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
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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. Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 13 Total Census of Assisted Living Program for People with Dementia: 14 The investigation of Complaint #98765-C and the recertification visit conducted to determine compliance with certification for a Dedicated Dementia Specific Assisted Living Program were completed. The following regulatory insufficiencies were identified: 231C.5 Written occupancy agreement required. 1. An assisted living program shall not operate in this state unless a written occupancy agreement, as prescribed in subsection 2, is executed between the assisted living program and each tenant or the tenant s legal representative, prior to the tenant s occupancy, and unless the assisted living program operates in accordance with the terms of the occupancy agreement. The assisted living program shall deliver to the tenant or the tenant s legal representative a complete copy of the occupancy agreement and all supporting documents and attachments and shall deliver, at least thirty days prior to any changes, a written copy of changes to the occupancy agreement if any changes to the copy originally delivered are subsequently made. This Requirement is not met as evidenced by:	A 000	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
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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	Continued From page 1	A 000		

Based on interview and record review the Program failed to follow the terms of the executed occupancy agreement and did not provide a written 30 day notice for non-payment of monthly fees for 1 of 2 discharged tenants reviewed (Tenant C1). Findings follow:

Review of Tenant C1's file on 5-2-22 revealed the tenant Tenant C1 had moved into the Assisted Living (AL) program (certified separately) on 4-23-22 and moved to the Assisted Living Program for Person with Dementia (ALPD) on 5-1-21. Tenant C1 was discharged on 6-18-21.

The tenant's Occupancy Agreements were dated 4-23-21 (AL admission) and 5-1-21 (ALPD admission). The most recent document indicated the terms of the agreement would continue on a month to month basis unless the agreement was terminated by the tenant or program. The monthly fee was due on the 1st day of each month. The tenant agreed to pay a late fee that did not exceed $10.00 per day or $40.00 per month for unpaid rent that was more than 30 days late. The Occupancy Agreement identified legal representatives for health care and financial decisions. Termination procedures of the occupancy agreement provided several articles including non-payment of rent. That section indicated, "In addition to the Program's other remedies by law, if rent is unpaid when due, and Tenant fails to pay the rent within three (3) days after notice by Program of nonpayment and the Program's intention to terminate this Occupancy Agreement if the rent is not paid within that period of time, then Program may terminate this Occupancy Agreement." The Occupancy Agreement indicated the Program had the right to adjust the agreement with 30 days written notice

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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	Continued From page 2	A 000		

to the tenant or legal representative.

Continued record review revealed text messages from the Executive Director to Tenant C1's legal representatives including an outstanding monthly balance and funds due. A billing document sent to Tenant C1's legal representatives showed an outstanding balance of $8215.22 as of 6-1-21. One of the text messages dated 6-14-21 revealed the Executive Director indicated she did not want to ask family to move Tenant C1, but she had to have payment by 6-18-21.

The Executive Director's typed documentation dated 6-10-21 indicated Tenant C1 was admitted in April and then transferred to the ALPD. The program had not received funds for him for May or June. There had been repeated attempts to contact the legal representative that lived out of state and then she attempted contact with the legal representative that lived locally. The legal representative told the Executive Director they were going to apply for Medicaid for Tenant C1. The Executive Director told her she was informed that Tenant C1 had assets and a pension that would last him two plus years. The legal representative told the Executive Director that Tenant C1's estranged spouse had moved back into his house and received his pension. The Executive Director indicated she wanted to send a 30 day letter of dismissal but did not have the correct address. The letter had not been sent yet. A different letter that was sent on 6-1-21 was returned "undeliverable."

Continued record review of Tenant C1's file did not reveal a 30 day notice regarding the non-payment of fees and termination of the occupancy agreement. Review of the file also provided different addresses listed than were

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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	Continued From page 3 used to contact Tenant C1's legal representatives. When interviewed on 5-2-22 at 4:40 p.m. the Executive Director said she was told there was no discussion of the elderly waiver between the marketing person and Tenant C1's family. The Program was told Tenant C1 had a house, nest egg and pension. She said attempts were made to work with the family to keep Tenant C1 there and attempts were also made to obtain accurate addresses of the legal representatives to send documents. She stated the legal representative may have been told the tenant could not remain at the program. She confirmed a 30 day letter was not sent regarding the non-payment of fees and discharge.	A 000		
A 150	481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to follow its policy and procedure related to the completion of incident reports for 4 of 6 current tenants reviewed (Tenants #2, #3, #5 and #6). Findings follow: 1. Review of Tenant #2's file on 4-28-22 revealed a diagnosis of Lewy Body Dementia. Tenant #2 was staged a four on the Global Deterioration Scale (GDS), which indicated moderate cognitive decline. Observations (narrative notes) indicated the following:	A 150		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 150	Continued From page 4 - On 2-15-22 Tenant #2 was very upset and tried to open the south door and leave the building. He yelled and pushed the door until the alarm sounded multiple times. - On 4-17-22 it was noted Tenant #2's agitation and gait had worsened. Another staff was called to assist as the tenant was getting more agitated as the first staff attempted to change him. When the second staff arrived Tenant #2 had already been changed but said "If you people keep doing this, I will kill you." Staff assisted him to the couch and he was laughing until he noticed staff had removed his shoes. He threw his hat at staff and told them to give him his shoes. Staff noted Tenant #2 was rubbing or scratching his penis through the pocket of his pants. Staff had noted redness when he was changed. Continued record review revealed incident reports were not completed related to the incidents noted above. 2. Review of Tenant #3's file on 4-28-22 and 5-2-22 revealed a diagnosis of Alzheimer's disease. Tenant #3 was staged at a four on the GDS, which indicated moderate cognitive decline. An Observation (narrative note) indicated on 4-24-22 staff responded to the door alarm and found Tenant #3 by the door. She was very confused and did not recognize anything in her apartment. An incident report for this event could not be located. 3. Review of Tenant #5's file on 5-2-22 revealed a diagnosis of mild cognitive impairment with memory loss. Tenant #5 was staged at a five on the GDS, which indicated moderately severe cognitive decline. Tenant #5 was admitted on 3-23-22. Review of Tenant #6's file on 5-2-22	A 150		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 150	Continued From page 5	A 150		

revealed a diagnosis of dementia. Tenant #6 was staged at a four on the GDS, which indicated moderate cognitive decline.

On 4-28-22 at 10:51 a.m. Staff A identified Tenant #5 and Tenant #6 had an intimate relationship but it was stopped. Family was upset. Tenant #5 thought Tenant #6 was her former boyfriend. She said the relationship was consensual between the tenants.

Observations (narrative notes) from both Tenant #5 and Tenant #6's files indicated the following:
- On 3-30-22 it was noted Tenant #6 was confused, said he was ready for bed but was in Tenant #5's apartment and was in his underwear. He was redirected to his apartment.
- On 3-30-22 it was noted Tenant #5 was calling Tenant #6 by her former significant other's name. She told staff Tenant #6 was her ex-husband. Staff had seen them holding hands in the past few days. Tenant #6 was found in her apartment that night and was redirected to his apartment. They have been long time friends and the couples had played cards together years ago.
- On 4-7-22 staff found the tenants together in her apartment with the door locked. They were both on the couch and were fully clothed. Tenant #5 was asked to leave the door unlocked when she had company and Tenant #6's family arrived and redirected him to leave the apartment.
- On 4-9-22 staff texted the nurse and reported Tenant #5 and #6 were moving in together and Tenant #6 was angry when staff tried to encouraged them (without success) to go to their own apartments.
- On 4-11-22 a discussion with Tenant #5's family was held regarding her wanting to move out at night and the relationship with the male tenant. Family was given the policy on sexual

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 150	Continued From page 6	A 150		

relationships for tenants with cognitive impairment.
- On 4-12-22 Tenant #5 moved her nightstand and other items in the hallway. Family was concerned with the amount of phone calls she made to them daily and the repeated calls at 10:00 p.m. That was the time period she was also packed to move.
- On 4-12-22 Tenant #5 was seen by her primary care provider (PCP) and he adjusted her memantine to 10 mg daily and started Trazodone 25 mg in the evening to help with sleep. He told staff of her lacking ability to consent regarding sexual contact.
- On 5-2-22 it was noted on 5-1-22 at 8:02 p.m. staff observed Tenant #5 and a male tenant (Tenant #6) kissing and hugging on the bench in the hallway. Staff was directed to separate them and provide redirection.

Further record review revealed an incident report was completed related to the observed occurrence on 5-1-22 between Tenant #5 and Tenant #6. Incident reports were not completed regarding the other occurrences between Tenant #5 and Tenant #6.

4. Review of the Program's policy and procedure related to the completion of incident reports indicated staff would document unusual accidents and incidents that involved tenants, visitors, staff or other people, that occurred at the building or on the grounds. Tenant accidents, incidents and medication errors would be documented using the incident report form.

5. When interviewed on 5-2-22 at 3:20 p.m. and approximately 5:40 p.m. the Director of Nursing confirmed there were no incident reports related to the incidents noted above for Tenants #2, #5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 150	Continued From page 7 and #6.	A 150		
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 complete evaluations as needed annually or with significant change for 6 of 6 current tenants reviewed (Tenants #1, #2, #3, #4, #5 and #6) and 1 of 2 discharged tenants reviewed (Tenant C2). Findings follow: 1. Review of Tenant #1's file on 4-28-22 revealed health and functional evaluations (annual) were completed on 11-29-21. A cognitive evaluation was not completed at that time. 2. Review of Tenant #2's file on 4-28-22 revealed a diagnosis of Lewy Body Dementia. Tenant #2 was staged a four on the GDS, which indicated moderate cognitive decline. Health and functional evaluations were completed on 3-31-22 (annual). A cognitive evaluation was not	A 145		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 8	A 145		

completed at that time. The last cognitive evaluation completed was dated 3-22-21.

When interviewed on 4-28-22 at 10:51 a.m. Staff A said Tenant #2 had a small wound on his buttocks.

