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 _____	R-C 05/01/2025

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 population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive impairment: 9 Number of tenants with cognitive impairment: 7 Total census: 16 The following regulatory insufficiencies were written during the revisit conducted to determine progress made in correcting violations cited during investigations and a revisit completed on 1/9/25.	{A 000}	See attached POC 6/29/25	
A 115	481-67.2(1)b Program Policies and Procedures 67.2(1) The program's policies and procedures on incident reports, at a minimum, shall include the following: b. An incident report shall be in detail and shall be provided on an incident report form. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure incident reports were written in detail for 1 of 5 tenants reviewed (Tenant #2). Findings follow:	A 115		

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A 115	Continued From page 1 Record review on 4/30/25 revealed an incident for Tenant #2 dated 4/7/25 at 8:35 PM in which staff reported they heard Tenant #2 yelling and entered her room to find her sitting on the floor in her room trying to go to the bathroom. She denied hitting her head, but complained of pain in her ring finger which was bent at an odd angle. Tenant #2 went to the emergency room. When interviewed on 4/28/25 at 2:50 PM Staff A recalled working the night Tenant #2 experienced this fall, in which Tenant #2 attempted to urinate in a trash can and some urine got on the floor. She slipped in the urine and injured her finger. On 5/1/25 at 10:37 AM the Regional Nurse Specialist confirmed the program failed to ensure all relevant information was included in the incident report dated 4/7/25.	A 115		
{A 275}	481-67.5(2)f(2) Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program: (2) Medications shall be kept in a locked place or container that is not accessible to persons other than employees responsible for the administration or storage of such medications. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the program failed to ensure medications	{A 275}		

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{A 275}	Continued From page 2 were kept in a locked place for 1 of 1 tenants observed with loose pills (Tenant #3). Findings follow: During a tour of the building on 4/28/25 at 2:00 PM with the Executive Director, a basket on Tenant #3's walker was examined (with her permission). At the bottom of the basket the Executive Director found nine loose pills and several medication cups. An incident report describing the situation dated 4/28/25 identified the pills as two Vitamin D tablets, three Losartan tablets, one Atenolol tablet, two Hydrochlorothiazide tablets and one Levothyroxine tablet. It was unknown the dates the pills were missed. Review of the Medication Administration policy, last revised 5/15/24, revealed when the assisted living program stored a tenant's medications, they would be kept in a locked location not accessible to people other than employees responsible for the supervision of such medication. After Tenant #3's medication was discovered in the basket of her walker on 4/28/25, the Regional Nurse Specialist, Health Care Coordinator and Executive Director completed an in-service with staff reminding them if a tenant received medication management, staff must watch the tenant take every single medication they dispensed and administered to the tenant. At no time was it acceptable to leave medication with a tenant.	{A 275}		
A 361	481-67.9(4)f Staffing 67.9(4) Nurse delegation procedures. The	A 361		

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A 361	Continued From page 3 program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: f. Services shall be provided to tenants in accordance with the training provided. This STANDARD is not met as evidenced by: Based on interview and record review, the program failed to ensure medication administration services were provided to tenants in accordance with training provided for 5 of 5 tenants reviewed (Tenants #1, #2, #3, #4 and #5). Findings follow: Review of monthly Medication Time Variance Reports on 4/29/25 revealed the following: - the April report revealed staff failed to administer Tenant #3's medication within the approved time parameters on the following dates: 4/5/25 and 4/6/25. - the March and April reports revealed staff administered medication outside of the approved parameters for Tenant #1 on the following dates: 3/30/25, 3/31/25, 4/2/25, 4/3/25, 4/4/25, 4/5/25, 4/6/25, 4/7/25, 4/8/25, 4/9/25, 4/10/25, 4/11/25, 4/12/25, 4/14/25, 4/15/25, 4/16/25, 4/17/25, 4/19/25, 4/20/25, 4/21/25, 4/22/25, 4/23/25, 4/25/25 and 4/28/25. - the April report revealed Tenant #2 received her medication outside of the approved time parameters on the following dates: 4/1/25, 4/2/25, 4/3/25, 4/4/25, 4/6/25, 4/8/25, 4/10/25, 4/11/25, 4/13/25, 4/14/25, 4/17/25, 4/19/25, 4/20/25, 4/22/25 and 4/24/25. - the April report revealed Tenant #4 received her medication outside of the approved time	A 361		

