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 03/02/2023

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 are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 14 Total census of Assisted Living Program: 15 No regulatory insufficiencies were cited during the investigation into Complaint #109304-C. The following regulatory insufficiency was cited during the investigation into Complaint #104463-C.	A 000	The Plan of Correction is attached	
A 160	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to provide adequate treatment and services to 2 of 3 tenants reviewed (Tenant C1 and Tenant C3). Findings follow: 1) Review of Observation Noted for Tenant C1 revealed the following: - On 2/15/22 at 8:15 AM staff entered Tenant C1's apartment and found her laying in her bed covered in vomit. Tenant C1 complained of coughing, a runny nose and emesis. Her	A 160		

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 03/02/2023

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 160	Continued From page 1	A 160		

temperature was 99.7. Staff assisted her to the shower. Tenant C1 continued to vomit while in the shower. Staff notified the RN (Registered Nurse).

- On 2/15/22 at 1:26 PM it was noted Tenant C1 had several episodes of diarrhea. She ate only a few bites of food all day and drank half a cup of water.
- On 2/15/22 at 5:02 PM the DON contacted Tenant C1's daughter for a status update. They reviewed her vitals and the vomiting and diarrhea. The daughter wanted to keep her mother out of the emergency room if possible.
- On 2/16/22 at 7:11 PM staff documented the tenant had loose stools on 1st shift and did not eat any supper. She was unsteady when staff walked her to the bathroom. Tenant C1 did not feel well
- On 2/17/22 at 1:33 PM it was noted the tenant stayed in her room all shift. She ate few bites at meal times and drank two glasses of water. Tenant C1 needed to hold on to staff when she walked due to weakness.
- On 2/19/22 at 1:48 PM it was noted Tenant C1 did not feel well and stayed in her room all shift in the morning. She ate a few bites at meal times and did not drink much water. Tenant C1 needed to hold on to staff when she walked.
- On 2/19/22 at 9:04 PM the DON contacted Tenant C1's PCP (Personal Care Provider) to request a COVID test. This was performed at 11:00 PM and was negative.
- On 2/20/22 at 2:10 PM staff called the DON with concerns Tenant C1 could not stand up and her knees were buckling. She was soaked in urine and when staff attempted to walk her to the bathroom, she was unable to stand up. She could not hold her head up or look at staff. Her blood pressure was 85/60. Tenant C1 was eating very little. Her daughter was on the phone and staff relayed this information to 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 03/02/2023

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 160	Continued From page 2	A 160		

- On 2/20/22 at 2:20 staff called and said the family was coming to the building. At 2:59 PM the DON documented she was notified by staff that the daughter wanted the tenant taken to the emergency room (ER).
- On 2/20/22 at 3:06 PM the LPN documented the tenant was very weak and unable to stand on her own. She had taken vitals and her blood pressure was 86/62. Her lungs were very congested and she was wheezing. Family approved sending her to the ER.

According to a hospital history and physical dated 2/20/22 at 2:45 PM, Tenant C1 was admitted to the hospital with septic shock, acute kidney injury, lactic acidosis, severe malnutrition, acute hypoxic respiratory failure secondary to severe COVID pneumonia and advanced dementia. Tenant C1 was placed on comfort measures only. A memory care census report noted Tenant C1 died on 2/21/22.

Vitals were routinely taken on a daily basis. Readngs for the days of her illness and the preceding 2 days were as follows:
- 2/13/22: temp 96.1, pulse 60, oxygen level 97%, respirations 15
- 2/14/22: temp 96.6, pulse 96, oxygen level 97%, respirations 14
- 2/15/22: temp 97.8, pulse 99, oxygen level 98%, respirations 18
- 2/16/22: temp 97.3, pulse 87, oxygen level 95%, respirations 15
- 2/17/22: temp 97.0, pulse 110, oxygen level 92%, respirations 18
- 2/18/22: temp 95.7, pulse 98, oxygen level 95%, respirations 15
- 2/19/22: temp 97.4, pulse 118, oxygen level 92%, respirations 18

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 03/02/2023

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 160	Continued From page 3	A 160		

There was no documentation of Tenant C1 being seen by a nurse for her illness until 11:00 PM on 2/19/22 when she received a COVID test. Her PCP was not contacted about her condition until 9:00 PM on 2/19/22 when an order for a COVID test was requested.

On 2/13/22 at 12:10 PM, the DON reported there were many tenants in the building with COVID and flu-like symptoms when Tenant C1 became ill. The PCP was cautious about treating things and the DON did not like to call him in the middle of the night. The DON confirmed she did not contact him during the day-time hours of 2/15-2/19 when Tenant C1 was showing signs of illness.

On 3/2/23 at 3:26 PM, Tenant C1's PCP reported he let staff at the program know it was important to keep him updated when a tenant's intake and hydration declined. He would have expected a call from the nurse about Tenant C1's change in health but did not receive one before she went to the emergency room.

2) Review of Observation Notes for Tenant C3 revealed the following:
- On 2/9/22 at 11:00 AM Tenant C3 tested positive for COVID. She was kept in her room at breakfast due to having a temp of 100, loose cough, diarrhea and not acting herself.
- On 2/9/23 at 2:30 PM the tenant was found on the floor. The LPN and another staff assisted Tenant C3 who was found sitting with her back up against the wall. She had a skin tear on her left elbow area which was cleaned and bandaged. Her left wrist area was swelling. She had complaints of left wrist pain but was able to move her fingers and wrist area. Ice and frozen peas were applied. The DON sent a text to Tenant C3's

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 03/02/2023

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 160	Continued From page 4	A 160		

PCP regarding her wrist and the skin tear. The PCP provided treatment orders for the skin tear and asked them to monitor the left wrist for 24 hours, apply ice, elevate the wrist and use Tylenol for pain.

