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 |
|---|---|---|---|
| | S0201 | A. BUILDING: _____ B. WING _____ | 05/10/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PARK CENTRE | 500 1ST STREET NORTH NEWTON, IA 50208 |

| (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 |
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| A 000 | Initial Comments<br><br>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.<br><br>Number of tenants without cognitive disorder: 12<br>Number of tenants with cognitive disorder: 1<br>Total census of Assisted Living Program: 13<br><br>There were no regulatory insufficiencies cited during the onsite infection control survey.<br><br>The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program: | A 000 | 6/30 pl<br><br>**This constitutes our credible allegation of compliance as of 6/25/2021.** | |
| A 290 | 481-69.25(1)i Tenant Documents<br><br>69.25(1) Documentation for each tenant shall be maintained by the program and shall include:<br><br>i. When any personal or health-related care is delegated to the program, the medical information sheet; documentation of health professionals' orders, such as those for treatment, therapy, and medication; and nurses' notes written by exception<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to document nurses' notes by exception for 2 of 3 tenants reviewed (Tenants #1 and #2). Findings follow:<br><br>1. Review of Tenant #1's file on 5-10-21 revealed | A 290 | **A290**<br><br>**Tenant #1 no longer resides in the program. Tenant #2 service plan was reviewed and revised on 6/21/2021.**<br><br>**On 6/21/2021 both the Delegating RN and program nurses were educated on the need to ensure proper charting by exception, in the medical record, when any unusual occurrence and/or change in condition occurs. On 6/24/21 RA Staff educated on the need to notify the Delegating RN and/or program nurse of all unusual occurrence and/or change in conditions, to ensure charting by exception is timely.** | |

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| [signature] | Director | 6.24.2021 |



6/21/21

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| A 290 | Continued From page 1<br>an Incident/Accident Report dated 2-11-21 indicated when Tenant #1 pushed her pendant staff found her on the bathroom floor. She hit her head and it was noted she was stiff and weak. An ambulance was called and Tenant #1 was taken to the emergency room.<br><br>A Functional, Cognitive, Health Assessment dated 3-9-21 reflected Tenant #1 was returning to the Program after a skilled care stay post fall. Resident Discharge Orders dated 3-9-21 indicated physical therapy/occupational therapy (PT/OT) was ordered.<br><br>An Incident/Accident Report dated 4-18-21 indicated Tenant #1 fell between her bathroom and bedroom. Her right leg was bent under her left leg. When the ambulance arrived, it was noted her right left looked shorter than her left leg. Tenant #1 was unable to move her right leg.<br><br>When interviewed on 5-10-21 at approximately 10:55 a.m. the Director said Tenant #1 had a fractured femur and was in skilled care.<br><br>Further record review revealed the only nurses' note documented for Tenant #1 provided was an entry on 4-18-21 related to the fall. There were no entries in nurses' notes provided including notes related to the fall on 2-11-21 and subsequent skilled care stay, the tenant's return to the Program, orders for PT/OT or the femur fracture and current skilled care stay related to the 4-18-21 fall. Nurses' notes were not documented by exception.<br><br>2. Review Tenant #2's file on 5-10-21 of revealed a Functional, Cognitive, Health Assessment dated 2-17-21 indicating Tenant #2 had been hospitalized and in skilled care for | A 290 | **The Delegating RN and/or program nurses will review all unusual occurrence reports, following an occurrence, and/or a change in condition. An additional progress note will be documented in the medical record, as well as, any subsequent charting by exception, as needed. The program will implement the best practice of conducting a monthly chart audit of tenant medical records as well.**<br><br>**The Program Director and/or the Delegating RN will audit all unusual occurrence reports, weekly, to ensure that the tenant's medical record contains charting by excepting, following an unusual occurrence, for the next the 60 days. Any irregularities will be reviewed and discussed at Quarterly Quality Assurance Meeting.** | |

