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
	S0300	A. BUILDING: _____ B. WING _____	C 12/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKER PLACE RETIREMENT	707 HWY 57 PARKERSBURG, IA 50665

(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 type of population served. The census numbers were provided by the Program at the time of the on-site. General Population Program Number of tenants without cognitive disorder: 16 Number of tenants with cognitive disorder: 2 Memory Care Unit Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 13 Total census of Assisted Living Program for People with Dementia: 32 No regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program or the onsite infection control survey. No regulatory insufficiences were cited during the investigation of Complaints #96745-C, #99450-C, #99537-C, #100019-C or #100969-C. The following regulatory insufficiencies were cited during the investigation of Incident #99021-I and #100970-I.	A 000	The Plan of Correction is attached.	
A 155	481-67.3(1) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(1) To be treated with consideration, respect, and full recognition of personal dignity and	A 155		

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A 155	Continued From page 1 autonomy. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide treatment with consideration, respect, and full recognition of personal dignity for 1 of 1 tenants identified in Incident #100970-I (Tenant #1). Findings follow: Review of Tenant #1's file revealed she resided in the memory care unit. Her Global Deterioration Scale (GDS) dated 6-30-21 revealed a score of 5 which indicated moderately severe decline. Staff F stated on 12-6-21 at 3:00 p.m. she heard Staff G swear at Tenant #1 and called her crazy and demented to her face. Staff F provided a written statement to the Program dated 10-19-21 and documented she witnessed Staff G using derogatory language towards tenants in the memory care unit. Staff A stated on 11-30-21 at 12:32 p.m. she witnessed Staff G say she wanted to hit a tenant. She said the tenant was present but she did not think the tenant understood what was going on. Staff A provided a written statement to the Program documenting she witnessed Staff G tell a tenant she wanted to hit her and was tired of her. The statement was not dated. Staff H stated on 12-8-21 at 11:28 a.m. she met with Staff G and the Director to discuss concerns brought by the staff. She stated Staff G admitted she had a bad day when confronted about her inappropriate language towards tenants in the memory care unit.	A 155		

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A 155	Continued From page 2 The Director stated on 12-6-21 at 12:50 p.m. she and Staff H met with Staff G to discuss the concerns of her inappropriate language. The Director stated Staff G denied it at first, then admitted to having a bad day and did not handle the situation like she should have. The Portfolio Leader confirmed these findings during the exit meeting on 12-8-21 at 3:49 p.m.	A 155		
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 and appropriate care, treatment, and services for 1 of 1 discharged tenants reviewed identified in Incident #99021-I (Tenant #C1). Findings follow: Record review on 12-01-21 of Tenant #C1's file revealed Global Deterioration Scale (GDS) dated 6-22-21 and 7-30-21 documenting a score of 4 which indicated moderate cognitive decline. Review of her Service Plan dated 6-22-21 revealed she resided in the locked memory care unit and required hourly safety checks. Review of Incident Report dated 10-27-21 revealed a pedestrian found Tenant #C1 outside	A 160		

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A 160	Continued From page 3	A 160		

along the highway. The tenant exhibited aggression towards staff when redirected, and required law enforcement intervention to encourage her to return to the Program. Further review revealed Staff D stated when Tenant #C1 left the memory care unit, she radioed Staff A to meet Tenant #C1 and return her to memory care. The tenant was determined to go home to see her dogs. Continued review revealed no injuries were observed.

Observations from November 29 through December 8, 2021 revealed the Program was located on Highway 57 with moderate to heavy traffic daily.

According to the state climatologist the weather in Parkersburg on 7-29-21 around 8:30 p.m. was 70 degrees with relative humidity of 70%, conditions were hazy, and the wind was out of the north and west at 3-8 mph. There was no wind chill or precipitation reported at that time.

Review of the Program's Final Investigation Summary and Corrective Action statement revealed the following:
*Staff D allowed Tenant #C1 to leave the memory care unit unattended on 7-29-21.
*A resident had propped open the front door to come and go without having to wait on staff to let him back in.
*Items were immediately removed that could be used to prop open the community doors.
*On 7-30-21 residents were notified they could no longer prop open the doors.
*Staff D received retraining and re-education regarding interventions for Tenant #C1.
*All staff received immediate re-education regarding escorts for tenants in the memory care unit, interventions for behaviors, using radios to

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ask for assistance, and not allowing doors to be propped open.

The Program provided a document that revealed Staff D stated Tenant #C1 left the memory care unit and radioed Staff A to meet Tenant #C1 and escort her back to the memory care unit. Staff D was unable to be reached to provide a statement.