Observations (narrative notes) indicated the following:
- On 1-21-22 staff found Tenant #2 walking around with his pants half down.
- On 1-27-22 staff found Tenant #2 asleep on the toilet with wet pants and underwear on. Staff assisted him and noted blood on his underwear but it could not be determined where it came from.
- On 2-4-22 when staff completed room checks at 12:00 a.m. Tenant #2 was found sitting in his chair without pants or underwear.
- On 2-5-22 when staff completed room checks Tenant #2 was observed asleep on the toilet.
- On 2-5-22 Tenant #2 refused to get up so staff could put an ointment on his buttocks. He was without clothing from the waist down, with a jacket over him.
- On 2-12-22 when staff completed room checks at 12:00 a.m. Tenant #2 was found without underwear or pants on but was wearing compression hose. Staff removed the compression hose, as they were wet and assisted Tenant #2.
- On 2-15-22 it was noted Tenant #2 was very upset and tried to open the south door and leave the building. He yelled and pushed the door until the alarm sounded multiple times.
- On 2-16-22 at about 8:00 p.m. Tenant #2 was very upset and wanted to take another tenant out of the unit.
- On 2-20-22 Tenant #2 had increased confusion and agitation on the 6:00 p.m. to 6:00 a.m. shift.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 9	A 145		

- On 2-23-22 staff observed Tenant #2 on the floor. He denied any injuries.
- On 2-25-22 it was noted Tenant #2 was awake at 4:00 a.m. Staff assisted with toileting and clothing. Tenant #2 came out of his apartment and tried to go into Tenant #4's apartment. He was redirected.
- On 2-28-22 Tenant #2 was assisted with toileting at about 4:00 a.m. He was walking around with his pants around his knees and was not wearing a brief. Tenant #2 tried to get into Tenant #4's apartment and was redirected.
- On 3-2-22 staff found Tenant #2 asleep on the toilet at 4:00 a.m.
- On 3-8-22 Tenant #2 refused showers and sponge baths.
- On 3-10-22 Tenant #2 was changed several times that shift but refused to let staff remove his compression hose.
- On 3-25-22 Tenant #2 was found standing in the doorway without clothing from the waist down. Staff found liquid bowel movement (BM) on the toilet and his brief in the garbage can.
- On 3-27-22 Tenant #2 allowed assistance with toileting at 11:00 p.m. but refused cares after that time and was noted to have a "sagging brief."
- On 3-29-22 Tenant #2 had soreness between his legs and redness was noted. Between his right leg there was bleeding.
- On 3-30-22 it was noted Tenant #2 had red spots as indicated by staff prior.
- On 4-1-22 staff completed rounds at 4:30 a.m. and noted Tenant #2 was not wearing a brief. He complained of pain to his buttocks. Staff noted the skin breakdown was more "inflamed/irritated than usual." Zinc oxide was applied as needed.
- On 4-4-22 staff changed Tenant #2 at 2:00 a.m. and 5:45 a.m. as staff noted his brief was "sagging."
- On 4-8-22 staff checked on him at 11:00 p.m.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 10	A 145		

and noted Tenant #2 was seated in the room without clothing from the waist down.
- On 4-11-22 it was noted Tenant #2 was "tugging" at his pants and had a wet brief. Tenant #2 refused assistance to the bathroom at that time.
- On 4-12-22 an order was received for Zeasorb powder for the perineal area three times daily.
- On 4-15-22 it was noted Tenant #2 had trouble getting up and down since 9:30 a.m. He needed assistance of one person with getting up and sitting down.
- On 4-15-22 a request was sent for an order for physical therapy (PT) for strengthening.
- On 4-16-22 Tenant #2 had fallen and was observed lying on his back near the door. He needed full assistance to sit up. Two staff and a gait belt were used to attempt to stand Tenant #2. Staff attempted four times and it was noted Tenant #2 could not bear weight. Once Tenant #2 was seated on the walker staff changed his soiled brief.
- On 4-16-22 Tenant #2 was observed on the floor, very agitated and was "soaked through his clothes."
- On 4-16-22 it was noted it took two staff to stand Tenant #2. He was very weak and his knees were shaky and buckled as staff transferred him.
- On 4-17-22 it was noted Tenant #2's agitation and gait had worsened. Another staff was called to assist as the tenant was getting more agitated as the first staff attempted to change him. When the second staff arrived Tenant #2 had already been changed but said "If you people keep doing this, I will kill you." Staff assisted him to the couch and he was laughing until he noticed staff had removed his shoes. He threw his hat at staff and told them to give him his shoes. Staff noted Tenant #2 was rubbing or scratching his penis

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 11	A 145		

through the pocket of his pants. Staff had noted redness when he was changed.
- On 4-19-22 it was noted Tenant #2 had his winter coat on and would not remove it. He ambulated independently all shift and a wheelchair was not needed.
- On 4-26-22 it was noted Tenant #2 was walking towards his apartment when he wanted to use the wheelchair. Staff assisted Tenant #2 with the wheelchair.
- On 4-26-22 Tenant #2 became very upset when the television in the common area did not work. Tenant #2 used profanity towards staff and did not allow staff to assist him with cares.

Further record review revealed health and functional evaluations were completed on 1-7-22 (90 day) and 3-31-22 (annual). Evaluations were not completed as needed with significant change including treatments related to the buttocks wound and excoriated area, exit seeking, changes in ambulation and transfers, an increase in behaviors and agitation and refusals of cares.

3. Review on 4-28-22 and 5-2-22 of Tenant #3's file revealed a diagnosis of Alzheimer's disease. Tenant #3 was staged at a four on the GDS, which indicated moderate cognitive decline.

When interviewed on 4-28-22 at 10:51 a.m. Staff A said Tenant #3 required more cares and additional time from staff and she was currently blind in her right eye. She said staff assisted Tenant #3 with eating at meals. The tenant ha been this way for about two weeks and they thought she may have possibly had a stroke.

When observed at lunch on 4-28-22 Tenant #3 was assisted by Staff A to the table and was assisted with sitting in the chair. Staff oriented her

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 12	A 145		

to the items on her plate. She used her utensil and attempted to pick up food; however, it was to the right of her plate on the table. She then brought the utensil to her mouth without food on it. Staff A provided cueing and assistance for Tenant #3 when observed.

Observations (narrative notes) indicated the following:
- On 2-17-22 staff completed checks and noted Tenant #3 was in the bathroom and there was BM everywhere. Tenant #3 had pulled the top half of her bag (colostomy) off.
- On 4-5-22 Tenant #3 told staff she was not feeling well. Staff noted she had been sleeping more and was not eating well. She had gotten into her closet and put on multiple layers of clothing. Tenant #3 had a runny nose but no fever.
- On 4-7-22 staff noted Tenant #3 did not engage in conversation at meals like previously and had a flat affect.
- On 4-7-22 Tenant #3 was found in bed without clothing and had taken her bag (colostomy) off.
- On 4-19-22 Tenant #3 was confused knowing left from right and needed prompting to get up from the dining room chair. Tenant #3 did not know where to put her hands. She did not know where she was and asked how long she had been there.
- On 4-20-22 staff noticed increased confusion with Tenant #3. She was seated on the bed and staff asked her to come into the bathroom to get ready. The bathroom door was open and the light was on but she did not know how to get there. Staff provided directions for her to walk, sit down and get up. Tenant #3 was unable to go from her bathroom to her hallway and said she gets lost. Staff provided directions on how to sit down at the dining room table. She needed verbal prompts at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 13	A 145		

the meal.
- On 4-21-22 it was noted Tenant #3 had difficulty seeing and was not eating much. She got lost in her own apartment and had trouble following directions.
- On 4-21-22 staff assisted Tenant #3 to the bathroom before the meal. She voided on the toilet. Staff gave her toilet tissue but she forgot what she was doing with it. Staff reminded her and directed her hand to the area needed. Tenant #3 had difficulty finding the faucet and waved her hands near it. At the meal, Tenant #3 sat and stared at her plate. Staff put the hot dog in her hand. She brought an empty spoon to her mouth. Staff put food on it and handed it to her.
- On 4-22-22 Tenant #3 walked into a side table near her chair and almost walked into wall near the apartment door. Staff provided directions of where to walk.
- On 4-22-22 (Friday) Tenant #3's PCP was notified of the staff concerns. The PCP was not able to see her until Monday.
- On 4-22-22 Tenant #3 was not sure what she was supposed to be doing during lunch. Staff placed the food on her silverware and then she ate. It was noted her clothes were getting loose and she had not been eating as well.
- On 4-22-22 Tenant #3 was seated in her chair and stared off. When staff was beside her she talked to her but her eyes tracked to the right. Occasionally her eyes would look straight and then track right. Tenant #3 denied any blurry vision or pain but said she had watery eyes the last few days.
- On 4-22-22 staff went into her apartment to administer medications. Staff noted her eyes were tracking to the right again. When asked Tenant #3 could look straight at staff. When asked why she keep looking to the right, she said she kept seeing something. She did not know

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 14	A 145		

what is was but said she could not take her eyes off of it.
- On 4-23-22 it was noted Tenant #3 had increased confusion that shift and needed step by step verbal cues for all tasks. When walking to the bathroom she asked the staff if they saw all of the people around her (there were none). When in the bathroom she ran her walker into the wall. When assisted with toileting, staff handed her toilet tissue and she moved it back and forth between her hands and was unsure of what to do with it. Tenant #3 got lost in her apartment needed "constant guidance." At the lunch meal Tenant #3 had difficulty feeding herself.
- On 4-24-22 staff responded to the door alarm and found Tenant #3 by the door. She was very confused and did not recognize anything in her apartment.
- On 4-24-22 staff observed Tenant #3 attempt to eat with nothing on the utensil. Staff assisted with putting food on the utensil.
- On 4-24-22 Tenant #3 was found on the living room on her back. She "continues to be more confused and unaware of her surroundings." Tenant #3's family called and requested that she be tested for a urinary tract infection (UTI).
- On 4-25-22 it was noted Tenant #3 could not see where the utensil was and staff helped put food on the fork. Tenant #3 was confused about where she was and when she could go home.
- On 4-25-22 the PCP was there for rounds and he ordered a referral to an eye clinic to rule out an ocular stroke (appointment on 4-26-22). An order was received to start aspirin 81 milligram (mg) daily and an order was received for occupational therapy (OT) for right side "neglect of visual fields."
- On 4-25-22 staff administered Tenant #3's medications and observed she had a "significantly hard time swallowing them." She

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 15	A 145		

had difficulty when staff assisted her to the bathroom. Tenant #3 was unable to pull her pants down and asked "now what do we do when we sit down."
- On 4-26-22 during room checks staff checked her colostomy bag and it was partially off. Staff helped her to the bathroom and she did not know where to go. She also was not able to remove her night clothes and staff assisted with changing her night clothes.
- On 4-26-22 it was noted family was there to take Tenant #3 to her eye appointment. Tenant #3 ate breakfast with assistance and walked with her walker with prompts. Tenant #3's vision field to the right was not visible to her. The note indicated for staff to approach her from the left side.
- On 4-27-22 Tenant #3 needed staff assistance to guide her to and from meals and in her apartment. Staff assisted feeding Tenant #3 with both meals.

