2020 at 12:48 p.m. the Health Care Coordinator stated the laundry schedule required rearranging to ensure it was completed once a week. She agreed tenants complained about housekeeping not completed timely. On 11-10-2020 at 3:21 p.m. the Manager stated there were difficulties finding and keeping staff and the Program experienced high turnover of resident assistants and nurses the past few months. He integrated the housekeeping position into a resident assistant position as staff refused to clean up as messes occurred. He confirmed staff failed to complete housekeeping weekly for the past few months and but ensured staff cleaned an apartment right away if a tenant complained. He addressed issues with staff as they arose but failed to see improvement and recently developed a cleaning list and expected staff to follow it.	A 055		
A 037	481-69.22(2) Evaluation of Tenant	A 037		

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A 037	Continued From page 9 481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to evaluate tenant's functional, cognitive, and health status as needed with significant change or at least annually for 6 of 11 tenants reviewed (Tenant #1, Tenant #2, Tenant #4, Tenant #6, Tenant #8 and Tenant #9). Findings follow: Record review on 11-12-2020 revealed the following: 1. Tenant #1's file revealed she resided in the memory care unit. A Comprehensive Assessment completed 9-30-2020 noted no concerns for her nutritional intake. Record review of Progress Notes dated 10-2-2020 revealed a doctor's visit	A 037		

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A 037	Continued From page 10 via Zoom noted significant weight change, pain management, recent outbursts, and physical aggression toward others. New orders recommended weekly weights, Tylenol as needed for pain, labs to be drawn, and update physician monthly. Progress Notes dated 10-12-2020 revealed new orders for her to drink an 8 ounce supplemental shake twice a day. No comprehensive evaluation for the significant change in her health status could be located. 2. Tenant #2's file revealed she resided in the memory care unit. A Comprehensive Assessment completed 1-14-2020 indicated she required the Program to administer medications, required no assistance with toileting, and was continent of bowel and bladder. Ninety day reviews completed 7-14-2020 and 10-5-2020 indicated the tenant required medications to be crushed due to pocketing and she wore adult briefs due to incontinence. No comprehensive evaluation for the significant change in her health status could be located. 3. Tenant #4's file revealed resided he in the memory care unit. A Comprehensive Assessment completed 12-11-19 indicated he required no assistance with toileting and was continent of bowel and bladder. Interviews revealed the following: a. Staff G stated on 11-9-2020 at 2:15 p.m. Tenant #4 required assistance with toileting due to incontinence. b. Staff A stated on 11-9-2020 at 2:54 p.m. Tenant #4 required assistance with toileting due to incontinence. c. Staff F stated on 11-9-2020 at 3:22 p.m. Tenant #4 required assistance with toileting due to incontinence.	A 037		

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A 037	Continued From page 11 d. Staff H stated on 11-10-2020 at 10:49 a.m. Tenant #4 wore adult briefs and required assistance with toileting due to incontinence. No comprehensive evaluation for the significant change in his health status could be located. 4. Tenant #6 file revealed he resided in the memory care unit. A Comprehensive Assessment completed 4-14-2020 indicated he required no assistance with toileting, did not require medications to be crushed, and required no assistance from an outside agency. A 90 day review completed 9-21-2020 indicated medications to be crushed due to swallowing challenges, the tenant received hospice services, and he required wound care on his right leg. No comprehensive evaluation for the significant change in his health status could be located. 5. Tenant #8's file revealed she resided in the memory care unit. Record review of Progress Notes dated 9-11-2020 revealed increased aggressive behavior which resulted in four episodes of aggression in 7 days. No comprehensive evaluation for the significant change in her status could be located. 6. Tenant #9's file revealed a Comprehensive Assessment completed 10-9-19. No annual comprehensive evaluation could be located. 7. On 11-16-2020 at 4:19 p.m. the Health Care Coordinator stated she began her position in late August and confirmed she failed to complete assessments as required. She stated some of the changes in health status occurred prior to her employment.	A 037		