- On 2/9/23 at 9:59 PM staff noted Tenant C3 was still feeling a lot of pain in her left forearm. She had ice packs on her arm every so often and staff gave her Tylenol at 6:30 PM which helped some.
- On 2/10/22 at 9:50 PM staff noted Tenant C3 was still in pain. She ate very little. Staff put frozen peas on her arm.
- On 2/11/22 at 1:10 PM the DON noted she was contacted by staff asking if Tenant C3's PCP was going to do an x-ray on her injured hand from earlier in the week. She documented there were no observation notes for the doctor to review which indicated an x-ray was necessary. The nurse would evaluate Tenant C3 in the afternoon.
- On 2/11/22 at 3:15 PM the DON assessed Tenant C3. She found her resting on the sofa in her night gown. Tenant C3's hand was hanging down and had some dependent edema in the back of her hand. It was very purple from the finger tips to the mid forearm on the dorsal side.
- On 2/12/22 at 1:52 AM staff found the tenant in bed with her depends falling down. She was unable to stand up or understand any directions. She refused to walk to the bathroom saying she "was sore." She was coughing the whole time and could not articulate sentences clearly.
- On 2/12/22 at 5:51 AM staff checked on her per her toileting schedule. The tenant refused any assistance. She was still unable to speak clearly or understand directions.
- On 2/12/22 at 1:58 PM Tenant C3 complained of lower left arm pain. She required the assistance of 2 all day. Ate and drank little.
- On 2/12/22 at 3:46 PM the tenant was found

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 03/02/2023

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 160	Continued From page 5	A 160		

laying face down on floor. She was incontinent of bowel so staff cleaned her up and put her in bed. Vitals were taken and the ADON (Assistant Director of Nursing) was contacted.

- On 2/12/22 at 3:51 PM the LPN checked on the tenant who was asleep. A fax was sent to the PCP.
- On 2/12/22 at 9:22 PM it was noted the tenant was a two person assist all shift.
- On 2/13/22 at 1:00 AM staff found the tenant sitting in her shower chair when doing apartment checks. She seemed anxious, confused and scared. She could not speak clearly and did understand instructions. A second staff was called to help in order to change the tenant's underwear, but the tenant refused and said she could not stand up. ORMICS (Ottumwa Regional Mobile Intensive Care Services) was called to assist. Once they arrived they helped the tenant get back to bed. The tenant was scared, confused and crying throughout. ORMICS did not transfer the tenant to the hospital since she hadn't fallen. Staff checked on Tenant C3 at 4:36 AM. Vitals were taken. The only remarkable thing was an elevated blood pressure (161/100).
- On 2/13/22 at 5:00 AM the tenant was found on the floor in a fetal position next to her bed. She did not seem injured but her blood pressure was higher than when last taken (184/80).The tenant screamed and cried when staff tried to check her, and was unable to answer any questions. ORMICS was contacted and transported the tenant to the hospital.
- On 2/13/22 the DON called the hospital. ER staff stated the tenant had COVID pneumonia and would need oxygen. She was very weak and needed two person assist. The DON explained they would not be able to care for her due to her recent falls and acuity level. The PCP was contacted.

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 03/02/2023

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 160	Continued From page 6 - On 2/16/22 the LPN called family who reported the tenant was not doing well. In addition he reported her wrist was x-rayed and was broken. A cast had been placed on her wrist. On 12/13/22 at 2:40 PM, the DON reported she thought Tenant C3's wrist was broken from the time she first injured it. However, the PCP wanted them to observe it for the first 24 hours. The DON did assess Tenant C3's wrist and believed it should have been x-rayed. She could not locate any documentation she contacted the PCP to inform him of this after she first notified him. On 3/2/23 at 3:26 PM, Tenant C3's PCP reported he would have expected a call about from the program about Tenant C3's continued wrist pain. He did not receive such a call.	A 160		

Pennsylvania Place
Ottumwa's Premier Retirement Community

March 20, 2023

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 #104463-C.

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.

Tenant Rights

1. Elements detailing how the Program will correct each regulatory insufficiency.
    - Tenant C1 and C3 no longer reside in the program.
    - Each tenant will be evaluated and assessed to receive care, treatment and services which are adequate and appropriate.
2. Measures taken to ensure the problem does not recur.
    - The Director of Nursing/RN Designee will be re-educated on timely physician notification when tenant is experiencing health status changes.
3. How the program plans to monitor performance to ensure compliance.
    - The Director of Nursing/RN Designee will perform ongoing audits of timely notification to healthcare providers.
    - The Director of Nursing/RN Designee will perform ongoing audits of documentation to assure tenants receive appropriate treatment and services.
4. The date by which the regulatory insufficiency will be corrected.
    - The regulatory insufficiency will be corrected on or before April 11, 2023.

Please note the $3900.00 fine will be sent directly to your office in a separate mailing from our corporate office at Health Care of Iowa.

ok

Please do not hesitate to contact me should you have any questions. Thank you.

Sincerely,

Brenda K. Hostetler

Brenda Hostetler

Executive Director

#1 Pennsylvania Place

Ottumwa, IA 52501

641-684-4000 Ext.121

Fax 641-684-4079

bhostetler@pennplace.com

Pennsylvania Place
Ottumwa's Premier Retirement Community