A Nursing Home Visit document dated 4-25-22 indicated Tenant #3 had increased confusion and staff noted her eyes going to the right. Tenant #3 had been seeing people and ran into things. When the PCP visited her eyes "deviated far to the right." It was noted she had "significant right-sided neglect of the visual fields." The PCP ordered OT to help with the visual field deficit and aspirin 81 mg for a "suspicion of a stroke." Comfort cares would be continued in the Program. It was offered to family to have her seen in the ER which was declined. An eye ointment was scheduled for 4-26-22.

A fax to the PCP dated 4-28-22 indicated ophthalmology ruled out a stroke. The PCP wanted to continue the aspirin regime as previously ordered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 16	A 145		

Evaluations were completed on 2-7-22 (90 day) but were not updated as needed related to changes noted above including increased confusion, changes and increased assistance with all activities of daily living, assistance with eating, difficulty swallowing medications, difficulty with mobility and running into objections and routine cues and prompts with all tasks. Evaluations were also not completed related to her significant right vision field deficit, OT and the new aspirin order.

4. Review of Tenant #4's file on 4-25-22 and 5-2-22 revealed diagnoses including Alzheimer's disease, anxiety disorder and depression. Tenant #4 was staged at a six on the GDS, which indicated severe cognitive decline.

Observations (narrative notes) indicated the following:
- On 2-12-22 Tenant #4 fell outside of the nurse's station. She landed on her buttocks but hit her head on the floor.
- On 2-13-22 Tenant #4 had several episodes where her arm movements were "very jerky."
- On 2-14-22 staff walked Tenant #4 back to her apartment and she almost "went down 2 times" before staff got her back to her apartment.
- On 3-6-22 Tenant #4 came to the nurse's station and was "visibly upset and tearful." Staff walked her back to her apartment and she began to have "full body twitching that would come and go." The note indicated at one point Tenant #4 almost dropped to the floor. Tenant #4 held the back of her neck as if it was hurting.
- On 3-6-22 it was noted Tenant #4's twitching movement had moved from her upper body to the lower body. Tenant #4 had difficulty walking or standing. When assisted to bed staff noted lower leg muscle spasms in both legs and her legs

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 17	A 145		

"jumped off the bed."
- On 3-7-22 staff observed her go to her knees and then she laid down in the hallway. Staff administered Tylenol and she was given water. She spilled most of it on herself as she jerked. She had difficulty walking and her legs buckled.
- On 3-8-22 Tenant #4 had a fall. When asked if she had any pain she rubbed her stomach. She had a bruised area under her left eye. The PCP would be notified of the neurological changes.
- On 3-8-22 Tenant #4's family was notified regarding the fall. Family said the jerking had worsened and she was afraid Tenant #4 would fall and injure herself.
- On 3-9-22 it was noted Tenant #4 had fallen. Tenant #4's knees buckled when she was assisted up and walked with assist of two people to the table.
- On 3-9-22 Tenant #4 had very jerky movements when she tried to sit and take her medications. Staff assisted her with dressing and she almost fell three times as she could not hold herself up.
- On 3-9-22 it was noted Tenant #4 had fallen three times that shift. She had more jerking movements that caused her to go backwards.
- On 3-9-22 it was noted Tenant #4 had a headache and backache. She cried because her head and back hurt. Tenant #4 used a wheelchair all shift.
- On 3-10-22 staff found Tenant #4 on the floor.
- On 3-11-22 staff found Tenant #4 on the floor.
- On 3-11-22 Tenant #4 was incontinent and could not stand. Another staff helped changed her. Tenant #4 was in a lot of pain, possibly in her back or stomach.
- On 3-11-22 staff went to assist Tenant #4 with a shower but she was too weak to get out of bed. A sponge bath was given. Tenant #4 said she had pain everywhere.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 18	A 145		

- On 3-12-22 Tenant #4 was found on the floor.
- On 3-13-22 Tenant #4 had a headache. A wheelchair was used to take her to a meal. Tenant #4 complained of pain when she was in a seated position.
- On 3-14-22 Tenant #4 had jerky movements and cried "profusely." Later on that shift she paged for assistance to the bathroom and she walked into the bathroom independently. Going back to bed she had "several large successive jerking movements in a row. The last two took her nearly over the side handle of the walker despite me holding her up."
- On 3-15-22 it was noted Tenant #4 had "extensive jerky movements, and struggled to get her footing."
- On 3-15-22 Tenant #4 complained about pain to her lower back and she held the lower part of her stomach.
- On 3-20-22 Tenant #4 was found the floor beside her bed that morning.
- On 3-21-22 it was noted Tenant #4's gait was "all over" when she walked. Tenant #4 started crying and pulled her hair.
- On 3-22-22 Tenant #4 was heard crying and was observed on the floor by her bed.
- On 3-22-22 that morning staff found Tenant #4 on the floor by her bed.
- On 3-24-22 PT was there to assess Tenant #4.
- On 3-24-22 Tenant #4 had loose stools two days in a row.
- On 3-25-22 Tenant #4 was in her bathroom and she had placed a brief with liquid BM in the garbage and the toilet seat was covered.
- On 3-26-22 Tenant #4 fell and complained of lower back pain.
- On 3-28-22 the PCP ordered x-rays of the right hip and PT to start after the assessment concerns.
- On 3-29-22 the results of the x-ray were sent

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 19	A 145		

to the PCP and some degenerative change was noted but normal otherwise.
- On 4-10-22 staff noted Tenant #4 in the hallway "wringing a belt around her hand looking upset." When another tenant went by she started making faces and waving her hands. Tenant #4 went to her apartment followed by staff. Tenant #4 was tearful and said "I just hate that woman." Staff was informed to monitor the two tenants.
- On 4-15-22 Tenant #4 was observed sitting on her knees.
- On 4-20-22 it was noted Tenant #4 had fallen. Staff was unable to get Tenant #4's blood pressure due to jerky movements.
- On 4-20-22 Tenant #4 was jerky in the morning when staff assisted her and she jerked, fell backwards on the floor. Tenant #4 complained of right hip pain.
- On 4-22-22 Tenant #4 refused her shower and had been emotional, tearful and wandered back and forth..
- On 4-25-22 it was noted Tenant #4 had tears coming down her face and when asked what was wrong she said she did not know why.
- On 4-26-22 Tenant #4 had a swollen area below her right knee. She said "ow" and complained of pain when staff touched it.
- On 4-28-22 Tenant #4 had BM that had a liquid diarrhea consistency.

A Nursing Home Visit document dated 3-17-22 indicated Tenant #4 had repeated falls. Staff reported they could assist her and within 30 seconds of being gone from the room Tenant #4 was on the floor. Tenant #4 had weight loss and reduced intake. She had "significant atrophy of the muscles of the upper and lower extremities." Tenant #4 had a "antalgic gait where her legs look like they want to give out her under almost every 2 or 3 steps." He recommended PT, a lumbar

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 20	A 145		

x-ray and increased nutritional intake. Staff lowered the bed to see if that helped with fall reduction.

When interviewed on 5-2-22 at 3:20 p.m. and approximately 5:40 p.m. the Director of Nursing said Tenant #4 was going to be transferred to the attached nursing facility.

Evaluations were completed on 2-3-22 (90 day) and 4-21-22 (change of condition). Evaluations were not completed as needed with significant change including with numerous falls, increased frequency and severity of the jerking movements and concerns related to her safety, the tearfulness and crying episodes, complaints of pain, reduced intake and weight loss, issues with bowel movements, increased assistance related to transfers and mobility or PT services.

5. Review of Tenant #5's file on 5-2-22 revealed a diagnosis of mild cognitive impairment with memory loss. Tenant #5 was staged at a five on the GDS, which indicated moderately severe cognitive decline. Tenant #5 was admitted on 3-23-22.

On 4-28-22 at 10:51 a.m. Staff A identified Tenant #5 and Tenant #6 had an intimate relationship but it was stopped. Family was upset. Tenant #5 thought Tenant #6 was her former boyfriend. She said the relationship was consensual between the tenants.

Continued record review revealed an evaluation dated 2-25-22 reflected Tenant #5 had a family history of suicide and had made a statement to family that she was going to commit suicide if she had to move to the Assisted Living or Assisted Living Program for Persons with Dementia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 21	A 145		

(ALPD). Tenant #5 had previously resided in an independent living apartment.

Observations (narrative notes) indicated the following:
- On 3-23-22 it was noted Tenant #5 was admitted to the ALPD that afternoon. Family decided it would not go well to tell Tenant #5 in advance of the move and they moved her furniture while she shopping with family. A tour was given of the ALPD and she recognized her furniture. She asked her family why she was there. Tenant #5 was most upset they moved her without telling her. She told them "I would rather die than move here."
- On 3-24-22 family shared a picture of Tenant #5's former significant other and wanted him restricted from visiting her. They changed her cellular number and made plans for safety so he could not take her out of the building.
- On 3-30-22 it was noted Tenant #5 was calling Tenant #6 by her former significant other's name. She told staff Tenant #6 was her ex-husband. Staff had seen them holding hands in the past few days. Tenant #6 was found in her apartment that night and was redirected to his apartment. They have been long time friends and the couples had played cards together years ago.
- On 4-2-22 it was noted Tenant #5 had been back an forth between her apartment and Tenant #6's apartment. They sat together at the evening meals. Tenant #5 had been packing clothes all evening and Tenant #6 helped her back. She told staff "We are moving out tomorrow" and pointed to Tenant #6.
- On 4-7-22 staff found the tenants (Tenant #5 and #6) together in her apartment with the door locked. They were both on the couch and were fully clothed. Tenant #5 was asked to leave the door unlocked when she had company and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 22	A 145		

Tenant #6's family arrived and redirected him to his apartment.
- On 4-7-22 Tenant #5 called her family numerous times to get her of the Program. It was noted another tenant encouraged the behavior.
- On 4-8-22 at the time of bed check the tenant was not in bed. She had packed and said her family was moving her out tomorrow. At 5:00 a.m. Tenant #5 was still moving things out into the hall and had made piles in her room to move out.
- On 4-9-22 it was noted Tenant #5 had been packing all evening and said she was moving out with male tenant. Staff attempted to redirect without success.
- On 4-9-22 staff texted the nurse and reported Tenant #5 and #6 were moving in together and Tenant #6 was angry when staff tried to encourage them to go to their own apartments without success.
- On 4-11-22 a discussion was held with Tenant #5's family regarding her wanting to move out at night and the relationship with Tenant #6. They were observed holding hands. Family was given the policy on sexual relationships for tenants with cognitive impairment.
- On 4-12-22 Tenant #5 moved her nightstand and other items in the hallway. Family was concerned with the amount of phone calls she made to them daily and the repeated calls at 10:00 p.m. That was the time period she was also packing to move.
- On 4-12-22 Tenant #5 was seen by the PCP who adjusted her memantine to 10 mg daily and started Trazodone 25 mg in the he evening to help with sleep. He told staff of her lacking ability to consent regarding sexual contact.
- On 4-13-22 Tenant #5's former significant other attempted to visit and he was informed family had asked that he not visit.
- On 4-14-22 Tenant #5 had moved furniture