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A 083	Continued From page 12	A 083		
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 ensure service plans were based on the evaluations conducted and addressed specific service needs for 11 of 11 tenants reviewed (Tenant #1, Tenant #2, Tenant #3, Tenant #4, Tenant #5, Tenant #6, Tenant #7, Tenant #8, Tenant #9, Tenant #10 and Tenant #11). Findings follow: Record review on 11-12-2020 revealed the following: 1. Tenant #1's Comprehensive Assessment completed 9-30-2020 documented no concerns for her nutritional intake. Review of Progress Notes revealed the following: a. On 6-21-2020 a 90 Day Review revealed she received Lorazepam as needed for anxiety/irritability. b. On 8-3-2020 notes revealed new orders for Lorazepam .5 milligrams (mg) to be taken two	A 083		

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A 083	Continued From page 13	A 083		

times a day as needed instead of once a day.
c. On 8-4-2020 notes revealed new orders for Quetiapine 25 mg to be taken at night for agitation/anxiety.
d. On 10-2-2020 notes revealed a doctor's visit via Zoom noted significant weight change, pain management, recent outbursts, and physical aggression toward others. New orders recommended weekly weights, Tylenol as needed for pain, labs to be drawn, and update physician monthly.
e. On 10-12-2020 notes revealed new orders for an 8 ounce supplemental shake twice a day.

Tenant #1's service plan dated 9-30-2020 was not updated to include these specific needs.

2. Tenant #2's Comprehensive Assessment completed 1-14-2020 indicated she required the Program to administer medications, required no assistance with toileting, and was continent of bowel and bladder. Ninety day reviews completed 7-14-2020 and 10-5-2020 indicated she required medications to be crushed due to pocketing and wore adult briefs due to incontinence. Tenant #2's service plan dated 1-14-2020 was not updated to include these specific needs.

3. Tenant #3's Progress Notes from 7-5-2020 to 11-9-2020 indicated she received Lorazepam as needed for anxiety. Tenant #3's service plan dated 6-23-2020 was not updated to include the use of this medication for anxiety.

4. Tenant #4's Comprehensive Assessment completed 12-11-19 indicated he required no assistance with toileting and was continent of bowel and bladder. Interviews revealed the

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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 11/24/2020

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 083	Continued From page 14 following: a. Staff G stated on 11-9-2-2020 at 2:15 p.m. Tenant #4 required assistance with toileting due to incontinence. b. Staff A stated on 11-9-2020 at 2:54 p.m. Tenant #4 required assistance with toileting due to incontinence. c. Staff F stated on 11-9-2020 at 3:22 p.m. Tenant #4 required assistance with toileting due to incontinence. d. Staff H stated on 11-10-2020 at 10:49 a.m. Tenant #4 wore adult briefs and required assistance with toileting due to incontinence. Tenant #4's service plan dated 12-11-19 was not updated to include these specific needs. 5. Observations of Tenant #5's apartment on 11-9-2020 revealed debris all over the living room carpet, dirty kitchen floor and counters, and a strong odor located in his bedroom and bathroom. Continued observations in the bathroom revealed dried feces all over the toilet, floor, and wall and a dirty sink and shower. On 11-16-2020 the Health Care Coordinator stated Tenant #5 refused routine housekeeping and hoarded items and stated she was unaware of the current condition of his apartment. Tenant #5's service plan dated 6-4-2020 was not updated to reflect these refusals. 6. Tenant #6's Comprehensive Assessment completed 4-14-2020 indicated he required no assistance with toileting, did not require medications to be crushed, and required no assistance from an outside agency. Progress Notes revealed a 90 day review completed 9-21-2020 indicated he required medications to be crushed due to swallowing challenges,	A 083		

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A 083	Continued From page 15 received hospice services, and required wound care on his right leg. Tenant #6's service plan dated 4-14-2020 was not updated to include these specific needs. 7. Tenant #7's Progress Note dated 10-17-2020 indicated she refused all medications, engaged in increased agitation and aggression, failed to respond to redirection, and required transport to hospital for treatment of behaviors. She refused to leave with ambulance or Sheriff. Her family declined to transport her and chose to initiate committal process. She was transferred to a geriatric psychiatry unit for management of behaviors. A Progress Note dated 10-27-2020 revealed medication changes implemented and the expected to return to the Program. Tenant #7's service plan dated 10-29-2020 was not updated to include these specific needs. 8. Tenant #8's Comprehensive Assessment dated 1-24-2020 indicated she required assistance to manage behaviors and noted an allergy to Haldol. A Progress Note dated 8-8-2020 revealed she engaged in acts of verbal and/or physical aggression and required hospitalization to manage behaviors. She interacted appropriately with staff at the emergency room and returned to the Program with instructions to follow up with her primary physician or psychiatry. A Progress Note dated 9-11-2020 revealed she engaged in 4 episodes of aggression toward staff in 7 days and her physician ordered 2.5 milligrams of olanzapine to be given daily in the afternoon, continue the as needed medication for anxiety, and obtain a UA to rule out urinary tract infection (UTI). Tenant #8's service plan dated 1-24-2020 was not updated to include these specific needs.	A 083		