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A 361	Continued From page 4 parameters on the following dates: 4/1/25, 4/3/25, 4/5/25, 4/8/25 and 4/24/25. - the April report revealed Tenant #5 did not receive her medication within the approved time parameters on 4/14/25 and 4/20/25. The Regional Nurse Specialist completed training with the newly hired Health Care Coordinator on 4/28/25 on the Handling of Medication in the Community. Assuring the accuracy of all medication with the most current physician order and upholding all six rights for proper and accurate administration of medication was a must when handling medication for a tenant. One of the six rights was ensuring medication was administered at the right time. The training noted the acceptable window of medication administration was one hour before and one hour after the specified time. During an interview with Staff A on 4/28/25 at 2:50 PM she confirmed she was trained to administer medication within a window of one hour before or one hour after the time ordered by the tenant's physician. She was generally able to provide medication to tenants on time, with the exception of about one day a week. On 5/1/25 at 10:37 AM the Healthcare Coordinator and Regional Nurse Specialist confirmed staff were trained to administer medication to tenants within a window of one hour before or one hour after the time ordered by primary care providers but failed to do so on numerous occasions.	A 361		
{A 395}	481-69.26(4)a Service Plans 69.26(4) The service plan shall be individualized	{A 395}		

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{A 395}	Continued From page 5 and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the program failed to ensure the needs of tenants were identifed on the service plans of 2 of 5 tenants reviewed (Tenant #2 and Tenant #3). Findings follow: 1) Review of Tenant #2's progress notes on 4/29/25 revealed the following: - on 3/31/25 the Regional Nurse Specialist documented staff reported the tenant had been urinating and defecating in her trash can. She sent a fax to the tenant's primary care provider (PCP) asking for a urinalysis for the tenant, which was approved. A urine specimen was collected and sent to the lab. The program received the results of the urinalysis on 4/2/25 and sent them to the PCP for review. Tenant #2 was not treated for a urinary tract infection. - on 4/7/25 staff heard Tenant #2 yelling. Upon entering her room, staff found Tenant #2 sitting on the floor in her room trying to go to the bathroom. Tenant #2 complained of pain to the ring finger of her left hand which was bent at a weird angle. She went to the emergency room. Tenant #2 had a large hematoma on the left side of her head and her ring finger was dislocated. During an interview on 4/28/25 at 2:50 PM, Staff A reported when Tenant #2 fell and injured her finger on 4/7/25, it was a result of slipping on urine. Tenant #2 was attempting to urinate in a	{A 395}		

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{A 395}	Continued From page 6	{A 395}		

trash can and some of the urine landed on the floor. Staff A was aware of another incident of Tenant #2 defecating in an inappropriate place as she found feces on her kitchen floor on one occasion.

On 4/30/25 at 3:10 PM Staff B stated she had to clean urine out of Tenant #2's trash can on several occasions. She believed one trash can had been removed from the tenant's apartment to prevent this behavior. There was one time she had to clean up feces from Tenant #2's apartment.

The program updated Tenant #2's service plan multiple times in April (4/6/25, 4/14/25, 4/28/25) as her needs changed. The 4/28/25 service plan noted she required total assistance with all tasks related to toileting. Staff were to assist Tenant #2 to the bathroom once per shift as needed. The service plan did not identify she urinated or defecated in inappropriate places.

On 4/29/25 at 3:22 PM the Regional Nurse Specialist stated she thought she added Tenant #2's tendency to urinate and defecate in inappropriate places to her service plan on 3/31/25, but forgot to do so when she was waiting for the results of a urinalysis.

2) During a tour of the building on 4/28/25 at 2:00 PM with the Executive Director, a basket on Tenant #3's walker was examined (with her permission). At the bottom of the basket the Executive Director found 9 loose pills and several medication cups.

Tenant #3 had signed medication orders from her primary care provider (PCP) dated 3/5/25 for Levothyroxin 25 mcg. daily at 7:00 AM, 1 tablet of

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{A 395}	Continued From page 7 Vitamin D3 125 mcg daily at 8:00 AM, Losartan 50 mg. daily at 8:00 AM, and Atenolol 25 mg. daily at 8:00 AM. When interviewed on 4/28/25 at 2:50 PM Staff A stated Tenant #3 received medications at 7:00 AM and 8:00 AM each morning. Tenant #3 often repeatedly asked staff to give her the 8:00 AM pills with the 7:00 AM pills. While Staff A did not leave the 8:00 AM pills with Tenant #3 when administering the 7:00 AM pills, she wondered if some staff might do so. On 4/29/25 at 11:50 AM Staff C reported Tenant #3 got one pill at 7:00 AM and had to wait 30 minutes before she could get her other pills. Tenant #3 would get mad at staff and tell them she wanted her pills administered at the same time. Tenant #3 had a service plan dated 3/5/25 which indicated staff would administer her medications. Her medicine was stored in her apartment in a locked cupboard. The service plan did not include directions for staff about how to intervene when Tenant #3 demanded her pills outside of the times ordered by her primary care provider. 3) On 5/1/25 at 10:37 AM the Regional Nurse Specialist confirmed the tenants' service plans did not address their needs.	{A 395}		

ok
7/7/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: S0300	DATE SURVEY COMPLETED: 05/01/2025

