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
	S0276	A. BUILDING: _____ B. WING _____	09/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKS AT PARKVIEW CARE CENTER	2235 HIGHWAY 34 EAST FAIRFIELD, IA 52556

(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: 6 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 6 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program. No regulatory insufficiencies were cited during the onsite infection control survey.	A 000		
A 120	481-69.21(3) Occupancy Agreement 69.21(3) The occupancy agreement shall be reviewed and updated as necessary to reflect any change in services or financial arrangements. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update the occupancy agreement to reflect changes in services or financial arrangements for 1 of 2 tenants reviewed (Tenant #2). Findings follow: Review of Tenant #2's Occupancy Agreement dated 7-16-20 revealed the monthly fee included his spouse who had since passed away. The Program failed to update the occupancy agreement to reflect the change in the monthly fee.	A 120	Plan of Correction is attached DD	

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A 120	Continued From page 1 On 9-15-21 at 1:17 p.m. the Social Worker confirmed these findings.	A 120		
A 140	481-69.22(2) Evaluation of Tenant 69.22(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to evaluate functional, cognitive, and health status within 30 days of occupancy for 2 of 2 tenants reviewed (Tenant #1 and Tenant #2). Findings follow: Record review on 9-15-21 revealed the following: 1. Tenant #1's file revealed he was admitted on 7-8-20. No functional, cognitive, and health evaluation completed within 30 days of occupancy could be located. 2. Tenant #2's file revealed he was admitted on 7-15-20. No functional, cognitive, and health evaluation completed within 30 days of occupancy could be located. On 9-15-21 at 11:35 a.m. the Social Worker confirmed these findings.	A 140		

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A 145	Continued From page 2	A 145		
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 an annual cognitive assessment for 1 of 2 tenants reviewed (Tenant #2). Findings follow: Review of Tenant #2's file on 9-15-21 revealed he was admitted on 7-15-20. The annual cognitive evaluation was completed on 8-25-21. On 9-15-21 at 11:35 a.m. the Social Worker confirmed this finding.	A 145		
A 350	481-69.26(1) Service Plans 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated	A 350		

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A 350	Continued From page 3 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 service plans based on the required evaluations for 2 of 2 tenants reviewed (Tenant #1 and Tenant #2). Findings follow: Record review on 9-15-21 revealed the following: 1. Tenant #1's file revealed a service plan dated 7-8-20. The health evaluation was not completed until 7-17-20. 2. Tenant #2's file revealed a service plan dated 7-17-20. No health or cognitive evaluations completed prior to the development of the service plan could be located. On 9-15-21 at 11:35 a.m. the Social Worker confirmed these 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.	A 355		

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A 355	Continued From page 4 This REQUIREMENT Is not met as evidenced by: Based on interview and record review the Program failed to ensure service plans were developed prior to signing the occupancy agreement and taking occupancy for 1 of 2 tenants reviewed (Tenant #2). Findings follow: Review of Tenant #2's file revealed an Occupancy Agreement signed 7-16-20. The tenant's initial service plan was signed 7-17-21. The Program failed to develop the service plan prior to Tenant #2 signing the occupancy agreement and taking occupancy of his apartment. On 9-15-21 at 11:35 a.m. the Social Worker confirmed this finding.	A 355		
A 405	481-69.26(4)c Service Plans 69.26(4) The service plan shall be individuallzed and shall indicate, at a minimum: c. The service provider(s), if other than the program, including but not limited to providers of hospice care, home health care, occupational therapy, and physical therapy This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update service plans to reflect service providers for 1 of 2 tenants reviewed (Tenant #2). Findings follow: Review of Tenant #2's file on 9-15-21 revealed an order for physical and occupational therapy (PT/OT) on 7-6-21. Review of Beneficiary Notice	A 405		

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A 405	Continued From page 5 revealed PT/OT was discontinued on 8-2-21. The Program failed to update the service plan to reflect PT/OT services. On 9-15-21 at 1:48 p.m. the Social Worker confirmed these findings.	A 405		
A 420	481-69.27(1)a Nurse Review 69.27(1) If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse: a. To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete a nurse review as required at least every 90 days for 1 of 2 tenants reviewed (Tenant #1). Findings follow: On 9-15-21 review of Tenant #1's service plan dated 7-8-20 revealed he required assistance with medication administration. No quarterly nurse reviews to monitor adverse reactions, ensure orders were current, and medications were administered as ordered could be located.	A 420		