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A 083	Continued From page 16 9. Review of Tenant #9's file revealed a service plan completed 10-9-19. No annual service plan could be located 10. Tenant #10's file contained the following Progress Notes: a. On 6-17-2020 and 9-23-2020 notes revealed she required blood pressure checks daily and reports to physician monthly. b. On 7-22-2020 notes revealed an order to continue Metformin and notify physician of blood sugars over 300. c. On 8-17-2020 notes revealed a follow up visit for diabetes, dizziness, and vision changes. Physician ordered Metformin increased to 1000 mg to be given twice a day, 1 mg glimeperide to be given at breakfast, computed tomography (CT) scan, continue blood sugars, and send report in 2 weeks. d. On 10-27-2020 notes revealed she required blood sugar checked prior to meals and to call physician if greater than 300. e. On 11-2-2020 notes revealed the RN (Registered Nurse) notified the hospice nurse of 2 large blisters on her right lower leg with 2-3 plus edema on both legs. f. On 11-2-2020 notes revealed the hospice nurse recommended both legs wrapped during the day and removed at night. g. On 11-4-2020 notes revealed the hospice nurse noted less swelling in both legs and changed gauze pads due to drainage. h. On 11-9-2020 notes revealed the RN communicated to family of leg wound and treatment including legs wrapped in ACE bandages due to edema. Tenant #10's service plan dated 4-14-2020 was not updated to include these specific needs.	A 083		

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A 083	Continued From page 17 11. Tenant #11's file revealed the following information on monthly Medication Administration Record (MARs): a. September 2020 MAR documented she refused 8:00 a.m. medications (meds) twice and 6:00 p.m. meds once. b. October 2020 MAR documented she refused 8:00 a.m. meds 21 times and 6:00 p.m. meds 13 times. c. November 2020 MAR documented she refused 8:00 a.m. meds 13 times and 6:00 p.m. meds 3 times. Tenant #11's service plan dated 9-23-2020 was not updated to include medication refusals. 12. On 11-16-2020 at 4:19 p.m. the Health Care Coordinator stated she began her position in late August and confirmed service plans failed to be updated as required. She stated some of the tenants' health and service needs occurred prior to her employment.	A 083		
A 096	481-69.27(1)c Nurse Review 481-69.27(231C) Nurse review. If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for 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	A 096		

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A 096	Continued From page 18 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 ensure comprehensive nurse reviews were completed every 90 days or as needs changed for 4 of 11 tenants reviewed (Tenant #3, Tenant #7, Tenant #8 and Tenant #9). Findings follow: Review of tenant files on 11-12-2020 revealed the following: 1. An Incident Report for Tenant #3's dated 10-7-2020 revealed she fell and sustained a cut on her right forehead, failed to respond to staff, and required emergency care at the hospital. A nurse review documenting the health status of the tenant and follow-up care for the head injury upon her return to the Program the next day could not be located. 2. A Progress Note for Tenant #7 revealed on 10-17-2020 she refused all medications, engaged in increased agitation and aggression, failed to respond to redirection, and required transport to hospital for treatment of behaviors. She refused to leave with ambulance or Sheriff. Her family declined to transport her and chose to initiate committal process. She required transfer to a geriatric psychiatry unit for management of behaviors. A Progress Note dated 10-27-2020 revealed the medication changes implemented and expected return to the Program. A nurse	A 096		