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 23	A 145		

outside of the apartment and had been up all night.
- On 4-23-22 Tenant #5 asked to reach one of the department staff. Staff said they were unsure where he was and asked to take a message. Tenant #5 indicated she wanted to take him out on a date. She said she tried calling him but could not reach him.
- On 4-27-22 staff asked her to put her clothes in the tote but the tote was empty. Tenant #5 said she did not have dirty laundry as she had so many clothes. Tenant #5 waved at a male tenant and referred to him as the name of former significant other. Staff went to her apartment and she had already changed into night clothes. Staff asked if she had showered and she said yes but there were no wet towels and the shower was dry.
- On 4-30-22 Tenant #5 was reminded it was her shower night and told her she would come to her apartment to get her soiled laundry. She said she did not have any soiled laundry as she had already taken care of it.
- On 5-2-22 it was noted on 5-1-22 at 8:02 p.m. staff observed Tenant #5 and a male tenant (Tenant #6) kissing and hugging on the bench in the hallway. Staff was directed to separate them and redirect.

Evaluations were completed on 2-25-22 (pre-admission). Evaluations were not completed as needed when the relationship between Tenant #5 and #6 started to determine the nature of the relationship and cognitive abilities of those involved. Evaluations were also not completed with Tenant #5's behavior with packing belongings and moving out and not showering or changing clothes.

6. Review of Tenant #6's file on 5-2-22 revealed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 24	A 145		

a diagnosis of dementia. Tenant #6 was staged at a four on the GDS, which indicated moderate cognitive decline.

When interviewed on 4-28-22 at 10:51 a.m. Staff A identified Tenant #5 and Tenant #6 had an intimate relationship but it was stopped. Tenant #5 thought Tenant #6 was her former boyfriend. She said the relationship was consensual between the tenants.

Observations (narrative notes) indicated the following:
- On 3-30-22 it was noted Tenant #6 was confused, said he was ready for bed but was in Tenant #5's apartment and was in his underwear. He was redirected to his apartment.
- On 4-2-22 it was noted Tenant #6 had been following Tenant #5 all evening. He told staff that he and his wife (Tenant #5) were moving out. Tenant #6 had been back and forth between his and Tenant #5's apartment.
- On 4-7-22 Tenant #6 and Tenant #5 were found in her apartment with the door locked. Both tenants were on the couch and were fully clothed.
- On 4-9-22 it was noted staff texted the nurse and reported Tenant #5 and #6 were moving in together and Tenant #6 was angry when staff tried to encourage them (without success) to go to their own apartments. The nurse talked to Tenant #6 and he said they were visiting in her apartment. Staff came in and told him to leave and that it did not look good for him to be in there. He said they thought they were doing something they were not. Tenant #6 was encouraged to visit with Tenant #5 in common areas.
- On 5-2-22 it was noted on 5-1-22 at 8:02 p.m. staff observed Tenant #5 and Tenant #6 kissing and hugging on the bench in the hallway. Staff was directed to separate them and provide

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 25	A 145		

redirection.
- On 5-2-22 it was indicated Tenant #6's family was informed of the activity on 5-1-22. Neither of the tenants' families wanted it to continue.

Evaluations were completed on 2-16-22 (90 day). Evaluations were not completed as needed when the relationship between Tenant #5 and Tenant #6 started to determine the nature of the relationship and cognitive abilities of those involved.

7. Review of Tenant C2's file on 5-2-22 revealed diagnoses included chronic obstructive pulmonary disease and recent pneumonia. Tenant C2 was staged at a six on the GDS, which indicated severe cognitive decline.

Observations (narrative notes) indicated the following:
- On 7-15-21 Tenant C2 returned from the nursing facility on 7-14-21. She had fall on 5-18-21 that resulted in a pelvic fracture and hospitalization. She was also treated for a UTI and pneumonia when in the hospital.
- On 7-20-21 staff removed her bedding that morning as the bedding was soaked. Tenant C2 had a sponge bath.
- On 7-25-21 it was noted the bedding was soaked that morning.
- On 7-26-21 Tenant C2's family voiced concerns about respiratory issues after the nebulizer treatment. She had yellow sputum with a cough. Tenant C2 could not clear secretions on command. Lung sounds were clear on the right. On the left there was "congestion, prolonged inspiratory effect, posterior wheezes." Staff were to monitor oxygen levels every hour.
- On 7-26-21 orders were received for oxygen 2 liters per minute per nasal cannula as needed for end stage respiratory disease.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 26 - On 7-27-21 it was noted Tenant C2's family was looking for options with hospice. - On 7-27-21 hospice staff was there to complete an assessment and would discuss with the PCP on 7-28-21. - On 7-28-21 Tenant C2 "spent most the shift coughing quite profusely." Staff provided a sponge bath. - On 7-29-21 it was noted Tenant C2 was coughing a lot and was warm when checked. Her temperature was 101 degrees. Staff Contacted a nurse and was told to try to give her Tylenol and cough syrup. Staff did not think she could keep the cough syrup down due to her cough. Her temperature was rechecked and it was 102.5 degrees. Another nurse was contacted and instructed staff send to call paramedics to transport her to the hospital. Evaluations were completed on 7-15-21 when Tenant C2's return to the program from the nursing facility. Evaluations were not completed as needed from the time of her return (7-14-21) to the time she was sent out to the hospital (7-29-21) related to increased care needs including for sponge baths, incontinence that resulted in bedding that was saturated, increased respiratory issues, an additional order for oxygen as needed and possible hospice involvement. 8. When interviewed on 5-2-22 at 3:20 p.m. and approximately 5:40 p.m. the Director of Nursing confirmed the above findings.	A 145		
A 290	481-69.25(1)i Tenant Documents 69.25(1) Documentation for each tenant shall be maintained by the program and shall include:	A 290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 290	Continued From page 27 i. When any personal or health-related care is delegated to the program, the medical information sheet; documentation of health professionals' orders, such as those for treatment, therapy, and medication; and nurses' notes written by exception This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to document nurse's notes by exception for 2 of 2 discharged tenants reviewed (Tenants C1 and C2). Findings follow: 1. Record review on 5-2-22 revealed Tenant C1 was admitted to the program on 5-1-21. He was discharged on 6-18-21. Continued review of Tenant C1's Observation (narrative notes) revealed the last entry in notes was dated 6-13-21. The notes did not indicate Tenant C1 had been discharged, the reason for discharge or the date. Nurse's notes were not documented by exception. 2. Record review on 5-2-22 revealed Tenant C2 was admitted on 2-25-15. She was discharged on 8-3-21. Continued record review of Tenant C2's Observations (narrative notes) revealed the last entry in notes with information pertaining to Tenant C2 was dated 7-31-21. The notes did not indicate Tenant C2 had been discharged, the reason for discharge or the date. Nurse's notes were not documented by exception. 3. When interviewed on 5-2-22 at 3:20 p.m. and approximately 5:40 p.m. the Director of Nursing	A 290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 290	Continued From page 28 confirmed the above finding.	A 290		
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 update service plans as needed for 6 of 6 current tenants reviewed (Tenants #1, #2, #3, #4, #5 and #6) and 1 of 2 discharged tenants reviewed (Tenant C2). Findings follow: 1. Review of Tenant #1's file on 4-28-22 revealed diagnoses including dementia with confusion, agitation and short term memory loss. Tenant #1 was staged at a four on the Global Deterioration Scale (GDS), which indicated moderate cognitive decline. When interviewed on 4-28-22 at 10:51 a.m. Staff A said Tenant #1 was to receive showers twice weekly but she consistently refused. Staff A said Tenant #1 had never had a shower. She changed her clothes every two weeks or once a month. Staff A said Tenant #1 had a spot (on her skin) that she picked. When observed at lunch on 4-28-22 Tenant #1 had a band-aid on her forehead.	A 350		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 350	Continued From page 29 Observations (narrative notes) indicated on 2-14-22 Tenant #1 was seen by the primary care provider (PCP) due to an area on her forehead that was not healing. An order was received to put Vaseline on the wound and cover with a band-aid to prevent Tenant #1 from touching it. Tenant #1's service plan dated 3-3-22 reflected Tenant #1 refused help with showers and perineal care. Staff was not sure when she had taken her showers. There was no body odor present. The plan indicated Tenant #1 rarely changed her clothes and wore them daily. The service plan addressed Tenant #1's behaviors related to refusals of cares; however, did not provide any interventions or directives for staff. The service plan also did not reflect the wound on Tenant #1's forehead and treatment. 2. Review of Tenant #2's file on 4-28-22 revealed a diagnosis of Lewy Body Dementia. Tenant #2 was staged a four on the GDS, which indicated moderate cognitive decline. When interviewed on 4-28-22 at 10:51 a.m. Staff A said Tenant #2 had a small wound on his buttocks. Observations (narrative notes) indicated the following: - On 1-21-22 staff found Tenant #2 walking around with his pants half down. - On 1-27-22 staff found Tenant #2 asleep on the toilet with wet pants and underwear on. Staff assisted him and noted blood on his underwear but it could not be determined where it came from. - On 2-4-22 when staff completed room checks at 12:00 a.m. Tenant #2 was found sitting in his chair without pants or underwear.	A 350		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 350	Continued From page 30	A 350		

