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
	S0378	A. BUILDING: _____ B. WING _____	09/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK VISTA RETIREMENT LIVING	1810 PARK VISTA DRIVE CAMANCHE, IA 52730

(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. Tenants without cognitive impairment: 21 Tenants with cognitive impairment: 7 Total census: 28 The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program for People with Dementia.	A 000		
A 360	481-69.26(3) Service Plans 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to update the service plans of 2 of 5 tenants reviewed as required (Tenant #2 and Tenant #5). Findings follow: 1. Record review on 9/09/25 revealed Tenant #2's incident report on 8/30/25, noted she attempted to get into her bed and scraped the front of her left calf and under her left knee. Staff called 911 and the paramedic applied a dressing to Tenant	A 360	30 day not completed on time, will implement a bi-weekly UDA review and monitor. Regulatory insufficiency will be corrected + plan in place as of 11-3-25. Susan Kinkaid Executive Dir 11-3-25	

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A 360	Continued From page 1 #2's leg but she refused a transfer to the emergency room. The following day she went to the emergency room and returned with an optifoam dressing. Instructions were provided for Tenant #2 to follow up at the wound clinic on 9/05/25. The Director of Nursing (DON) reported on 9/09/25 at 3:00 p.m., Tenant #2 had her first visit at the wound clinic on 9/04/25. She had dressing changes scheduled for each Monday and Thursday. The DON completed the Monday dressing changes and the wound clinic completed the Thursday dressing changes. Tenant #2 had a history of skin issues which required various powders for treatment, but had not experienced an open wound or been a patient of the wound clinic. The DON confirmed Tenant #2's service plan was not updated when she experienced a change of condition. 2. Tenant #5's initial service plan was completed on 8/05/25, the date of her admission to the program. A subsequent service plan was not written. The program failed to update Tenant #5's service plan within 30 days. During an interview on 9/09/25 at 2:00 p.m., the Director of Nursing confirmed the findings.	A 360	Going forward COC will be done for Skin tear. Any wound care will be entered under task so it flows to the service plan and a monthly order review will be established Regulartory insufficiency and plan in place as of 11-3-25 Susan Kinkaid Executive Dir. 11-3-25	