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| A 290 | Continued From page 2<br>congestive heart failure exacerbation. Tenant #2 was ready to return to her apartment in the Program.<br><br>Continued record review revealed a Doctor's Orders and Progress Notes document indicated PT evaluation and treatment was ordered on 2-19-21.<br><br>When interviewed on 5-10-21 at 2:16 p.m. the Director indicated Tenant #2 was discharged from PT; however, the discharge date was not known.<br><br>Further record review revealed there were no nurses' notes when Tenant #2 went to the hospital and subsequent skilled care stay, when Tenant #2 returned to the Program or start or end of PT services. Nurses' notes were not documented by exception.<br><br>3. When interviewed on 5-10-21 at 2:16 p.m. the Director confirmed the above finding. | A 290 | | |
| A 395 | 481-69.26(4)a Service Plans<br><br>69.26(4) The service plan shall be individualized and shall indicate, at a minimum:<br><br>a. The tenant's identified needs and preferences for assistance<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to develop service plans that reflected identified needs for 2 of 3 tenants reviewed (Tenants #1 and #2). Findings follow: | A 395 | **A395**<br><br>**Tenant #1 no longer resides in the program. Tenant #2 service plan was reviewed and revised on 6/21/2021.** | |

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| A 395 | Continued From page 3<br><br>1. Review of Tenant #1's file on 5-10-21 revealed an Incident/Accident Report dated 2-11-21 indicated when Tenant #1 pushed her pendant staff found her on the bathroom floor. She hit her head and it was noted she was stiff and weak. An ambulance was called and Tenant #1 was taken to the emergency room.<br><br>Continued record review revealed Resident Discharge Orders dated 3-9-21 indicated physical therapy (PT)/occupational therapy (OT) was ordered.<br><br>An Incident/Accident Report dated 4-18-21 indicated Tenant #1 fell between her bathroom and bedroom. Her right leg was bent under her left leg. When the ambulance arrived, it was noted her right leg looked shorter than her left leg. Tenant #1 was unable to move her right leg.<br><br>When interviewed on 5-10-21 at approximately 10:55 a.m. the Director said Tenant #1's had a fractured femur and was in skilled care.<br><br>Further record review revealed Tenant #1's service plan dated 3-9-21 did not reflect PT/OT services.<br><br>2. Review of Tenant #2's file on 5-10-21 revealed the April 2021 medication administration records (MAR) reflected staff provided reminders to take her scheduled insulin in the morning, reminders to take her sliding scale insulin four times daily and reminders to check her blood glucose four times per day. Staff documented the completion of those tasks on the MAR.<br><br>Continued record review revealed the service plan dated 2-17-21 reflected Tenant #2 took her blood glucose independently. Staff managed the | A 395 | **On 6/21/2021 both the Delegating RN and program nurses were educated on the need to ensure that each tenant's individual service plan is individualized.**<br><br>**The program will implement the best practice of conducting a monthly chart audit of each tenant's complete medical record, which would include the tenant's individual service plan. This best practice will foster the Program's ability to capture individualized interventions, as needed, prior to the mandated quarterly update.**<br><br>**The Program Director and/or the Delegating RN will audit all individual service plans, monthly, for the next 60 Days, to ensure the tenant's individual's service plan has been updated. Irregularities will be reviewed and discussed at Quarterly Quality Assurance Meeting.** | |

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| A 395 | Continued From page 4<br>prescription medications by providing them at the correct time and Tenant #2 took the medications without supervision. The service plan did not reflect staff provided insulin or blood glucose reminders.<br><br>Further record review revealed a Doctor's Orders and Progress Notes document indicated PT evaluate and treat was ordered dated 2-19-21.<br><br>When interviewed on 5-10-21 at 2:16 p.m. the Director indicated Tenant #2 was discharged from PT; however, the discharge date was not known.<br><br>Continued record review revealed the service plan dated 2-17-21 did not reflect the initiation and discharge from PT services.<br><br>3. When interviewed on 5-10-21 at 2:16 p.m. the Director confirmed the above finding. | A 395 | | |