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A 096	Continued From page 19 review documenting the health status and behavioral interventions following the tenant's return on 10-28-2020 could not be located. 3. Progress Notes for Tenant #8 documented the following: a. On 7-20-2020 notes revealed her behaviors remained stable. b. On 8-8-2020 notes revealed she received PRN (as needed) olanzapine for agitation. The tenant yelled that staff tried to kill and poison her. Staff administered PRN Zyprexia at 12:21 p.m., which was noted as ineffective, as she continued attempts to scratch staff and talked to people who were not there. The Health Care Coordinator (HCC) notified family she slapped 2 residents and grabbed their arms. The HCC informed family she needed to be evaluated at the emergency room and family agreed and transported her to the hospital. Family returned later and stated the doctors cleared her medically and she interacted appropriately at the emergency room. c. On 9-5-2020 notes revealed staff escorted another tenant out of the memory care unit and Tenant #8 followed them to the door. Staff attempted to redirect without success and she engaged in physical and verbal aggression. Another staff arrived and calmed her down and administered PRN medications for agitation. d. On 9-8-2020 notes revealed staff walked her to her room and she yelled at staff to leave her alone and let her go. Staff left to do laundry and when she exited the laundry room, Tenant #8 grabbed the basket from staff, dumped the clothes on the floor, and threw the basket at staff. Staff walked away and she pursued staff and continued to yell and throw things. e. On 9-10-2020 notes revealed she engaged in	A 096		

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A 096	Continued From page 20 verbal and physical aggression towards staff. f. On 9-11-2020 notes revealed staff attempted to block her from entering another person's room and she grabbed staff's hair and both fell into the wall. Staff and a hospice nurse attempted to calm her down by singing, playing gospel music, and offering prayer with no success. She proceeded to go to the lounge, sat on the couch, and continued to be agitated. The HCC arrived and observed Tenant #8 between two staff, holding one staff by the wrist and the other by the neck of her sweatshirt. Another staff attempted to release Tenant #8's grip and she continued to shout and be combative until she released her grip. She continued to to pace, mutter, and move furniture until another staff member arrived and administered a PRN medication. The 90 day nurse review dated 10-20-2020 failed to assess and document increased behaviors and failed to include recommendations of interventions for behavior and monitor progress related to medication changes. 4. Tenant #9's Progress Notes revealed the following: a. On 6-30-2020 notes revealed a fall and noted recurrent back pain with no serious injury noted. b. On 7-2-2020 notes revealed a fall and noted bruising from previous fall and complaints of recurring back pain. c. On 7-30-2020 at 7:55 a.m. notes revealed a fall, noted a bruise on right shoulder, and reminded her to use pendant for assistance. d. On 7-30-2020 at 9:50 a.m. notes revealed another fall and inability to move right upper arm. Abrasions and bruising were noted to the left shin and the right shoulder was bruised and swollen.	A 096		

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A 096	Continued From page 21 Staff called 911 and she was transported to emergency room. e. On 7-31-2020 notes revealed she returned from hospital with sling for her right shoulder. f. On 8-3-2020 notes revealed a diagnosis of a fracture to her right arm and ordered therapy. g. On 9-15-2020 notes revealed communication with family regarding an order change to decrease Ensure drinks form 3 times a day to once daily. The tenant's 90 day nurse review dated 9-22-2020 did not document and assess falls, the arm fracture, therapy, and change in order for Ensure. 5. On 11-16-2020 at 4:19 p.m. the HCC confirmed these findings.	A 096		
A 154	481-69.35(1)b Structural Requirements 481-69.35(231C) Structural requirements. 69.35(1) General requirements. b. The buildings and grounds shall be well-maintained, clean, safe and sanitary. This REQUIREMENT is not met as evidenced by: Based on observations, interview and record review the Program failed to ensure the building was kept clean and sanitary for 2 of 2 tenants observed (Tenant #5 and Tenant #10) and potentially all tenants of the Program. Findings follow: Observations of Tenant #5's apartment on 11-9-2020 revealed debris all over the living room carpet, dirty kitchen floor and counters, and a	A 154		

