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
	S0421	A. BUILDING: _____ B. WING _____	C 08/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENNSYLVANIA PLACE	ONE PENNSYLVANIA PLACE OTTUMWA, IA 52501

(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: 29 Number of tenants with cognitive impairment: 3 Total census: 32 No regulatory insufficiencies were cited during the investigation of Complaint #117506-C and #118553-C. The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program	A 000	The Plan of Correction is attached.	
A 370	481-69.26(3)a 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. a. If a significant change triggers the review and update of the service plan, the updated service plan shall be signed and dated by all parties. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to obtain resident signature for a service plan updated for 1 of 1 tenant reviewed with a significant change (Tenant #4). Finding follows:	A 370		

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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A 370	Continued From page 1 On 8/12/24 record review revealed Tenant #4's most recent health and functional assessment, dated 7/23/24, which indicated the assessment was completed due to a change of condition. According to the assessment, Tenant #4 recently returned to the program, following a hospitalization for respiratory failure. Changes included use of oxygen, new diet order and a referral to physical and occupational therapy. Tenant #4's service plan dated 7/23/24 reflected the changes noted in the health and functional assessment. Tenant #4's signature could not be located on the service plan. On 8/12/24 at 11:25 a.m. the consultant registered nurse verified the program had not obtained Tenant #4's signature for her service plan.	A 370		
A 385	481-69.26(3)d 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. d. The service plan updated within 30 days of the tenant's occupancy shall be signed and dated by all parties. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to obtain signatures for 30-day service plans for 2 of 2 tenants reviewed who	A 385		

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
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(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 385	Continued From page 2 were admitted in the prior 3 months (Tenant #1 and Tenant #3). Finding follow: 1. On 8/08/24 Tenant #1's record review revealed her 30-day service plan dated 6/21/24. No signature for Tenant #1 or her legal representative could be located with the plan. On 8/08/24 at 11:35 a.m. the consultant registered nurse (RN) verified neither Tenant #1 nor her legal representative signed her 30-day service plan. 2. On 8/12/24 Tenant #3's record review revealed her 30-day service plan dated 6/13/24. No signature for Tenant #3 or her legal representative could be located with the plan. On 8/12/24 at 10:50 a.m. the program RN confirmed neither Tenant #3 nor her legal representative signed her 30-day service plan.	A 385		

Pennsylvania Place
Ottumwa's Premier Retirement Community

September 30, 2024

Department of Inspections and Appeals
Attn: Deb Dixon
6200 Park Ave. Suite 100
Des Moines, Iowa 50321

Dear Ms. Dixon:

On behalf of Pennsylvania Place Assisted Living in Ottumwa, Iowa, I respectfully submit our Plan of Correction for your approval. This response is specific to the recertification report for the onsite visit between 8/5/2024-8/12/2024.

Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the alleged facts or conclusions set forth in the statement of insufficiencies. The Plan of Correction is executed solely because it is required by the provisions of Iowa Law.

Service Plans

1. Elements detailing how the program will correct each regulatory insufficiency
    - The service plan for tenant #4 will be updated to identify oxygen use, dietary recommendations, and outside services.
    - The service plan for tenant #4 will be signed per regulation with the updated needs.
2. Measures taken to ensure the problem does not recur
    - The Director of Nursing and Nurse Designee will be re-educated regarding Service Plans and the regulatory requirements contained in Chapter 69.26.
    - Service plans will be developed for each tenant and will be based on the evaluation, individualized for each tenant, updated whenever changes are needed and at least annually in accordance with regulation.
    - Service plans will be signed by all parties involved.
3. How the Program plans to monitor performance to ensure compliance
    a. The Director of Nursing and/or Nurse Designee will review the service plans for all tenants receiving personal or health-related cares at least quarterly and when changes are needed.
    b. The Director of Nursing and/or Nurse Designee will review the service plans of all tenants at least annually and when changes are needed.
4. The date by which the regulatory insufficiency will be corrected
    a. The regulatory insufficiency will be corrected on or before October 18, 2024.

Service Plans

1. Elements detailing how the Program will correct each regulatory insufficiency
    - The service plan for Tenant #1 was updated by Director of Nursing and/or designee on 8/28/2024. The service plan was signed by Director of Nursing, tenant, and tenant's legal representative.
    - The service plan for Tenant #3 was updated by Director of Nursing and/or designee on 9/19/2024. The service plan was signed by Director of Nursing and/or designee, tenant, and tenant's legal representative.
2. Measures taken to ensure problem does not occur
    - The Director of Nursing and Nurse Designee will be re-educated regarding Service Plans and the regulatory requirements contained in Chapter 69.26(3) d.
3. How the Program plans to monitor performance to ensure compliance
    - The Director of Nursing and/or Nurse Designee will review the service plans for all tenants receiving personal or health-related cares at least quarterly and when changes are needed to assure required signatures are obtained in accordance with regulation
4. The date by which the regulatory insufficiency will be corrected
    - The regulatory insufficiency will be corrected on or before October 18, 2024.

Thank you for your kind time and attention towards this matter. Please do not hesitate to contact me should you have further questions.

Best Regards,

Brenda K. Hostetler

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