Tag #	SUMMARY STATEMENT OF DEFICIENTCIES (EACH DEFICIENCY SHOULD BE PRECEDE BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY	Identify what changes to the provider's systems and practices were made to ensure compliance with the specific statute(s). Include information about how the provider will maintain compliance in the future.	COMPLETION DATE
Tag #1	**481-67.2(1)b Program Policies and Procedures 67.2(1): The program's policies and procedures on incident reports, at a minimum, shall include the following:** **b. An incident report shall be in detail and shall be provided on an incident report form.** This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure incident reports were written in detail for 1 of 5 tenants reviewed (Tenant #2).	**A115**	Tenant #2's Incident Report from 4/7/2025 was updated on 5/29/2025 to reflect the inappropriate incontinence that occurred during the incident. All current staff will receive re-education on proper incident report completion by 6/29/25. HCC will receive re-education on proper incident report completion by 6/29/25.	All new hires will receive training on incident report policy and how to complete accurately within 30 days of hire. Director and/or designee will complete routine audits of incident reports to ensure compliance.	**Implementation Date: 05/22/2025** **Completion Date:** Ongoing **Responsible Party: Director and/or designee**
Tag #2	**481-67.5(2)f(2) Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following:** **f. When medications are administered traditionally by the program:**	**A275**	Medications were immediately removed from Tenant #3's walker by Community Director on 4/28/25 and disposed of per medication policy. An incident report/medication error was completed by Healthcare Coordinator on 4/28/25.	All new hires who are delegated to pass medications will be trained on the medication policy at the time of medication delegation completion. The Director or designee will continue to complete Medication Pass Audits at a	**Implementation Date: 05/22/2025** **Completion Date:** Ongoing

	(2) Medications shall be kept in a locked place or container that is not accessible to persons other than employees responsible for the administration or storage of such medications This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the program failed to ensure medications were kept in a locked place for 1 of 1 tenants observed with loose pills (Tenant #3).		An instant education regarding medication administration was completed with all medication delegated staff working on 4/28/25 and all remaining medication delegated staff will receive this instant education by 6/29/25.	minimum of 2 per week to ensure compliance.	**Responsible Party:** Director or designee
Tag #3	**481-67.9(4)f Staffing 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following:** **f. Services shall be provided to tenants in accordance with the training provided.** This STANDARD is not met as evidenced by: Based on interview and record review, the program failed to	**A361**	All med managed tenants 'medication orders and scheduled medication times were reviewed by the HCC and medication times were adjusted to accommodate residents' normal routine to ensure timely administration of medications. All current staff will receive re-education on medication policy to include timely administration of medications by 6/29/25.	All new hires who are delegated to pass medications will be trained regarding the medication policy to include timely administration of medications at the time of medication delegation completion. Director and/or designee will complete routine medication documentation audits to ensure compliance.	**Implementation Date: 05/22/2025** **Completion Date: Ongoing** **Responsible Party: Director and/or designee**

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.

	ensure medication administration services were provided to tenants in accordance with training provided for 5 of 5 tenants reviewed (Tenants #1, #2, #3, #4 and #5).				
Tag #4	**481-69.26(4)a Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at a minimum:** **a. The tenant's identified needs and preferences for assistance** This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the program failed to ensure the needs of tenants were identified on the service plans of 2 of 5 tenants reviewed (Tenant #2 and Tenant #3)	**A395**	Tenant #2's service plan was updated on 4/29/25 to reflect the history of inappropriate incontinence and interventions for staff. Tenant's #3's service plan was updated on 5/28/25 to reflect the history of resident becoming upset with staff regarding morning med pass times and interventions for staff. All staff will receive re-education regarding what to report to the nurse and use of staff to nurse communication form by 6/29/25. HCC will receive re-education regarding service plan expectations and timepoints to update by 6/29/25.	All new staff will receive training regarding what to report to the nurse and use of staff to nurse communication form within 30 days of hire. Director and/or designee will complete routine audits of staff to nurse communication forms and service plans to ensure compliance.	**Implementation Date: 05/22/2025** **Completion Date: Ongoing** **Responsible Party: Director and/or designee**

Compliance Date: 06/29/25

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