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
	S0218	A. BUILDING: _____ B. WING _____	C 08/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK PARK PLACE MEMORY CARE	1381 OAK PARK PLACE DUBUQUE, IA 52002

(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: 0 Number of tenants with cognitive disorder: 18 Total census: 18 No regulatory insufficiencies were cited during the investigation into Complaints #100892-C and #100876-C. The following regulatory insufficencies were cited during the investigation into Complaints #100173-C and #105135-C.	A 000	The Plan of Correction is attached.	
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 it's policy on Dependent Adult Abuse affecting 1 of 3 current tenants reviewed (Tenant #1). Findings follow: Record review on 8/9/22 revealed a Resident's Rights Concern/Grievance Report written by the Regional Nurse for Tenant #1 on 6/13/22 at 9:30 AM. The Regional Nurse was alerted at approximately 9:30 AM by a caregiver at the program of potential abuse/neglect of Tenant #1 which took place the evening of 6/9/22. The Regional Nurse started an investigation on 6/13/22 and determined no abuse or neglect	A 150		

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

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A 150	Continued From page 1	A 150		

occurred.

The program's Dependent Adult Abuse policy had an investigation and assessment process. Staff were to take immediate action to protect the dependent adult. The primary purpose of investigating was to obtain available and pertinent information regarding an allegation of dependent adult abuse. Staff were to gather detailed information from the dependent adult, the alleged perpetrator and any other witnesses or individuals who may have information. This process was to begin immediately by the staff person in charge (The Director of Housing Operations/or designee). The Registered Nurse (RN) on-call should be notified immediately and be available to conduct the investigation process including an assessment of the dependent adult. All information and data collected was to be documented carefully and in detail. In the case of any abuse which resulted in physical harm to the dependent adult, a complete assessment by an RN would be completed, describing in detail any injuries on the dependent adult's person).

On 8/9/22 at 4:10 PM, the interim Director of Housing at the time reported she received a call and took a statement from a staff person involved in the incident on 6/9/22. Somebody told her abuse may have happened. The interim Director of Housing did not do anything immediatley but later on 6/9/22 called the Director of Housing (who was on extended leave) who told her to start an investigation the following day.

On 8/10/22 at 8:35 AM, the Regional Nurse reported the program began the investigation into the abuse on 6/13/22, four days after the incident. The Regional Nurse and interim Director of Housing conducted the investigation together on

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A 150	Continued From page 2 6/13/22. She confirmed the investigation did not begin immediately.	A 150		
A 160	481-69.23(1)c(1) Criteria for Admission / Retention of Tenants 69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who: c. Is dangerous to self or other tenants or staff, including but not limited to a tenant who: (1) Despite intervention chronically elopes, is sexually or physically aggressive or abusive, or displays unmanageable verbal abuse or aggression This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program retained 1 of 1 tenants reviewed who displayed physical aggression (Tenant #1). Findings follow: Record review on 8/9/22 revealed Tenant #1 had a service plan dated 3/7/2022. According to her service plan, Tenant #1 had a specific goal for staff to anticipate her needs which was initiated on 2/23/21. Tenant #1 was noted to become verbally and physically aggressive with staff. If Tenant #1 displayed aggression, staff were to attempt to find another caregiver to assist her, return to the tenant at a later time, or see if tenant would go for a walk or like a drink. Staff were to inform the nurse of any verbal or physical behaviors. She also had a history of refusing cares. Staff were to notify the nurse if she refused cares.	A 160		

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A 160	Continued From page 3	A 160		

A progress note on 4/7/22 documented staff was called to the memory care unit due to Tenant #1 hitting out at tenants and staff. Tenant #1 was hitting, kicking, spitting and throwing things at staff and attempted to hit another tenant but staff were able to intervene. Tenant #1 was observed pushing at staff and attempting to hit. 911 was called per policy. 911 and paramedics arrived and the tenant continued to hit at the police. 911 and paramedics were eventually physically moved Tenant #1 to a cot and transferred her to the emergency room.

Tenant #1 returned from the emergency room on 4/7/22 after being diagnosed with a urinary tract infection.

On 8/9/22 at 9:20 AM, Staff A reported seeing Tenant #1 become combative in the past. When she was working the overnight shift, Tenant #1 came at her and other staff with a butter knife. On another occasion, Tenant #1 grabbed a piece of silverware and wouldn't let go. Staff A was concerned Tenant #1 would hurt herself with it and held onto her wrist. Another staff member intervened and was able to get Tenant #1 to go for a walk.

On 8/8/22 at 3:15 PM, Staff B stated Tenant #1 could be combative, but did not become angry unless staff kept nudging her.

On 8/10/22 at 8:55 AM, Staff C said she was aware of Tenant #1 hitting staff a few times a week.

On 8/10/22 at 8:40 AM, former Staff D reported Tenant #1 hit, spit and bit at staff. She had also thrown chairs. This happened all of the time.

