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
	S0070	A. BUILDING: _____ B. WING _____	C 12/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKLAND HEIGHTS	**904 N SCENIC DR OAKLAND, IA 51560**

(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 are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive impairment: 0 Number of tenants with cognitive impairment: 1 Total census: 1 The following regulatory insufficiencies were cited during the investigation of Complaint #112978-C	A 000		
A 285	481-67.5(2)f(4) Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program: (4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure tenants received medications as ordered. This affected 1 of 1 former tenants reviewed (Tenants C1). Findings follow: Record review on 12/5/23 revealed Tenant C1's physician's order, signed 5/3/22, for Sertraline 25 mg one time a day. Further review of Tenant C1's medication administration records (MAR) from	A 285	The Plan of Correction is attached.	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0070	A. BUILDING: _____ B. WING _____	C 12/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKLAND HEIGHTS	904 N SCENIC DR OAKLAND, IA 51560

(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 285	Continued From page 1 4/1/22 - 9/1/22 revealed the Program failed to administer Tenant C1's sertraline as ordered. On 12/5/23 at 4:15 p.m. the Administrator explained the Program's Director of Nursing (DON) changed many times and the order must have been missed as a result. She also added the decision maker for Tenant C1 and medical professionals involved in the tenant's care often made changes and failed to communicate the changes to the Program.	A 285		
A 145	481-69.22(3) Evaluation of Tenant 69.22(3) Evaluation annually and with significant change. A program shall 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, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently complete evaluations as needed with a significant change or at least annually. This pertained to 1 of 1 current (Tenant #2) and 1 of 1 former (Tenant C2) tenants reviewed. Findings follow:	A 145		

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
	S0070	A. BUILDING: _____ B. WING _____	C 12/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKLAND HEIGHTS	904 N SCENIC DR OAKLAND, IA 51560

(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 145	Continued From page 2 Record review on 12/5/23 revealed no current evaluations for Tenant #2. No evaluations could be located for former Tensnt C2. During the exit on 12/5/23 at 4:15 p.m. the Administrator confirmed she had provided all evaluations requested and the Program failed to complete evaluations as required.	A 145		
A 350	481-69.26(1) 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 to consistently ensure service plans were developed and/or updated annually. This pertained to 1 of 1 former tenant (Tenant C1) and 1 of 1 current tenant (Tenant#2) reviewed. Finding follows: Record review on 12/5/23 revealed no annual service plans for Tenant C1 and Tenant #2. On 12/5/23 at 4:15 p.m. during the exit the Administrator confirmed she could not provide service plans.	A 350		

Oakland Heights

Complaint Survey: December 4, 2023 to December 5, 2023

Date of compliance: February 21, 2024

The preparation of the following plan of correction for this deficiency does not constitute and should not be interpreted as an admission nor an agreement by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction prepared for these deficiencies were executed solely because provisions of State and Federal law require it.

1) Immediate Fix

2) Potential Residents Affected

3) System Changes

4) Monitoring/QAPI

5) Date Of Compliance

A 285 481-67.5(2)f(4): Medications - 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program: 4. Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant.

1) Tennant C1 no longer resides at Oakland Heights.
2) This had the potential to affect all tennants.
3) Employees were educated on 2.20.24 on the process of entering and reviewing orders and medication administration.
   A) All current tenant's medication orders were sent to their primary physician for review.
4) The DON or designee will audit all new medication orders to ensure accuracy. The DON or designee will audit medication administration weekly for 4 weeks then monthly thereafter. Problems will be corrected as they are observed.
5) Date of compliance: 2.21.24

A 145 481-69.22(3) Evaluation of Tenant – 69.22(3) Evaluation annually and with significant change. A program shall 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 2.the program and to determine any changes to services needed.

1) Tennant #2 had an evaluation.
   A) Tennant C2 no longer resides at Oaklan Heights.
2) This had the potential to affect all tenants.
3) Employees were educated on 2.20.24 on the process of annual and significant change reviews for all assisted living residents.
   A) All current tenants had an annual evaluation completed and orders sent to provider for review.
   B) A schedule was created for current tenants to be annually screened
4) The DON or designee will complete annual reviews on all tenants, addressing any concerns as they arise. Service plans will be updated with any changes necessary. The DON or designee will place all tenants on a

schedule to ensure next reviews are completed. The DON or designee will maintain this schedule. Problems will be corrected as they are observed.

5) Date of compliance is 2.21.24

A 350 481-69.26(1) 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.

1. Tennant C1 no longer lives at Oakland Heights.
   A) Tenant #2 has a service plan developed and reviewed.
2. This has the potential to affect all tenants.
3. Employees were educated on 2.20.2024 on tenant specific service plans and scheduling annual and/or significant change service plans.
   A) All current tenant's service plans will be reviewed and updated as needed.
4. The DON or designee will review all service plans with the tenants, and/or their responsible parties, addressing any concerns as they arise. Service plans will be added to the annual review schedule to be addressed accordingly. Problems will be corrected as they are observed.
5. Date of compliance is 2.21.2024

✓ 6/27/2024