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
	S0214	A. BUILDING: _____ B. WING _____	C 01/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PETERSEN COMMONS	1607 WEST 12TH STREET DAVENPORT, IA 52804

(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: 25 Number of tenants with cognitive disorder: 1 Total census of Assisted Living Program: 26 There were no regulatory insufficiencies cited during the onsite infection control survey completed from 1/5/21 to 1/13/21. Comments to the Program regarding the onsite infection control survey included to review recommended guidance regarding personal protective equipment to be worn by healthcare staff and for hand hygiene frequency. The following regulatory insufficiency was cited during the investigation of Complaints #91006-C and #92223-C.	A 000	✓ 5/19/21	
A 089	481-69.26(4)a Service Plans 481-69.26(231C) 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 interview and record review the Program failed to develop service plans that	A 089	Plan of Correction is attached	

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

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A 089	Continued From page 1 reflected identified needs for 4 of 5 tenants reviewed (Tenants #2, #3, #4 and #5). Findings follow: 1. Review of Tenant #2's file on 1-11-21 revealed a Health and Functional Assessment dated 10-31-20 indicating Tenant #2 used a wheeled walker for ambulation. The service plan dated 2-10-20 reflected Tenant #2 was independent with ambulation and no assistive devices were listed. 2. Review of Tenant #3's file on 1-11-21 revealed a Nurse Review dated 12-29-20 indicating a new order received on 12-28-20 for Seroquel 12.5 milligram (mg) at bedtime. The previous order of Seroquel 25 mg at bedtime was discontinued. Tenant #3 requested her Seroquel at 10:00 p.m. each night. On 12-29-20 a new order was received for Mitrazipine 7.5 mg, orally, at bedtime for depression. Tenant #3 requested the Mitrazipine be administered at 10:00 p.m. each night with the Seroquel. The service plan dated 11-7-20 reflected Tenant #3's request for morning medications to be given at 6:30 a.m. every morning; however, did not reflect Tenant #3's request for the certain bedtime medications to be given at 10:00 p.m. 3. Review of Tenant #4's file on 1-12-21 revealed the December 2020 medication administration record (MAR) reflected Tenant #4 self-administered medications including Calcium Antacid 500 mg (chewable tablet) 2 tablets every six hours as needed, and Nystop 100,000 units/gram (GM) applied to groin area three times per day as needed. The service plan dated 11-22-20 reflected staff administered and stored all medications. The service plan did not reflect Tenant #4 also self-administered and stored	A 089		

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A 089	Continued From page 2 medications. 4. Review of Tenant #5's file on 1-12-21 revealed the December 2020 MAR reflected Tenant #5 self-administered medications including 1 capsule Cranberry 500 mg (soft gel) daily, 1 tablet Ferrous Sulfate 325 mg, daily, 1 capsule Fish Oil 1,000 mg daily, 1 tablet Centrum Silver daily, 1 capsule Garlic (soft gel) 1,000 mg, daily, 2 tablets Acetaminophen 325 mg, every six hours as needed, Bengay as needed, Milk of Magnesia Suspension as needed and Nystop 100,000 units/GM applied to inner thighs as needed. The service plan dated 12-1-20 reflected staff administered and stored all medications. The service plan did not reflect Tenant #5 also self-administered and stored medications. 5. When interviewed on 1-13-21 at 4:16 p.m. the Nurse confirmed the above findings.	A 089		

5/12/21

March 17, 2021

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 Petersen Commons in Davenport, I respectfully submit our Plan of Correction for your approval. Our response is specific to the Monitoring Report dated March 8, 2021. 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 insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of state law.

Service Plan

1. Elements detailing how the Program will correct each regulatory insufficiency, including at the system level.
    - Tenants service plans will be updated to reflect their identified needs and preferences for assistance as required by regulation.
    - The RN or Nurse Designee will compare the service plan to the assessment after completion to ensure accuracy and completeness.

2. What measures will be taken to ensure the problem does not recur.
    - The RN and Executive Director will be educated on regulatory requirements for service plan.

3. How the Program plans to monitor performance to ensure compliance.
    - The RN, Executive Director, or Designee will monitor for compliance at least every 90 days.

4. The date by which the regulatory insufficiency will be corrected.
    - This regulatory insufficiency will be completed by April 8, 2021.

5/12/21

If you have any questions regarding this plan of correction, please feel free to contact me at 563-323-3888. Thank you.

Sincerely,

Kathy Patrick
Executive Director