- On 2-5-22 when staff completed room checks Tenant #2 was observed asleep on the toilet.
- On 2-5-22 Tenant #2 refused to get up so staff could put an ointment on his buttocks. He was without clothing from the waist down, with a jacket over him.
- On 2-12-22 when staff completed room checks at 12:00 a.m. Tenant #2 was found without underwear or pants on but was wearing compression hose. Staff removed the compression hose, as they were wet and assisted Tenant #2.
- On 2-15-22 it was noted Tenant #2 was very upset and tried to open the south door and leave the building. He yelled and pushed the door until the alarm sounded multiple times.
- On 2-16-22 at about 8:00 p.m. Tenant #2 was very upset and wanted to take another tenant out of the unit.
- On 2-20-22 Tenant #2 had increased confusion and agitation on the 6:00 p.m. to 6:00 a.m. shift.
- On 2-23-22 staff observed Tenant #2 on the floor. He denied any injuries.
- On 2-25-22 it was noted Tenant #2 was awake at 4:00 a.m. Staff assisted with toileting and clothing. Tenant #2 came out of his apartment and tried to go into Tenant #4's apartment. He was redirected.
- On 2-28-22 Tenant #2 was assisted with toileting at about 4:00 a.m. He was walking around with his pants around his knees and was not wearing a brief. Tenant #2 tried to get into Tenant #4's apartment and was redirected.
- On 3-2-22 staff found Tenant #2 asleep on the toilet at 4:00 a.m.
- On 3-8-22 Tenant #2 refused showers and sponge baths.
- On 3-10-22 Tenant #2 was changed several times that shift but refused to let staff remove his compression hose.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 350	Continued From page 31	A 350		

- On 3-25-22 Tenant #2 was found standing in the doorway without clothing from the waist down. Staff found liquid bowel movement (BM) on the toilet and his brief in the garbage can.
- On 3-27-22 Tenant #2 allowed assistance with toileting at 11:00 p.m. but refused cares after that time and was noted to have a "sagging brief."
- On 3-29-22 Tenant #2 had soreness between his legs and redness was noted. Between his right leg there was bleeding.
- On 3-30-22 it was noted Tenant #2 had red spots as indicated by staff prior.
- On 4-1-22 staff completed rounds at 4:30 a.m. and noted Tenant #2 was not wearing a brief. He complained of pain to his buttocks. Staff noted the skin breakdown was more "inflamed/irritated than usual." Zinc oxide was applied as needed.
- On 4-4-22 staff changed Tenant #2 at 2:00 a.m. and 5:45 a.m. as staff noted his brief was "sagging."
- On 4-8-22 staff checked on him at 11:00 p.m. and noted Tenant #2 was seated in the room without clothing from the waist down.
- On 4-11-22 it was noted Tenant #2 was "tugging" at his pants and had a wet brief. Tenant #2 refused assistance to the bathroom at that time.
- On 4-12-22 an order was received for Zeasorb powder for the perineal area three times daily.
- On 4-15-22 it was noted Tenant #2 had trouble getting up and down since 9:30 a.m. He needed assistance of one person with getting up and sitting down.
- On 4-15-22 a request was sent for an order for physical therapy (PT) for strengthening.
- On 4-16-22 Tenant #2 had fallen and was observed lying on his back near the door. He needed full assistance to sit up. Two staff and a gait belt were used to attempt to stand Tenant #2. Staff attempted four times and it was noted

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 350	Continued From page 32	A 350		

Tenant #2 could not bear weight. Once Tenant #2 was seated on the walker staff changed his soiled brief.
- On 4-16-22 Tenant #2 was observed on the floor, very agitated and was "soaked through his clothes."
- On 4-16-22 it was noted it took two staff to stand Tenant #2. He was very weak and his knees were shaky and buckled as staff transferred him.
- On 4-17-22 it was noted Tenant #2's agitation and gait had worsened. Another staff was called to assist as the tenant was getting more agitated as the first staff attempted to change him. When the second staff arrived Tenant #2 had already been changed but said "If you people keep doing this, I will kill you." Staff assisted him to the couch and he was laughing until he noticed staff had removed his shoes. He threw his hat at staff and told them to give him his shoes. Staff noted Tenant #2 was rubbing or scratching his penis through the pocket of his pants. Staff had noted redness when he was changed.
- On 4-19-22 it was noted Tenant #2 had his winter coat on and would not remove it. He ambulated independently all shift and a wheelchair was not needed.
- On 4-26-22 it was noted Tenant #2 was walking towards his apartment when he wanted to use the wheelchair. Staff assisted Tenant #2 with the wheelchair.
- On 4-26-22 Tenant #2 became very upset when the television in the common area did not work. Tenant #2 used profanity towards staff and did not allow staff to assist him with cares.

Tenant #2's service plan was updated on 3-31-22 (annual review). The service plan reflected Tenant #2 was incontinent of bladder and bowel and staff found him without clothing on his lower

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 350	Continued From page 33	A 350		

half of the body frequently. The service plan reflected Tenant #2 was awake at night. It indicated Tenant #2 needed help standing, was independent with walking. Tenant #2 used a four wheeled walker for transfers and ambulation. He had falls; however, generally in his bathroom. The service plan was not updated as needed to reflected the increased transfer and ambulation needs at times, the use of a wheelchair at times and complaints of pain. The service plan did not reflect Tenant #2's behavior as noted above related to agitation with staff, refusals of cares and requiring redirected from Tenant #4's apartment. It also did not reflect the exit seeking behavior as noted above. The service plan reflected Tenant #2 was frequently observed without clothing from the waist down; however, did not provide interventions related to the behavior. The service plan was also not updated to reflect information related to Tenant #2' buttock wound, excoriated areas and treatment.

3. Review on 4-28-22 and 5-2-22 of Tenant #3's file revealed a diagnosis of Alzheimer's disease. Tenant #3 was staged at a four on the GDS, which indicated moderate cognitive decline.

When interviewed on 4-28-22 at 10:51 a.m. Staff A said Tenant #3 required more cares and additional time from staff and she was currently blind in her right eye. She said staff assisted Tenant #3 with eating at meals. The tenant had been this way for about two weeks and they thought she may have possibly had a stroke.

When observed at lunch on 4-28-22 Tenant #3 was assisted by Staff A to the table and was assisted with sitting in the chair. Staff oriented her to the items on her plate. She used her utensil and attempted to pick up food; however, it was to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 350	Continued From page 34	A 350		

the right of her plate on the table. She then brought the utensil to her mouth without food on it. Staff A provided cueing and assistance for Tenant #3 when observed.

Observations (narrative notes) indicated the following:
- On 2-17-22 staff completed checks and noted Tenant #3 was in the bathroom and there was BM everywhere. Tenant #3 had pulled the top half of her bag (colostomy) off.
- On 4-5-22 Tenant #3 told staff she was not feeling well. Staff noted she had been sleeping more and was not eating well. She had gotten into her closet and put on multiple layers of clothing. Tenant #3 had a runny nose but no fever.
- On 4-7-22 staff noted Tenant #3 did not engage in conversation at meals like previously and had a flat affect.
- On 4-7-22 Tenant #3 was found in bed without clothing and had taken her bag (colostomy) off.
- On 4-19-22 Tenant #3 was confused knowing left from right and needed prompting to get up from the dining room chair. Tenant #3 did not know where to put her hands. She did not know where she was and asked how long she had been there.
- On 4-20-22 staff noticed increased confusion with Tenant #3. She was seated on the bed and staff asked her to come into the bathroom to get ready. The bathroom door was open and the light was on but she did not know how to get there. Staff provided directions for her to walk, sit down and get up. Tenant #3 was unable to go from her bathroom to her hallway and said she gets lost. Staff provided directions on how to sit down at the dining room table. She needed verbal prompts at the meal.
- On 4-21-22 it was noted Tenant #3 had

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 350	Continued From page 35	A 350		

difficulty seeing and was not eating much. She got lost in her own apartment and had trouble following directions.
- On 4-21-22 staff assisted Tenant #3 to the bathroom before the meal. She voided on the toilet. Staff gave her toilet tissue but she forgot what she was doing with it. Staff reminded her and directed her hand to the area needed. Tenant #3 had difficulty finding the faucet and waved her hands near it. At the meal, Tenant #3 sat and stared at her plate. Staff put the hot dog in her hand. She brought an empty spoon to her mouth. Staff put food on it and handed it to her.
- On 4-22-22 Tenant #3 walked into a side table near her chair and almost walked into wall near the apartment door. Staff provided directions of where to walk.
- On 4-22-22 (Friday) Tenant #3's PCP was notified of the staff concerns. The PCP was not able to see her until Monday.
- On 4-22-22 Tenant #3 was not sure what she was supposed to be doing during lunch. Staff placed the food on her silverware and then she ate. It was noted her clothes were getting loose and she had not been eating as well.
- On 4-22-22 Tenant #3 was seated in her chair and stared off. When staff was beside her she talked to her but her eyes tracked to the right. Occasionally her eyes would look straight and then track right. Tenant #3 denied any blurry vision or pain but said she had watery eyes the last few days.
- On 4-22-22 staff went into her apartment to administer medications. Staff noted her eyes were tracking to the right again. When asked Tenant #3 could look straight at staff. When asked why she keep looking to the right, she said she kept seeing something. She did not know what is was but said she could not take her eyes off of it.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 350	Continued From page 36	A 350		

- On 4-23-22 it was noted Tenant #3 had increased confusion that shift and needed step by step verbal cues for all tasks. When walking to the bathroom she asked the staff if they saw all of the people around her (there were none). When in the bathroom she ran her walker into the wall. When assisted with toileting, staff handed her toilet tissue and she moved it back and forth between her hands and was unsure of what to do with it. Tenant #3 got lost in her apartment needed "constant guidance." At the lunch meal Tenant #3 had difficulty feeding herself.
- On 4-24-22 staff responded to the door alarm and found Tenant #3 by the door. She was very confused and did not recognize anything in her apartment.
- On 4-24-22 staff observed Tenant #3 attempt to eat with nothing on the utensil. Staff assisted with putting food on the utensil.
- On 4-24-22 Tenant #3 was found on the living room on her back. She "continues to be more confused and unaware of her surroundings." Tenant #3's family called and requested that she be tested for a urinary tract infection (UTI).
- On 4-25-22 it was noted Tenant #3 could not see where the utensil was and staff helped put food on the fork. Tenant #3 was confused about where she was and when she could go home.
- On 4-25-22 the PCP was there for rounds and he ordered a referral to an eye clinic to rule out an ocular stroke (appointment on 4-26-22). An order was received to start aspirin 81 milligram (mg) daily and an order was received for occupational therapy (OT) for right side "neglect of visual fields."
- On 4-25-22 staff administered Tenant #3's medications and observed she had a "significantly hard time swallowing them." She had difficulty when staff assisted her to the bathroom. Tenant #3 was unable to pull her pants

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 350	Continued From page 37	A 350		

down and asked "now what do we do when we sit down."
- On 4-26-22 during room checks staff checked her colostomy bag and it was partially off. Staff helped her to the bathroom and she did not know where to go. She also was not able to remove her night clothes and staff assisted with changing her night clothes.
- On 4-26-22 it was noted family was there to take Tenant #3 to her eye appointment. Tenant #3 ate breakfast with assistance and walked with her walker with prompts. Tenant #3's vision field to the right was not visible to her. The note indicated for staff to approach her from the left side.
- On 4-27-22 Tenant #3 needed staff assistance to guide her to and from meals and in her apartment. Staff assisted feeding Tenant #3 with both meals.

