

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0418	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/10/2022
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OAK PARK PLACE AL

**1381 OAK PARK PLACE
DUBUQUE, IA 52002**

(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: 33 Number of tenants with cognitive disorder: 3 Total Population of Program at time of on-site: 33 No regulatory insufficiencies were cited during the investigation of Complaint #100875-C. The following regulatory insufficiencies were cited during the investigation of Complaint #100942-C.	A 000		
A 140	481-69.22(2) Evaluation of Tenant 69.22(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to evaluate tenant's functional, cognitive, and health status within 30 days of occupancy for 1 of 2 discharged tenants reviewed (Tenant C1). Findings follow: Record review on 8-9-22 revealed Tenant C1 was admitted on 8-9-21. No functional, cognitive, and health assessments completed within 30 days of	A 140		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DEPARTMENT OF INSPECTIONS AND APPEALS

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NAME OF PROVIDER OR SUPPLIER OAK PARK PLACE AL			STREET ADDRESS, CITY, STATE, ZIP CODE 1381 OAK PARK PLACE DUBUQUE, IA 52002		
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A 140	Continued From page 1 admission could be located. On 8-9-22 at 3:32 p.m. the Regional Nurse confirmed these findings.	A 140			