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A 154	Continued From page 22 strong odor in his bedroom and bathroom. The bathroom revealed dried feces all over the toilet, floor, and wall and a dirty sink and shower. Observations of Tenant #10's apartment on 11-9-2020 revealed a dirty bathroom and excessive black mildew buildup in the toilet. Observation on 11-9-2020 of a public restroom revealed fecal matter on the side of the toilet. Observation on 11-10-2020 of the same public toilet revealed the same fecal matter present. Observation of the memory care unit on 11-10-2020 at 2:42 p.m. revealed staff failed to clean and sanitize tables and chairs after lunch. The floor was sticky when walked on. Review of a standard tenant Occupancy Agreement revealed the Program provided 30 minutes of weekly housekeeping and laundry service of 2 loads per week, and daily cleaning of public use areas. On 11-9-2020 at 2:15 p.m. Staff G stated tenants complained about laundry and housekeeping not completed timely. She stated administrative staff assisted at times but all tasks failed to be completed due to not enough staff. On 11-9-2020 at 4:06 p.m. two tenants stated staff failed to complete housekeeping at least one time per week. They stated staff arrived to clean their apartment and complete laundry only after they complained to the manager. On 11-10-2020 at 10:42 a.m. Staff B stated he worked second shift and tried to get all housekeeping completed but at times left it for	A 154		

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A 154	Continued From page 23 the following shifts. He stated he attempted to clean Tenant #5's apartment but the tenant refused and yelled at him to leave. On 11-10-2020 at 12:48 p.m. the Health Care Coordinator stated tenants complained about housekeeping not completed timely. On 11-10-2020 at 3:21 p.m. the Manager stated there were difficulties finding and keeping staff and the Program experienced high turnover of resident assistants and nurses the past few months. He integrated the housekeeping position into a resident assistant position as staff refused to clean up as messes occurred. He confirmed staff failed to complete housekeeping weekly for the past few months and but ensured staff cleaned an apartment right away if a tenant complained. He addressed issues with staff as they arose but failed to see improvement and recently developed a cleaning list and expected staff to follow it.	A 154		

Parker Place

707 Highway 57 Parkersburg, IA 50665

Date: 12/30/2020

Complaint Intake #: 94389-C

Plan of Correction (POC) Submitted For:

- Investigation Date: 9/24/2020-11/9/2020
- Monitors: [redacted]

POC:

A. 481-67.2(1)e Program Policies and Procedures

481-67.2(231B, 231C, 231D) Program policies and procedures, including those for incidents reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow polices and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse.

67.2(1) The programs policies and procedures on incident reports, at a minimum, shall include the following: All accidents or unusual occurrences within the program's building or on the premises that affect tenants shall be reports as incidents

a. Regulatory Insufficiency: Based on interview and record review the program failed to ensure incident reports were completed for accidents or unusual occurrences for 2 or 11 tenants reviewed.

i. Program POC:

1. Elements detailing how insufficiency was corrected for incident

Reports:

a: Training and education with Healthcare Coordinator and designees on reviewing incident reports within 24 hours of incident and entering incident within 24-72 hours of incident as applicable.

b. Incident reports have been completed on resident #8 and #10.

2. Measures taken to ensure the problem does not recur:

1/12/21

1/12/21

a. Healthcare Coordinator will review incident reports within 24 hours and ensure incident reports is entered with 24-72 hours of incident as applicable.

b. Staff will notify Healthcare Coordinator or designee after hours and/or on weekends of incidents.

3. How the program plans to monitor performance to ensure compliance:

a. Healthcare Coordinator or designee will monitor incident reports daily and as needed.

b. Incident reports will be reviewed during QA audits.

4. Date by which the regulatory insufficiency will be corrected:

a. Education and training will be held with Healthcare Coordinator by 1/15/2021 to ensure incident reports are entered correctly and timely.

B. 481-67.3(2) Tenant Rights

481-67.3(2) All tenants have the following rights to receive care, treatment and services which are adequate and appropriate.

a. **Regulatory Insufficiency:** Based on observation, interview, and record review the program failed to provide adequate care, treatment, and services specifically for 4 of 11 tenants reviewed.

i. Program POC:

1. Elements detailing how insufficiency was corrected:

a. Community Director and/or designee monitored environmental rounds in common areas and apartments.

b. Daily environmental rounds started on 11/25/2020 by Community Director and/or designee.

c. Tenant #6 has passed away.

d. Housekeeping position added in December of 2020.

e. Staff educated on redirection techniques with residents with behaviors.