A Nursing Home Visit document dated 4-25-22 indicated Tenant #3 had increased confusion and staff noted her eyes going to the right. Tenant #3 had been seeing people and ran into things. When the PCP visited her eyes "deviated far to the right." It was noted she had "significant right-sided neglect of the visual fields." The PCP ordered OT to help with the visual field deficit and aspirin 81 mg for a "suspicion of a stroke." Comfort cares would be continued in the Program. It was offered to family to have her seen in the ER which was declined. An eye ointment was scheduled for 4-26-22.

A fax to the PCP dated 4-28-22 indicated ophthalmology ruled out a stroke. The PCP wanted to continue the aspirin regime as previously ordered.

Tenant #3's service plan was dated 2-7-22 (90 day). The service plan was not updated as

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 350	Continued From page 38	A 350		

needed and did not reflect the changes noted above including increased confusion, changes and increased assistance with all activities of daily living, assistance with eating, difficulty swallowing medications, difficulty with mobility and running into objections, routine cues and prompts with all tasks. The service plan was not updated to reflect the right vision field deficit, OT and the new order for aspirin. The service plan reflected Tenant #3's colostomy but did not reflect at times she pulled the bag off and interventions.

4. Review of Tenant #4's file on 4-25-22 and 5-2-22 revealed diagnoses including Alzheimer's disease, anxiety disorder and depression. Tenant #4 was staged at a six on the GDS, which indicated severe cognitive decline.

Observations (narrative notes) indicated the following:
- On 2-12-22 Tenant #4 fell outside of the nurse's station. She landed on her buttocks but hit her head on the floor.
- On 2-13-22 Tenant #4 had several episodes where her arm movements were "very jerky."
- On 2-14-22 staff walked Tenant #4 back to her apartment and she almost "went down 2 times" before staff got her back to her apartment.
- On 3-6-22 Tenant #4 came to the nurse's station and was "visibly upset and tearful." Staff walked her back to her apartment and she began to have "full body twitching that would come and go." The note indicated at one point Tenant #4 almost dropped to the floor. Tenant #4 held the back of her neck as if it was hurting.
- On 3-6-22 it was noted Tenant #4's twitching movement had moved from her upper body to the lower body. Tenant #4 had difficulty walking or standing. When assisted to bed staff noted lower leg muscle spasms in both legs and her legs

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 350	Continued From page 39	A 350		

"jumped off the bed."
- On 3-7-22 staff observed her go to her knees and then she laid down in the hallway. Staff administered Tylenol and she was given water. She spilled most of it on herself as she jerked. She had difficulty walking and her legs buckled.
- On 3-8-22 Tenant #4 had a fall. When asked if she had any pain she rubbed her stomach. She had a bruised area under her left eye. The PCP would be notified of the neurological changes.
- On 3-8-22 Tenant #4's family was notified regarding the fall. Family said the jerking had worsened and she was afraid Tenant #4 would fall and injure herself.
- On 3-9-22 it was noted Tenant #4 had fallen. Tenant #4's knees buckled when she was assisted up and walked with assist of two people to the table.
- On 3-9-22 Tenant #4 had very jerky movements when she tried to sit and take her medications. Staff assisted her with dressing and she almost fell three times as she could not hold herself up.
- On 3-9-22 it was noted Tenant #4 had fallen three times that shift. She had more jerking movements that caused her to go backwards.
- On 3-9-22 it was noted Tenant #4 had a headache and backache. She cried because her head and back hurt. Tenant #4 used a wheelchair all shift.
- On 3-10-22 staff found Tenant #4 on the floor.
- On 3-11-22 staff found Tenant #4 on the floor.
- On 3-11-22 Tenant #4 was incontinent and could not stand. Another staff helped changed her. Tenant #4 was in a lot of pain, possibly in her back or stomach.
- On 3-11-22 staff went to assist Tenant #4 with a shower but she was too weak to get out of bed. A sponge bath was given. Tenant #4 said she had pain everywhere.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 350	Continued From page 40	A 350		

- On 3-12-22 Tenant #4 was found on the floor.
- On 3-13-22 Tenant #4 had a headache. A wheelchair was used to take her to a meal. Tenant #4 complained of pain when she was in a seated position.
- On 3-14-22 Tenant #4 had jerky movements and cried "profusely." Later on that shift she paged for assistance to the bathroom and she walked into the bathroom independently. Going back to bed she had "several large successive jerking movements in a row. The last two took her nearly over the side handle of the walker despite me holding her up."
- On 3-15-22 it was noted Tenant #4 had "extensive jerky movements, and struggled to get her footing."
- On 3-15-22 Tenant #4 complained about pain to her lower back and she held the lower part of her stomach.
- On 3-20-22 Tenant #4 was found the floor beside her bed that morning.
- On 3-21-22 it was noted Tenant #4's gait was "all over" when she walked. Tenant #4 started crying and pulled her hair.
- On 3-22-22 Tenant #4 was heard crying and was observed on the floor by her bed.
- On 3-22-22 that morning staff found Tenant #4 on the floor by her bed.
- On 3-24-22 PT was there to assess Tenant #4.
- On 3-24-22 Tenant #4 had loose stools two days in a row.
- On 3-25-22 Tenant #4 was in her bathroom and she had placed a brief with liquid BM in the garbage and the toilet seat was covered.
- On 3-26-22 Tenant #4 fell and complained of lower back pain.
- On 3-28-22 the PCP ordered x-rays of the right hip and PT to start after the assessment concerns.
- On 3-29-22 the results of the x-ray were sent

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 350	Continued From page 41	A 350		

to the PCP and some degenerative change was noted but normal otherwise.
- On 4-10-22 staff noted Tenant #4 in the hallway "wringing a belt around her hand looking upset." When another tenant went by she started making faces and waving her hands. Tenant #4 went to her apartment followed by staff. Tenant #4 was tearful and said "I just hate that woman." Staff was informed to monitor the two tenants.
- On 4-15-22 Tenant #4 was observed sitting on her knees.
- On 4-20-22 it was noted Tenant #4 had fallen. Staff was unable to get Tenant #4's blood pressure due to jerky movements.
- On 4-20-22 Tenant #4 was jerky in the morning when staff assisted her and she jerked, fell backwards on the floor. Tenant #4 complained of right hip pain.
- On 4-22-22 Tenant #4 refused her shower and had been emotional, tearful and wandered back and forth..
- On 4-25-22 it was noted Tenant #4 had tears coming down her face and when asked what was wrong she said she did not know why.
- On 4-26-22 Tenant #4 had a swollen area below her right knee. She said "ow" and complained of pain when staff touched it.
- On 4-28-22 Tenant #4 had BM that had a liquid diarrhea consistency.

A Nursing Home Visit document dated 3-17-22 indicated Tenant #4 had repeated falls. Staff reported they could assist her and within 30 seconds of being gone from the room Tenant #4 was on the floor. Tenant #4 had weight loss and reduced intake. She had "significant atrophy of the muscles of the upper and lower extremities." Tenant #4 had a "antalgic gait where her legs look like they want to give out her under almost every 2 or 3 steps." He recommended PT, a lumbar

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 350	Continued From page 42	A 350		

x-ray and increased nutritional intake. Staff lowered the bed to see if that helped with fall reduction.

When interviewed on 5-2-22 at 3:20 p.m. and approximately 5:40 p.m. the Director of Nursing said Tenant #4 was going to be transferred to the attached nursing facility.

Continued record review revealed the tenant's service plan was updated on 2-3-22 (90 day) and on 4-21-22 (change of condition). The most recent service plan indicated staff assisted Tenant #4 with ambulation due to jerking movements and might also use the wheelchair. The service plan did not reflect the numerous falls and interventions, the extent of jerking movements and concerns related to her safety, the tearfulness and crying episodes, the complaints of pain, reduced intake and weight loss, the issues with bowel movements, the assistance needed at times related to transfers and mobility or the PT services.

55. Review of Tenant #5's file on 5-2-22 revealed a diagnosis of mild cognitive impairment with memory loss. Tenant #5 was staged at a five on the GDS, which indicated moderately severe cognitive decline. Tenant #5 was admitted on 3-23-22.

On 4-28-22 at 10:51 a.m. Staff A identified Tenant #5 and Tenant #6 had an intimate relationship but it was stopped. Family was upset. Tenant #5 thought Tenant #6 was her former boyfriend. She said the relationship was consensual between the tenants.

Continued record review revealed an evaluation dated 2-25-22 reflected Tenant #5 had a family

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 350	Continued From page 43	A 350		

history of suicide and had made a statement to family that she was going to commit suicide if she had to move to the Assisted Living or Assisted Living Program for Persons with Dementia (ALPD). Tenant #5 had previously resided in an independent living apartment.

Observations (narrative notes) indicated the following:
- On 3-23-22 it was noted Tenant #5 was admitted to the ALPD that afternoon. Family decided it would not go well to tell Tenant #5 in advance of the move and they moved her furniture while she shopping with family. A tour was given of the ALPD and she recognized her furniture. She asked her family why she was there. Tenant #5 was most upset they moved her without telling her. She told them "I would rather die than move here."
- On 3-24-22 family shared a picture of Tenant #5's former significant other and wanted him restricted from visiting her. They changed her cellular number and made plans for safety so he could not take her out of the building.
- On 3-30-22 it was noted Tenant #5 was calling Tenant #6 by her former significant other's name. She told staff Tenant #6 was her ex-husband. Staff had seen them holding hands in the past few days. Tenant #6 was found in her apartment that night and was redirected to his apartment. They have been long time friends and the couples had played cards together years ago.
- On 4-2-22 it was noted Tenant #5 had been back an forth between her apartment and Tenant #6's apartment. They sat together at the evening meals. Tenant #5 had been packing clothes all evening and Tenant #6 helped her back. She told staff "We are moving out tomorrow" and pointed to Tenant #6.
- On 4-7-22 staff found the tenants (Tenant #5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 350	Continued From page 44	A 350		

and #6) together in her apartment with the door locked. They were both on the couch and were fully clothed. Tenant #5 was asked to leave the door unlocked when she had company and Tenant #6's family arrived and redirected him to his apartment.