On 11-30-21 at 12:32 p.m. Staff A stated she worked with Staff D on 7-29-21. She had observed Tenant #C1 agitated and she had walked out of the memory care unit a few times prior to the elopement. Staff A said she needed leave the memory care unit to administer medications on the assisted living side and asked Staff D if she felt ok to be alone with Tenant #C1. Staff D responded yes. Staff A stated she observed a person come to the front door who said they thought one of the tenants was outside. Staff A walked out and found Tenant #C1 approximately one-half of a block away. She refused to return. A police officer arrived and got her into the squad car and took her back to the building. Staff A stated she called the interim director and Tenant #C1's daughter to report the incident. Staff A stated Tenant #C1 wore a shirt, pants, and shoes. She said it was a nice evening and observed no injuries. Staff A stated she did not hear a message come over the radio from Staff D that Tenant #C1 walked out of the memory care unit. She stated Tenant #C1 would leave the memory care unit often and usually walked around the hallways of the assisted living and never attempted to leave the building prior to this.

Staff B stated on 11-30-21 at 12:55 p.m. she observed the front door to the Program propped open by tenants as they went outside to sit. She

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A 160	Continued From page 5 stated the previous manager failed to do anything about it but the current manager ensured tenants were informed this cannot occur and removed the can they used to prop the door open. She stated Tenant #C1 had left the memory care unit before and walked around the hallways of the assisted living side of the building. Staff C stated on 11-30-21 at 1:13 p.m. she usually worked third shift and at times she observed the front door propped open with a garbage can and removed it to close the door as she came in. She stated Tenant #C1 would leave the memory care unit. Staff walked with her if there was time. Otherwise staff redirected her back into the memory care unit. Staff E stated on 12-7-21 at 11:57 a.m. she arrived at the Program and observed the front door propped open and removed the can to close the door. She stated Staff D told her Tenant #C1 attempted to leave the memory care unit earlier and stated "I couldn't take it anymore" and allowed Tenant #C1 to leave and radioed Staff A about it. Staff E stated she observed the doors propped open on a regular basis. The Portfolio Leader confirmed these findings during the exit meeting on 12-8-21 at 3:49 p.m.	A 160		

Parker Place

707 Highway 57

Parkersburg, IA 50665

Date: 02/08/2022

Complaint Intake #: Complaints #96745-C, #99450-C, #99537-C, #100019-C or #100969-C. Incident #99021-I and #100970-I, Recertification visit and On site Infection Control Survey.

Plan of Correction (POC) Submitted For:

- Investigation Date: 11/29/2021 to 12/8/2021

A. Regulatory Insufficiency: 481-67.3 (1) Tenant Rights: All tenants have the following rights: **481-67.3 (1)** To be treated with consideration, respect, and full recognition of personal dignity and autonomy.

1. **Elements Detailing the programs correction of the insufficiencies:**
    a. Staff member G was suspended immediately on 09/10/2021
    b. Staff member G was terminated on 10/26/2021
2. **Actions program taking to protect tenants in similar situations:**
    a. All Community employees will receive education on dependent adult abuse and tenant rights by 2/28/2022
3. **Measures taken to ensure problem does not reoccur:**
    a. Director and/or designee will ensure all current employees receive training on tenant rights and dependent adult abuse annually
    b. Director and/or designee will ensure all new employees receive training on tenant rights and dependent adult abuse upon hire
4. **Program plans to monitor performance to ensure solutions are permanent:**
    a. Director and/or designee will monitor that the solutions implemented are in place: weekly, monthly, as needed as determined by the Director/RN or designee to ensure compliance.

B. Regulatory Insufficiency: 481-67.3(2) Tenant Rights: All tenants have the following rights: **481-67.3 (2)** To receive care, treatment and services which are adequate and appropriate.

1. **Elements Detailing the programs correction of the insufficiencies:**
    a. All community employees will receive training on elopement policy/procedures and tenant rights by 02/28/2022.
    b. Resident C was admitted to a higher level of care on 11/12/2021.
2. **Actions program taking to protect tenants in similar situations:**
    a. All community employees will receive training on elopement policy/procedures and tenant rights by 02/28/2022.

b. Ring cameras were placed on each exit door on 12/8/2021. When movement is detected on the ring cameras a push notification is sent to staff's IPAD's which shows staff any movement that caused the notification to occur.
c. All residents reminded during resident council on 12/13/2021 that exit doors cannot be propped open.

3. Measures taken to ensure problem does not reoccur:

a. Director and/or designee will ensure all current employees receive training on tenant rights and elopement policy/procedures annually.
b. Director and/or designee will ensure all new employees receive training on tenant rights and elopement policy/procedures upon hire.
c. All current residents have been informed that exit doors are to remain closed and not propped open. All new residents will be informed, upon move in, that exit doors are to remain closed and not propped open.

4.Program plans to monitor performance to ensure solutions are permanent:

d. Director and/or designee will monitor that the solutions implemented are in place: weekly, monthly, as needed as determined by the Director/RN or designee to ensure compliance.

All corrections will be in place by 02/28/2022

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.

ok 2/9/22