2. Measures taken to ensure the problem does not recur:

a. Community Director and/or designee monitors environmental rounds in common areas and apartments weekly and as needed.

b. Healthcare Coordinator, Community Director, and/or designee will notify family of misplacement (i.e., hearing aids) in a timely fashion and document notification, response, and plan of action.

c. Laundry schedule entered in tenant charts for staff to perform up to two loads of laundry a week.

d. Staff will sanitize tables and chairs after meals.

e. Annual education provided for redirection techniques with residents with behaviors and as needed.

3. How the program plans to monitor performance to ensure compliance:

a. Community rounds directed by Community Director and/or designee to audit environment in apartments and community areas.

b. Healthcare Coordinator and/or designee monitors laundry documentation monthly and as needed

c. Resident Council held monthly to discuss concerns related to environmental issues

d. Community Director, Healthcare Coordinator, and/or designee will monitor sanitizing for one month and randomly thereafter.

e. Annual education monitored by Healthcare Coordinator and/or designee.

4. Date by which the regulatory insufficiency will be corrected:

a. 1/15/2020

C. 481-67.9(1) Staffing

481-67.9(231B, 231C, 231D) Number of staff. A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs

a. **Regulatory Insufficiency:** Based on observations and interview the program failed to ensure a sufficient number of available staff to meet the needs of 2 of 2 tenant observed

i. **Program POC:**

1. Elements detailing how insufficiency was corrected for staffing:

    a. Housekeeping position created and hired.

    b. Resident Assistants hired by Community Director.

    c. Daily audits to ensure cleanliness of common areas and apartments.

    d. Laundry schedule entered in tenant charts for staff to perform up to two loads of laundry a week.

2. Measures taken to ensure the problem does not recur:

    a. Community Director and/or Healthcare Coordinator will review staffing numbers and hire based on need of community.

    b. Environmental rounds completed by Community Director and/or designee

    c. Audits on table and chair sanitation completed by Community Director, Culinary, and/or designee

    d. Laundry schedule entered in tenant charts for staff to perform up to two loads of laundry a week.

3. How the program plans to monitor performance to ensure compliance:

    a. Community rounds directed by Community Director and/or designee to audit environment in apartments and community areas.

    b. Healthcare Coordinator and/or designee monitors laundry documentation monthly and as needed

    c. Resident Council held monthly to discuss concerns related to environmental issues

    d. Community Director, Healthcare Coordinator, and/or designee will monitor sanitizing for one month and randomly thereafter.

4. Date by which the regulatory insufficiency will be corrected:

    a. 1/15/2020

D. 481-69.22(2) Evaluation of Tenant

481-69.22(231C) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change.

a. **Regulatory Insufficiency:** Based on interview and record review the program failed to evaluate tenant's functional, cognitive, and health status as needed with significant change or at least annually for 6 of 11 tenants reviewed.

i. **Program POC:**

1. Elements detailing how insufficiency was corrected:

a. COC completed on Tenant #1.

b. Tenant #2 has passed away.

c. COC completed on Tenant #4.

d. Tenant #6 has passed away.

e. COC completed on Tenant #8.

f. COC completed on Tenant #9.

g. Education and training will be conducted with Healthcare Coordinator on proper documentation for pre move in assessments, 30-day assessments, Change of Condition Assessments, and annual assessments.

h. Education and training with Healthcare Coordinator will also review qualifications for change in condition and evaluate tenant's functional, cognitive, and health status.

2. Measures taken to ensure the problem does not recur:

a. Healthcare coordinator will monitor assessment due dates in PCC and ensure dates are accurate.

b. Healthcare Coordinator will perform 30-day reviews and annual assessments in a timely manner.

c. Healthcare Coordinator will perform change of condition assessments on resident utilizing change of condition indicators in a timely manner

3. How the program plans to monitor performance to ensure compliance:

a. Healthcare Coordinator will monitor assessment due dates in PCC and ensure accuracy.

b. Assessments will be reviewed with QA audits.

4. Date by which the regulatory insufficiency will be corrected:

a. Training and education with Healthcare Coordinator will be completed by 1/15/2021.