- On 4-7-22 Tenant #5 called her family numerous times to get her of the Program. It was noted another tenant encouraged the behavior.
- On 4-8-22 at the time of bed check the tenant was not in bed. She had packed and said her family was moving her out tomorrow. At 5:00 a.m. Tenant #5 was still moving things out into the hall and had made piles in her room to move out.
- On 4-9-22 it was noted Tenant #5 had been packing all evening and said she was moving out with male tenant. Staff attempted to redirect without success.
- On 4-9-22 staff texted the nurse and reported Tenant #5 and #6 were moving in together and Tenant #6 was angry when staff tried to encourage them to go to their own apartments without success.
- On 4-11-22 a discussion was held with Tenant #5's family regarding her wanting to move out at night and the relationship with Tenant #6. They were observed holding hands. Family was given the policy on sexual relationships for tenants with cognitive impairment.
- On 4-12-22 Tenant #5 moved her nightstand and other items in the hallway. Family was concerned with the amount of phone calls she made to them daily and the repeated calls at 10:00 p.m. That was the time period she was also packing to move.
- On 4-12-22 Tenant #5 was seen by the PCP who adjusted her memantine to 10 mg daily and started Trazodone 25 mg in the he evening to help with sleep. He told staff of her lacking ability to consent regarding sexual contact.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 350	Continued From page 45	A 350		

- On 4-13-22 Tenant #5's former significant other attempted to visit and he was informed family had asked that he not visit.
- On 4-14-22 Tenant #5 had moved furniture outside of the apartment and had been up all night.
- On 4-23-22 Tenant #5 asked to reach one of the department staff. Staff said they were unsure where he was and asked to take a message. Tenant #5 indicated she wanted to take him out on a date. She said she tried calling him but could not reach him.
- On 4-27-22 staff asked her to put her clothes in the tote but the tote was empty. Tenant #5 said she did not have dirty laundry as she had so many clothes. Tenant #5 waved at a male tenant and referred to him as the name of former significant other. Staff went to her apartment and she had already changed into night clothes. Staff asked if she had showered and she said yes but there were no wet towels and the shower was dry.
- On 4-30-22 Tenant #5 was reminded it was her shower night and told her she would come to her apartment to get her soiled laundry. She said she did not have any soiled laundry as she had already taken care of it.
- On 5-2-22 it was noted on 5-1-22 at 8:02 p.m. staff observed Tenant #5 and a male tenant (Tenant #6) kissing and hugging on the bench in the hallway. Staff was directed to separate them and redirect.

Tenant #5's service plan was dated 2-25-22 (pre-admission) and was updated on 5-2-22 to reflect a history of companionship with another tenant. The legal representative preferred it stayed a friendship with no intimacy. The plan included redirection tips including engaging the tenant in discussions about about horses or

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 350	Continued From page 46	A 350		

family. Staff were to report any intimate observations to the nurse. The service plan was not updated as needed to reflect the relationship when it occurred, the nature of the relationship or directives for staff. The service plan also did not reflect Tenant #5's behavior with packing belongings and moving out, not showering or changing clothes or the history of self-harm comments. The service plan did not reflect the restriction of a visitor per the legal representative's request.

6. Review of Tenant #6's file on 5-2-22 revealed a diagnosis of dementia. Tenant #6 was staged at a four on the GDS, which indicated moderate cognitive decline.

When interviewed on 4-28-22 at 10:51 a.m. Staff A identified Tenant #5 and Tenant #6 had an intimate relationship but it was stopped. Tenant #5 thought Tenant #6 was her former boyfriend. She said the relationship was consensual between the tenants.

Observations (narrative notes) indicated the following:
- On 3-30-22 it was noted Tenant #6 was confused, said he was ready for bed but was in Tenant #5's apartment and was in his underwear. He was redirected to his apartment.
- On 4-2-22 it was noted Tenant #6 had been following Tenant #5 all evening. He told staff that he and his wife (Tenant #5) were moving out. Tenant #6 had been back and forth between his and Tenant #5's apartment.
- On 4-7-22 Tenant #6 and Tenant #5 were found in her apartment with the door locked. Both tenants were on the couch and were fully clothed.
- On 4-9-22 it was noted staff texted the nurse and reported Tenant #5 and #6 were moving in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 350	Continued From page 47	A 350		

together and Tenant #6 was angry when staff tried to encourage them (without success) to go to their own apartments. The nurse talked to Tenant #6 and he said they were visiting in her apartment. Staff came in and told him to leave and that it did not look good for him to be in there. He said they thought they were doing something they were not. Tenant #6 was encouraged to visit with Tenant #5 in common areas.
- On 5-2-22 it was noted on 5-1-22 at 8:02 p.m. staff observed Tenant #5 and Tenant #6 kissing and hugging on the bench in the hallway. Staff was directed to separate them and provide redirection.
- On 5-2-22 it was indicated Tenant #6's family was informed of the activity on 5-1-22. Neither of the tenants' families wanted it to continue.

Further review revealed the service plan was dated 2-16-22 and was updated on 5-2-22 to reflect a history of companionship with another tenant. The legal representative preferred it stayed a friendship with no intimacy. Redirection tips included getting him a cup of coffee, talking about family or walking to the bird feeder. Staff were to report any intimate observations to the nurse. The service plan was not updated as needed to reflect the relationship when it occurred, the nature of the relationship or directives for staff.

7. Review of Tenant C2's file on 5-2-22 revealed diagnoses included chronic obstructive pulmonary disease and recent pneumonia. Tenant C2 was staged at a six on the GDS, which indicated severe cognitive decline.

Observations (narrative notes) indicated the following:
- On 7-15-21 Tenant C2 returned from the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 350	Continued From page 48	A 350		

nursing facility on 7-14-21. She had fall on 5-18-21 that resulted in a pelvic fracture and hospitalization. She was also treated for a UTI and pneumonia when in the hospital.
- On 7-20-21 staff removed her bedding that morning as the bedding was soaked. Tenant C2 had a sponge bath.
- On 7-25-21 it was noted the bedding was soaked that morning.
- On 7-26-21 Tenant C2's family voiced concerns about respiratory issues after the nebulizer treatment. She had yellow sputum with a cough. Tenant C2 could not clear secretions on command. Lung sounds were clear on the right. On the left there was "congestion, prolonged inspiratory effect, posterior wheezes." Staff were to monitor oxygen levels every hour.
- On 7-26-21 orders were received for oxygen 2 liters per minute per nasal cannula as needed for end stage respiratory disease.
- On 7-27-21 it was noted Tenant C2's family was looking for options with hospice.
- On 7-27-21 hospice staff was there to complete an assessment and would discuss with the PCP on 7-28-21.
- On 7-28-21 Tenant C2 "spent most the shift coughing quite profusely." Staff provided a sponge bath.
- On 7-29-21 it was noted Tenant C2 was coughing a lot and was warm when checked. Her temperature was 101 degrees. Staff Contacted a nurse and was told to try to give her Tylenol and cough syrup. Staff did not think she could keep the cough syrup down due to her cough. Her temperature was rechecked and it was 102.5 degrees. Another nurse was contacted and instructed staff send to call paramedics to transport her to the hospital.

The tenant's most current service plan was dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 350	Continued From page 49 7-15-21, when Tenant C2 returned to the program from the nursing facility. The service plan indicated Tenant C2 wore oxygen at bedtime and to notify the nurse if there was uncontrollable coughing. In addition, staff provided stand by assistance with bathing and assisted in washing hard to reach areas. The service plan also indicated Tenant C2's urinary incontinence would be managed. The service plan was not updated as needed with increased care needs after Tenant C2 returned to the program including for sponge bathes, incontinence that resulted in bedding that was saturated, increased respiratory issues, an additional order for oxygen as needed and possible hospice involvement. 8. When interviewed on 5-2-22 at 3:20 p.m. and approximately 5:40 p.m. the Director of Nursing confirmed the above findings.	A 350		
A 355	481-69.26(2) Service Plans 69.26(2) Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop a service plan prior to	A 355		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 355	Continued From page 50 signing the occupancy agreement and taking occupancy for 1 of 2 discharged tenants reviewed (Tenant C1). Findings follow: Review of Tenant C1's file on 5-2-22 revealed the tenant had moved into the Assisted Living (AL) program (certified separately) on 4-23-22 and moved to the Assisted Living Program for Person with Dementia (ALPD) on 5-1-21. Tenant C1 was discharged on 6-18-21 Continued record review revealed the occupancy agreement was dated 5-1-21 and was signed by Tenant C1's legal representative when Tenant C1 moved into the ALPD. A preliminary service plan developed prior to Tenant C1's admission to the ALPD or prior to signing of the occupancy agreement could not be located. When interviewed on 5-2-22 at 3:20 p.m. and approximately 5:40 p.m. the Director of Nursing confirmed the above finding.	A 355		
A 545	481-69.30(1) Dementia Specific Education for Personnel 69.30(1) All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. This REQUIREMENT is not met as evidenced by: Based on interview and record review the	A 545		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 545	Continued From page 51 Program failed to ensure eight hours of dementia-specific education within 30 days of employment was completed by 2 of 5 staff reviewed regarding training (Staff D and E). Findings follow: Review of Staff D's training documents on 4-28-22 revealed a hire date of 8-19-21. Staff D had eight hours of dementia specific education completed; however, it was not completed within 30 days of employment. Review of Staff E's training documents on 4-28-22 revealed a hire date of 11-4-21. Staff E had eight hours of dementia specific education completed; however, it was not completed within 30 days of employment. When interviewed on 5-2-22 at 3:20 p.m. and approximately 5:40 p.m. the Director of Nursing confirmed the above finding.	A 545		
A 565	481-69.30(5) Dementia Specific Education for Personnel 69.30(5) Dementia-specific training shall include hands-on training and may include any of the following: classroom instruction, Web-based training, and case studies of tenants in the program This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide hands-on dementia specific training for 2 of 5 staff reviewed regarding training (Staff B and C). Findings follow: Review of Staff B's training documents on	A 565		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 565	Continued From page 52 4-28-22 revealed a hire date of 2-24-22. Staff B had eight hours of dementia specific training; however, the training provided lacked documented hands-on training. Review of Staff C's training documents on 4-28-22 revealed a hire date of 3-10-22. Staff C had eight hours of dementia specific training; however, the training provided lacked documented hands-on training. When interviewed on 5-2-22 at 3:20 p.m. and approximately 5:40 p.m. the Director of Nursing confirmed the above finding.	A 565		
A 635	481-69.32(2) Life Safety - Emergency Policies / Structure 69.32(2) An operating alarm system shall be connected to each exit door in a dementia-specific program. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program did not have an operating door alarm system at each exit door potentially affecting all tenants (census of 14). Findings follow: 1. During a tour on 4-27-22 at approximately 5:00 p.m. an exit door was observed from the program to the courtyard of the building. Staff unlocked the door to the courtyard and the monitor exited the building into the courtyard. The door to the courtyard did not have an operating door alarm. The courtyard was surrounded by the building; however, there were two exit doors; one for the Program and one into the adjoining	A 635		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	2 PENNSYLVANIA PL OTTUMWA, IA 52501

