PRINTED: 03/27/2024
FORM APPROVED

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
	80418	A. BUILDING: _____ B. WING _____	C 01/17/2024

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 impairment: 27 Number of tenants with cognitive impairment: 4 Total census: 31 The following regulatory insufficiency was cited during the investigation of Complaint #116569-A and Mandatory Report #117370-M.	A 000		
A 150	481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to follow Program policy regarding Managed Risk for 1 of 5 tenants reviewed (Tenant #1). Findings include: 1. Record review on 1/8/24 revealed Tenant #1 admitted to the program 4/26/17. Tenant #1's most recent cognitive evaluation dated 12/18/23 showed Tenant #1 at low-risk for cognitive decline. Tenant #1's most recent service plan dated 12/18/23 revealed a goal to remain free from skin breakdown due to incontinence and use of brief. The goal showed Tenant #1 would sometimes refuse to be assisted with changing her wet brief overnight and then request a change in the morning. Staff were to use frequent	A 150	Program Policies and Procedures Policies and Procedures Regarding the completion of a Managed Risk will be followed as established by the program. 1. Elements detailing how the program will correct each regulatory insufficiency. • A Managed Risk Agreement for Tenant #1 will be developed and presented to Tenant #1. The agreement will list out and identify consequences and risks each party is willing to accept and or share in maintaining the goal of independence and safety. 2. Measures taken to ensure the problem does not recur. • Director of Housing, Regional Nurse, and Health Services Director and/or Designee will be provided with specific education on the current policy and procedures and regulatory requirements for completion of a Managed Risk Agreement. 3. How the Program plans to monitor performance to ensure compliance. • Director of Housing, Regional Nurse, and Health Services Director and/or Designee will monitor completion of the Managed Risk Agreement. Health Services Director and/or Designee will evaluate for appropriateness of Managed Risk when completing the 90 Day Nurse Review. 4. Date by which the Regulatory Insufficiency will be corrected. • The Regulatory Insufficiency will be corrected on or before April 26, 2024 Phillip Buhl, Director of Housing Oak Park Place AL	

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

✓ 6/27/24

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A 150	Continued From page 1 reminders for toileting and to change her incontinence brief. Tenant #1 had no managed risk within her record. 2. Further review of Tenant #1's record revealed the following nurse's notes: -On 9/15/23, the following concern documented by the Registered Nurse (RN): Tenant #1 had a left buttock wound which measured 3.5 cm by 7.0 cm by 0 cm and a right buttock wound which measured 2.0 cm by 1.0 cm by 0.0 cm. The area was cleaned and dried. -On 9/29/23, the following concern was written by the RN: the right buttock healed. The left inner buttock wound measured 1.4 cm by 0.4 cm by 0.0 cm. -On 10/12/23, the following concern was written by the Regional Nurse: Tenant #1 was discharged from physical therapy due to non-compliance. Tenant #1 was continent but chose to soil her brief in bed and change. Tenant #1 was non-compliant in peri-care, bathing, turning, and routine repositioning. -On 10/13/23, the following concern was written by the RN: Tenant #1's right buttocks continued to be free from skin breakage. Tenant #1's left buttock had small area of pink, dry, and flaked skin which measured 1.0 cm by 1.0 cm by 0.0 cm. -On 10/20/23, the following was documented by the RN: Tenant #1 had no open areas on the buttocks but continued to have dry and flaky areas on left buttock. Tenant #1 stated the area didn't itch. Ointment was applied by the RN. 3. When interviewed on 1/8/24 at 1:21 pm, Staff A stated Tenant #1 required staff to occasionally pull up her brief or change Tenant #1's bedding/incontinence pad on the bed. Staff A stated Tenant #1 hated for staff to touch her. Staff	A 150		

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A 150	Continued From page 2 A stated Tenant #1 chose to stay in bed most of the time and only get up to use the toilet. Staff A stated she believed Tenant #1 weighed around 600 lbs. 4. When interviewed on 1/8/24 at 1:40 pm, Staff B stated Tenant #1 refused a lot of cares. Tenant #1 didn't want to take showers but wanted only to use no rinse soap. Staff B stated Tenant #1 got sores in her creases and folds such as under her breasts and her left back side area. 5. When interviewed on 1/8/24 at 2:00 pm, the Regional Nurse stated Tenant #1 was morbidly obese and non-compliant. The Regional Nurse stated Tenant #1 was continent but chose to soil her incontinence briefs. The Regional Nurse indicated Tenant #1 had the abilities to do things but she chose not to. She indicated Tenant #1 required assistance with bathing but typically refused and only wanted cleaning wipes used instead of a shower. The Regional Nurse indicated it was common for Tenant #1 to refuse to be changed at night when she was incontinent because she wanted to wait until morning. 6. Record review on 1/11/24 revealed the Program's Managed Risk Policy directed if potential negative consequences were identified for a tenant, the administration and tenant would negotiate an agreement which lists out the consequences along with what risks each party is willing to accept and/or share in maintaining the goal of independence and safety. 7. When interviewed on 1/9/24 at 12:15 pm, the Director of Housing stated Tenant #1 had no managed risk agreement in place per the Program's Managed Risk Policy.	A 150		