

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0218	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/23/2021
NAME OF PROVIDER OR SUPPLIER OAK PARK PLACE MEMORY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 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. Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 13 Total Census: 13 No regulatory insufficiencies were cited regarding Complaint 96787-C, Complaint 96470-C or the onsite infection control survey. The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program and the investigation of Complaint #93153-C.	A 000		
A 160	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on interviews and record review the Program staff failed to ensure 1 of 7 tenants reviewed received services that were adequate and appropriate (Tenant # 5). Findings include: On 9/22/21, a review of Tenant #5's record revealed an admission date of 8/16/18. Tenant #5	A 160		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

TITLE

(X6) DATE

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A 160	Continued From page 1 had diagnoses including Alzheimer's disease, hypotension, syncope and collapse, hypothyroidism, hyperlipidemia, hypertension, nonrheumatic aortic valve stenosis, atrial fibrillation, GERD (gastroesophageal reflux disease), and peripheral vascular disease. A review of Tenant #5's service plan dated 3/30/21 revealed she received bathing assistance from staff two times a week. Staff assisted the tenant with getting in and out of the shower and washed her back and hard to reach areas. Documentation for bathing assistance revealed Tenant #5 had refused all shower assistance in the past 30 days (September 2021). On 9/21/21 at 12:22 pm, Staff A stated Tenant #5 usually refused her showers. She hated showers as well as staff completing hands-on cares. On 9/21/21 at 1:02 pm, Staff G stated Tenant #5 refused to shower and staff had no directives on how to help the tenant. On 9/28/21 at 12:15 pm, the Director of Housing and Director of Nursing confirmed the above finding.	A 160		
A 380	481-67.9(6) Staffing 67.9(6) Dependent adult abuse training. Program staff shall receive training relating to the identification and reporting of dependent adult abuse as required by Iowa Code section 235B.16. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to ensure 4 out of 9 staff	A 380		

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A 380	Continued From page 2 members reviewed completed dependent adult abuse training within 6 months of employment as indicated in Iowa Code section 235B.16 (Staff F, G, H, I) Findings include: Chapter 235 B requires that employees complete two hours of training relating to the identification and reporting of Dependent Adult Abuse within six months of initial employment. A review of personnel records on 9/20/21 revealed the following: a.) Staff F was hired on 8/24/20. No dependent adult abuse training could be located with Staff F's personnel file. b.) Staff G was hired on 12/17/20. No dependent adult abuse training could be located with Staff G's personnel file. c.) Staff H was hired on 1/8/21. No dependent adult abuse training could be located with Staff H's personnel file. d.) Staff I was hired on 12/14/20. No dependent adult abuse training could be located with Staff I's personnel file. On 9/28/21 at 12:15 pm, the Director of Housing and Director of Nursing confirmed the above findings.	A 380		
A 145	481-69.22(3) Evaluation of Tenant 69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, a	A 145		

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A 145	Continued From page 3 human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to ensure evaluations were completed as needed for 2 of 2 tenants reviewed who had experienced significant changes (Tenant #3, Tenant #7). Findings include: On 9/22/21 record review for Tenant #3 revealed an admission date of 2/25/21. Tenant #3 had diagnoses of dermatophytosis, benign neoplasm of colon, anemia, hyperlipidemia, dementia, hypertension, diverticulitis, cellulitis, seborrheic keratosis and chronic kidney disease. A review of nurse's notes revealed Tenant #3 was hospitalized from 7/15/21 to 7/20/21 for behavioral outbursts. No evaluations were completed prior to her return from the hospitalization which occurred due to a change of condition. On 9/22/21 record review for Tenant #7 revealed an admission date of 10/12/20. Tenant #7 had diagnoses of dementia, anemia, hyperlipidemia, heart failure, venous insufficiency, osteoarthritis and heartburn. A review of nurse's notes revealed Tenant #7 was hospitalized on 9/7/21 and 9/8/21 for a fracture of the sternum and other older fractures causing pain. Tenant #7 returned from the hospital with a new order for Tylenol. Tenant #7 had no evaluations completed prior to her return from her hospitalization.	A 145		

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A 145	Continued From page 4 On 9/28/21 at 12:15 pm, the Director of Housing and Director of Nursing confirmed the above findings.	A 145		
A 565	481-69.30(5) Dementia Specific Education for Personnel 69.30(5) Dementia-specific training shall include hands-on training and may include any of the following: classroom instruction, Web-based training, and case studies of tenants in the program This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to ensure 5 of 9 staff members reviewed received 8 hours of dementia-specific training that included hands-on instruction (Staff D, F, G, H, I) Findings include: On 9/20/21 during a review of personnel records, the following was discovered: a.) Staff D was hired on 6/15/21. Documentation showed Staff D had completed 4 hours of dementia-specific training on 6/17/21. There was no record of any hands-on training. b.) Staff F was hired on 8/24/20. Documentation showed Staff F had completed 4 hours of video training on 8/24/20. There was no record of any hands-on training. c.) Staff G was hired on 12/17/20. Documentation showed Staff G had completed 4 hours of video training on 12/18/20. There was no record of any hands-on training. d.) Staff H was hired on 1/8/21. Documentation showed Staff H had completed 4 hours of video training on 7/8/21. There was no record of any	A 565		

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A 565	Continued From page 5 hands-on training. e.) Staff I was hired on 12/14/20. Documentation showed Staff I had completed 4 hours of video training on 12/16/20. There was no record of any hands-on training. On 9/28/21 at 12:15 pm, the Director of Housing and Director of Nursing confirmed the above finding.	A 565			