E. 481-69.26(1) Service Plans

481-69.26(231C) 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.

a. **Regulatory Insufficiency:** Based on interview and record review the program failed to ensure service plans were based on the evaluations conducted and addressed specific service needs for 11 of 11 tenants review.

i. Program POC:

1. Elements detailing how insufficiency was corrected for service plans:

a. Tenant #1 service plan reviewed and updated.

b. Tenant #2 has passed away.

c. Tenant #3 has passed away.

d. Tenant #4 service plan reviewed and updated.

e. Tenant #5 has passed away.

f. Tenant #6 has passed away.

g. Tenant #7 service plan reviewed and updated.

h. Tenant #8 service plan reviewed and updated.

i. Tenant #9 service plan reviewed and updated.

j. Tenant #10 has passed away.

k. Tenant #11 service plan reviewed and updated.

l. Education and training will be held with Healthcare Coordinator to review service plans and ensuring service plans have up to date information regarding resident status.

2. Measures taken to ensure the problem does not recur:

a. Healthcare Coordinator or designee will review service plans upon admission, 30 days after admission, every 90 days, annually, and as needed when change in condition is present.

b. Healthcare Coordinator will add information to service plan as needed.

3. How the program plans to monitor performance to ensure compliance:

a. Healthcare Coordinator will review service plans with assessments and update as needed.

b. Service plans will be reviewed with QA audits.

4. Date by which the regulatory insufficiency will be corrected:

a. Education and training will be held with Healthcare Coordinator by 1/15/2021.

F. 481-69.47(1)c Nurse Review

481-69.27(231C) Nurse review. If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or 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

a. <u>Regulatory Insufficiency:</u> Based on interview and record review the Program failed to ensure comprehensive nurse reviews were completed every 90 days or as needs changed for 4 of 11 tenants reviewed.

i: Program POC:

1. Elements detailing how insufficiency was corrected for nurse reviews:
    a. Tenant #3 passed away.
    b. COC completed for Tenant #7 and 90 day reset.
    c. COC completed for Tenant #8 and 90 day reset.
    d. COC completed for Tenant #9 and 90 day reset.
    e. Education and training will be held with Healthcare Coordinator to review 90-day assessments and change in condition assessments.

2. Measures taken to ensure the problem does not recur:

    a. Healthcare Coordinator or designee will review calendar dates for 90-day reviews weekly and perform in a timely manner.

    b. Healthcare Coordinator or designee will identify change in condition on assessment and perform as needed in timely manner.

3. How the program plans to monitor performance to ensure compliance:

    a. Healthcare Coordinator and/or designee will review calendar dates for 90-day reviews weekly and perform in a timely maner.

    b. 90-day reviews will be reviewed with QA audits.

4. Date by which the regulatory insufficiency will be corrected:

    a. Education and training will be conducted with Healthcare Coordinator by 1/15/2021.

G. 481-69.35(1)b Structural Requirements

The buildings and grounds shall be well-maintained, clean, safe, and sanitary.

a. **Regulatory Insufficiency:** Based on observations, interview and record review the program failed to ensure the building was kept clean and sanitary for 2 of 2 tenants observed and potentially all tenants of the program.

i: Program POC:

1. Elements detailing how insufficiency was corrected for well-maintained, clean, safe, and sanitary community:

a: Housekeeping position created.

b: Scheduled housekeeping rotation created for weekly housekeeping of tenants' apartments.

c. Common areas (bathrooms) are cleaned daily by housekeeper or designee
d. Tables and chairs are cleaned with proper sanitizing agent by staff after every meal in assisted living and memory care.
e. Floor are moped by housekeeper or designee as needed when dirty, sticky, or wet.
f. Laundry schedule rotation for tenants created to ensure tenants laundry is being washed up to two loads per week.

2. Measures taken to ensure the problem does not recur:

a. Housekeeper or designee will document dates of cleaning tenant apartments.

b. Housekeeper or designee will document daily common areas cleaned.

c. Staff will document cleaning and disinfecting of tables and chairs after meals.

d. Housekeeping and staff will be trained on proper documentation of duties.

3. How the program plans to monitor performance to ensure compliance:

a. Community Director, Healthcare Coordinator, Housekeeper, or designee will review documentation of cleaning weekly, monthly, or as determined by the director.

b. Cleanliness of community will be reviewed with QA audits.

4. Date by which the regulatory insufficiency will be corrected:

a. Documentation charts on sanitation will be created and started by 1/15/2021.

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 regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.