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A 420	Continued From page 6 On 9-15-21 at 11:35 a.m. the Social Worker confirmed these findings.	A 420		

The Oaks Assisted Living

Plan of Correction

RE: Assisted Living Recertification Visit 9-15-2021

Preparation and/or exception of the P.O.C. in general, or this corrective action in particular, does not constitute action to nor an agreement by the Oaks Assisted Living of any of the cited deficiencies. This P.O.C. is prepared and/or executed to ensure continued compliance with regulatory requirements.

Please find enclosed our Plan of Correction, which constitutes my credible allegation of compliance.

FTAG A120- Occupancy Agreement- Corrected 9-15-2021

Tenant #2's Occupancy Agreement was updated by the Program Director on 9-15-2021 to reflect changes in service or financial arrangements for each tenant.

- Upon admit each tenant will be provided their own individual occupancy agreement based on the services and the occupancy agreement will be updated to reflect changes in monthly fee.

FTAG A135- Evaluation of Tenant- Corrected on 10/11/2021

The program will evaluate each prospective tenant's functional, cognitive and health status prior to the tenants signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's elgibility for the program.

- The evaluation of tenants will be completed by a health care professional/RN Delegator prior to signing the occupancy agreement.
- The RN Delegator and Program Director will audit tenant charts upon admit to monitor performance to ensure further compliance.

FTAG A140- Evaluation of Tenant- Corrected on 10-11-2021

The Program Director and RN Delegator will evaluate each tenant's functional, cognitive and health status within 30 days of occupancy.

- In order for the Program to ensure future compliance, the RN Delegator and Program Director will audit tenant charts upon admit and set up a calendar with dates to ensure further compliance

FTAG A145- Evaluation of Tenant- Corrected on 10-11-2021

The RN Delegator will evaluate each tenants functional, cognitive and health status as needed with significant change, but not less than annually to determine tenants continued elgibility for the program.

- The evaluation will be completed by the RN Delegator to determine any changes to services needed for the tenant.
- The annual cognitive assessment will be conducted by the RN Delegator.
- In order for the program to ensure future compliance, all admission audits will be conducted by Program Director and/or RN Delegator.

10/27/21

FTAG A350- Service Plans- Corrected on 10-11-2021

A Service Plan will be developed for each tenant based on the evaluations. The Service Plans will be designed to meet the specific service needs of the individual tenants.

- In order for the Program to ensure future compliance, audit of charts will be conducted monthly by the Program Director and/or RN Delegator to ensure further compliance.

FTAG A355- Service Plans- Corrected on 10-11-2021

Prior to the tenant's signing the occupancy agreement and taking occupancy a preliminary service plan will be developed by Program Director/RN Delegator.

- All persons who develop the plan and the tenant or legal representative will sign the service plan.
- In order for Program to ensure future compliance, Service Plan will be reviewed with tenant and/or legal representative upon occupancy of unit.
- RN Delegator and Program Director will do a tenant chart audit upon admit.

FTAG A405- Service Plans Corrected on 10-11-2021

Program Director will update service plans to reflect individualized needs and will indicate any change of provider services for tenant.

- The Program Director and RN Delegator will audit monthly and monitor orders and change of services to reflect the change and date on Service Plan.

FTAG A420- Nurse Review Corrected on 10-11-2021

All future 90 day reviews will have a comprehensive review with a note that relates to the tenants, health status or any other related health or care issues, as well as tenants progress. Nurse Review will also be complete with any related health status changes as it occurs within the 90 day period of review.

- In order for the Program to ensure future compliance, all changes in personal care or health related care will be updated in the Service Plan within 30 days of change occurring. As well as Nurse Review being completed with a comprehensive note of all changes. The RN Delegator and the Program Director will audit tenant charts monthly to monitor performance to ensure further compliance. and audit 90 day reviews to ensure compliance.

Sarah Flattery

Administrator of The Oaks Assisted Living at Parkview 10-18-2021

sarah@osbycorp.com