(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 635	Continued From page 53 Assisted Living (AL) program. Observation on 4-28-22 at approximately 10:25 a.m. revealed the AL courtyard door was locked from the inside of the building and had a keypad. The Director of Nursing (DON) put a code in the keypad but the door did not unlock. She then unlocked the AL courtyard door using a physical key. Once outside in the courtyard, the AL door could be opened without putting in a code into the keypad. On 4-28-22 at 12:30 p.m. staff unlocked the courtyard door from the Program and the monitor exited through the courtyard door. No door alarm sounded. The monitor traveled across the courtyard and opened the other door (AL door) and entered the AL program. That door was not alarmed (alarm not required). The main entrance/exit door of the AL was in close proximity to the exit door into the courtyard. When interviewed on 5-2-22 at 3:20 p.m. and approximately 5:40 p.m. the Director of Nursing confirmed the Program's courtyard door did not have an operating alarm system. She said there had been no elopements related to the door and a part was being ordered for the door in order to alarm it. When interviewed on 4-27-22 at approximately 5:00 p.m. and on 5-2-22 at 4:40 p.m. the Executive Director said they had never been told the courtyard door needed to be alarmed and the courtyard door was kept locked. The Executive Director said a new part was ordered for the door and temporary alarms were placed. She said there had been no elopements related to the door and the memory care staff were supposed to be out in the courtyard if any tenants were outside.	A 635		

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
	S0022	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE MEMORY CARE	**2 PENNSYLVANIA PL OTTUMWA, IA 52501**

(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

Pennsylvania Place
Ottumwa's Premier Retirement Community

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 Pennsylvania Place Memory Care in Ottumwa, Iowa, I respectfully submit our Plan of Correction for your approval. This response is specific to the recertification and Investigation of Complaint #98765-C report for the onsite visit between 04/26/22-5/2/22.

Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the alleged facts or conclusions set forth in the statement of insufficiencies. The Plan of Correction is executed solely because it is required by the provisions of Iowa Law.

Written occupancy agreement required

1. Elements detailing how the Program will correct each regulatory insufficiency
    - Tenant C1 no longer resides in the program
2. Measures taken to ensure the problem does not recur
    - Executive Director was re-educated on the occupancy criteria related to providing a written 30-day notice for non-payment of monthly fees
    - Each tenant will have a signed occupancy agreement and program will uphold the requirements to that agreement
3. How the program plans to monitor performance to ensure compliance
    - Executive Director and/or designee will perform ongoing audits to assure the program operates in accordance with the terms of the occupancy agreement.
    - Executive Director and/or designee will perform ongoing audits to ensure compliance pertaining to occupancy criteria and discharge notice on an ongoing basis and as situations arise related discharge.
4. The date by which the regulatory insufficiency will be corrected
    - The regulatory insufficiency will be corrected on or before June 16, 2022

Policies and Procedures

1. Elements detailing how the program will correct each regulatory insufficiency
    - Tenant #2 will have incident reports completed for all accidents, incidents, and unusual occurrences per policy.
    - Tenant #3 will have incident reports completed for all accidents, incidents, and unusual occurrences per policy.

ok 6/3/22

- Tenant #5 will have incident reports completed for all accidents, incidents, and unusual occurrences per policy
- Tenant #6 will have incident reports completed for all accidents, incidents, and unusual occurrences per policy.

2. Measures taken to ensure the problem does not recur
    - Staff will be re-educated on completing incident reports for any accident, incident, or unusual occurrences per policy.
3. How the Program Plans to monitor performance to ensure compliance
    - The Executive Director, Director of Nursing, and/or Nurse Designee will provide ongoing education to staff at least annually on the accident, incident, and medication error reporting policy.
    - At the time the Executive Director, Director of Nursing, and/or Nurse Designee become aware of any accident, incident, or unusual occurrence, they will ensure staff complete an incident report per the policy.
4. The date by which the regulatory insufficiency will be corrected
    - The regulatory insufficiency will be corrected on or before June 16, 2022

Evaluation of Tenant

1. Elements detailing how the Program will correct each regulatory insufficiency
    - Tenants #1, #2, #3, #4, #5, #6 will have a health, functional, and cognitive evaluation of the tenant will be completed as needed, annually, or with significant change of condition.
    - Tenant C2 has discharged from the program.
2. Measures taken to ensure the problem does not recur
    - The Director of Nursing and/or RN Designee will be re-educated on regulatory requirements regarding evaluations to include health, functional, and cognitive evaluation as needed annually or with significant change.
3. How the Program plans to monitor performance to ensure compliance
    - The Director of Nursing and/or designee will perform ongoing internal audits of tenant charts will be completed at least quarterly to ensure compliance of tenant evaluations.
4. The date by which the regulatory insufficiency will be corrected
    - The regulatory insufficiency will be corrected on or before June 16, 2022.

Tenant Documents

1. Elements detailing how the Program will correct each regulatory insufficiency
    - Tenant C1 and Tenant C2 have been discharged by the program
2. Measures taken to ensure the problem does not recur
    - The Director of Nursing and/or RN Designee will be re-educated on regulatory requirements regarding documenting in nurse's notes by exception
    - Documentation of any admit, discharge, or transfer will be completed.
3. How the Program plans to monitor performance to ensure compliance

- The Director of Nursing and/or designee will perform ongoing internal audits of tenant's charts at least quarterly to ensure compliance of documentation in nurse's notes by exception.

4. The date by which the regulatory insufficiency will be corrected
    - The regulatory insufficiency will be correct on or before June 16, 2022.

Service Plans

1. Elements detailing how the program will correct each regulatory insufficiency
    - The service plan for tenant #1 will be updated to reflect staff direction and interventions related to refusal of cares. In addition, Tenant #1 service plan will be updated to reflect wound and treatment to tenant's forehead.
    - Tenant #2 has discharged from the program.
    - Tenant #3 service plan will be updated to reflect increased assistance with ADL's, difficulty with swallowing medications, difficulty with mobility and running into objects, routine cues, and prompts with all tasks.
    - Tenant #4 service plan will be updated to reflect numerous falls and interventions, the extent of jerking movements and safety interventions, tearfulness and crying episodes, reduced intake with weight loos, assistance needed at times related transfers/mobility, and PT services.
    - Tenant #5 service plan will be updated to reflect tenant's behaviors of packing belongings, not showering, or changing clothes, and history of self-harm comments. In addition, the Tenant #5 service plan will be updated to identify the restriction of a visitor per the legal representative's request. Staff intervention and direction will be included in this update.
    - Tenant #6 service plan has been updated to reflect history of companionship with another tenant and re-direction tips.
2. Measures taken to ensure the problem does not recur
    - The Director of Nursing and Nurse Designee will be re-educated regarding Service Plans and the regulatory requirements contained in Chapter 69.26.
    - Service plans will be developed for each tenant and will be based on the evaluation, individualized for each tenant, updated whenever changes are needed and at least annually in accordance with regulation.
3. How the Program plans to monitor performance to ensure compliance
    a. The Director of Nursing and/or Nurse Designee will review the service plans for all tenants receiving personal or health-related cares at least quarterly and when changes are needed.
    b. The Director of Nursing and/or Nurse Designee will review the service plans of all tenants at least annually and when changes are needed.
4. The date by which the regulatory insufficiency will be corrected
    a. The regulatory insufficiency will be corrected on or before June 16, 2022

Service Plans

1. Elements detailing how the Program will correct each regulatory insufficiency
    - Tenant C1 has been discharged from the program
2. Measures taken to ensure problem does not occur
    - The Director of Nursing and Nurse Designee will be re-educated regarding Service Plans and the regulatory requirements contained in Chapter 69.26(2)
3. How the Program plans to monitor performance to ensure compliance
    - The Director of Nursing and/or Nurse Designee will review the service plans for all tenants quarterly to ensure service plan is developed and signed prior to signing the occupancy agreement and taking occupancy.
4. The date by which the regulatory insufficiency will be corrected
    - The regulatory insufficiency will be corrected on or before June 16, 2022

Dementia Specific Education for Personnel

1. Elements detailing how the Program will correct each regulatory insufficiency
    - Staff D and E have completed the required eight hours of dementia-specific education.
2. Measures taken to ensure problem does not occur
    - The Executive Director, Director of Nursing, and/or designee will be re-educated that all personnel employed with a dementia-specific program receive a minimum of eight hours of dementia-specific education and training within 30 days of employment per regulation.
    - If not completed within 30 of employment, staff will be removed from the schedule until training is finished.
3. How the Program plans to monitor performance to ensure compliance
    - The Executive Director, the Director of Nursing, and/or Designee will monitor completion of all new employees and staff who do not complete within 30 days of hire will be removed from the schedule.
4. The date by which the regulatory insufficiency will be corrected
    - The regulatory insufficiency will be corrected on or before June 16, 2022.

Dementia Specific Education for Personnel

1. Elements detailing how the Program will correct each regulatory insufficiency
    - Staff B and C will complete hands-on dementia specific training
2. Measures taken to ensure problem does not occur
    - The Executive Director, Director of Nursing, and/or designee will be re-educated that all personnel employed with a dementia-specific program to provide hands-on dementia specific training per regulation.
    - If hands-on dementia specific training not completed, employee will be removed from the schedule until finished.
3. How the Program plans to monitor performance to ensure compliance
    - The Executive Director, the Director of Nursing, and/or Designee will monitor completion of hands-on dementia specific training and staff who have not completed will be removed from schedule until finished.
4. The date by which the regulatory insufficiency will be corrected
    - The regulatory insufficiency will be corrected on or before June 16, 2022.

Life Safety-Emergency Policies/Structure

1. Elements detailing how the Program will correct each regulatory insufficiency
    - An alarm has been added to the courtyard door of the memory care.
2. Measures to be taken to ensure the problem does not recur
    - The door alarm will be monitored for placement on routine rounds
3. How the Program plans to monitor performance to ensure compliance
    - Functioning of the door alarm will be monitored weekly by Environmental Services Director and/or Designee.
4. The date by which the regulatory insufficiency will be corrected
    - The regulatory insufficiency has been corrected as of 4/29/22.