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A 160	Continued From page 4 On 8/10/22 at 9:15 AM, former Staff E stated she was aware of Tenant #1 hitting, spitting, scratching and head butting staff. Tenant #1 also hit tenants. These actions took place daily. Staff E told Administration and documented her concerns. In an interview provided to the Regional Nurse on 6/13/22, the former interim Director of Housing noted Tenant #1 had a history of refusing cares, hitting, spitting and kicking at staff and other residents. Tenant #1 had been sent for an evaluation in the prior 6-8 weeks for these behaviors. On 8/10/22 at 10:25 AM, the Regional Nurse reported she became aware of these concerns with Tenant #1 on 6/13/22. She was not aware they were ongoing but said if they were, Tenant #1 could not remain at the program.	A 160		
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 develop a service plan based on the evaluations of 2 of 3 discharged tenants reviewed (Tenants C1 and C3). Findings include:	A 350		

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 350	Continued From page 5 Record review on 8/9/22 revealed Tenant C1 moved into the assisted living program on 6/15/21. The Comprehensive Assessment completed on 6/16/21 revealed he required assistance with activities of daily living. The Service Plan failed to include his specific needs for assistance listed on the assessment. Tenant C3 was admitted on 9/2/21. The Comprehensive Assessment completed 9/2/21 revealed she required assistance with activities of daily living. The Service Plan failed to include her specific needs for assistance based on the assessment. On 8/9/22 at 1:40 PM, the Regional Nurse confirmed these findings.	A 350		

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 Oak Park Place Memory Care in Dubuque, Iowa, I respectfully submit our Plan of Correction for your approval. This response is specific to the recertification report for the onsite visit between 08/08/2022 and 08/10/2022. 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.

Program Policies and Procedures

1. Elements detailing how the Program will correct each regulatory insufficiency

    - Dependent Adult Abuse Mandatory Reporter Policy will be followed as established by the program.

2. Measures taken to ensure the problem does not recur

    - All current Direct Care Staff will be provided with specific education on the current Dependent Adult Abuse Policy for Oak Park Place.
    - All new staff upon hire will be provided with education on the Dependent Adult Abuse Policy and Procedures for Oak Park Place.
    - All new staff will receive training related to identification and reporting of Dependent Adult Abuse within 6 months of initial employment as required by Iowa Code Section 235B.16 and Chapter 235B.

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

    - The Director of Housing and/or Director of Health Services and /or Designee will monitor completion of the Dependent Adult Abuse training for all new employees. Staff who do not complete within six months of hire will be removed from the schedule until completion of training.
    - All Current staff will receive Mandatory Training to review the current Oak Park Place Dependent Adult Abuse Policy. Training will include specific instructions on process and procedures. If not completed, staff will be removed from the schedule.

- All new staff upon hire, will receive and sign off on a copy of the mandatory reporter training policy and procedure for Oak Park Place.
- Health Services Director will monitor incidents and evaluate for any potentially reportable allegations of abuse.

4. The date by which the regulatory insufficiency will be corrected

    - The Regulatory Insufficiency will be corrected on or before October 22, 2022

Criteria for Admission/ Retention of Tenants

1. Elements detailing how the Program will correct each regulatory insufficiency
    - The program will not knowingly admit or retain a tenant who is exceeding level of care.
2. Measures taken to ensure the problem does not recur
    - Current or new Director of Health Care Services will be educated on Iowa Code section 481-69.23 (1)c(1) Criteria for Admission/Retention of Tenants
    - Tenant #1 identified in the Regulatory Report was discharged on 09/16/2022 from the program to a higher level of care.
    - All staff will receive training related to incident reporting and procedures for reporting aggressive tenant behaviors to management staff.
3. How the Program plans to monitor performance to ensure compliance
    - All incident reports are being reviewed and followed up by Director of Health Care Services or Regional Nursing staff.
    - Shift report is being completed daily any behaviors are being reported timely and incident reports are being completed.
    - Staff communication reports will be reviewed and followed up by Director of Health Services or Regional Nursing staff.
    - The Director of Health Care Services will review Level of Care appropriateness when completing the 90-day nurse review and or evaluation.
4. The date by which the regulatory insufficiency will be corrected
    - The regulatory insufficiency will be corrected on or before October 22, 2021.

Service Plans

1. Elements detailing how the program will correct each regulatory insufficiency
    - Service plans shall be developed for each tenant based on the evaluation conducted and shall be designed to meet the specific needs of the individual tenant.
2. Measures taken to ensure the problem does not recur

- The Director of Health Services and/or Nurse Designee will be re-educated on regulatory requirements regarding completion of development of service plans based on the evaluations. Education will also include ensuring service plans meet the specific needs of the individual tenant.
- Tenant #1 no longer resides in the program

3. How the Program plans to monitor performance to ensure compliance
    - Ongoing internal audits of tenant charts will be completed at least quarterly to ensure compliance of tenant service plans.

4. The date by which the regulatory insufficiency will be corrected
    - The regulatory insufficiency will be corrected on or before October 22, 2022

If you have any questions regarding this plan of correction, please feel free to contact me at 563-585-4900.

Sincerely,

Elizabeth Greene
Director of Housing

✓ 3/31/23

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 Oak Park Place Assisted Living in Dubuque, Iowa, I respectfully submit our Plan of Correction for your approval. This response is specific to the recertification report for the onsite visit between 08/08/2022 and 08/10/2022. 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.

Evaluation of Tenant

1. Elements detailing how the Program will correct each regulatory insufficiency
   - The Director of Health Services and /or Nurse Designee will evaluate each tenant's functional, cognitive and health status within 30 days of occupancy
2. Measures taken to ensure the problem does not recur
   - The Director of Health Services and/or Nurse Designee will be re-educated on regulatory requirements regarding completion of a 30-Day Evaluation.
   - Tenant C1 no longer resides in the program
3. How the Plans to monitor performance to ensure compliance
   - 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 October 22,2022

If you have any questions regarding this plan of correction, please feel free to contact me at 563-585-4900.

Sincerely,

Elizabeth Greene
Director of Housing