

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0070	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/16/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER OAKLAND HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 904 N SCENIC DR OAKLAND, IA 51560
--	---

(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	<p>Initial Comments</p> <p>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.</p> <p>Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 1</p> <p>No regulatory insufficiencies were cited regarding the investigation of Complaint #93225-C or the onsite infection control survey.</p> <p>The following regulatory insufficiencies were cited during the recertification visit completed to determine compliance with rules for an Assisted Living program.</p>	A 000		
A 145	<p>481-69.22(3) Evaluation of Tenant</p> <p>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 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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure tenants' functional,</p>	A 145	<p><i>Plan of Correction is attached</i></p>	

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

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0070	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/16/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER OAKLAND HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 904 N SCENIC DR OAKLAND, IA 51560
--	---

(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 145	<p>Continued From page 1</p> <p>cognitive and health status had been evaluated annually for 1 of 1 current (Resident #1) and 1 of 1 former (Resident C2) residents reviewed. Findings include:</p> <p>On 2/16/22 record review revealed Tenant #1 was admitted to the Program on 9/26/14. No functional, cognitive or health assessments could be located.</p> <p>On 2/16/22 record review revealed Tenant C2 was admitted to the Program on 12/06/15 and discharged on 8/20/2020. No functional, cognitive or health assessments could be located.</p> <p>On 2/16/22 at 3:00 p.m. the Administrator confirmed these findings.</p>	A 145		
A 420	<p>481-69.27(1)a Nurse Review</p> <p>69.27(1) If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse:</p> <p>a. To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders</p> <p>This REQUIREMENT is not met as evidenced by:</p>	A 420		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0070	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/16/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER OAKLAND HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 904 N SCENIC DR OAKLAND, IA 51560
--	---

(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 420	<p>Continued From page 2</p> <p>Based on interview and record review the Program failed to ensure nurse reviews had been completed every 90 days 1 of 1 tenants reviewed who received administered prescription medications (Resident #1). Findings include:</p> <p>On 2/16/22 record review revealed Tenant #1's service plan indicated her medications were administered by staff. Further review revealed Tenant #1's last 90 day nurse review had been completed on 5/12/20.</p> <p>On 2/16/22 at 1:49 p.m. Staff B confirmed this finding.</p>	A 420		

The preparation of the following plan of correction for this deficiency does not constitute and should not be interpreted as an admission nor an agreement by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction prepared for these deficiencies were executed solely because provisions of State and Federal law require it:

- 1) Immediate Fix
- 2) Potential Residents Affected
- 3) System Changes
- 4) Monitoring/QAPI
- 5) Date of compliance

A 145:

- 1) Resident #1 has had an annual evaluation completed. Resident #C2 no longer resides in Oakland Heights.
- 2) This affected all tenants at Oakland Heights.
- 3) Staff was educated on the requirement of tenants being evaluated at least annually or with any significant change in status on 4/4/22. Staff will schedule tenants with annual review dates and put on evaluation schedule. Staff and administration will discuss tenants quarterly and as needed to determine if a significant change in status evaluation is needed. One will be completed as needed for significant change in status so that tenants continue to meet program requirements. Facility will continue to perform 90-day screens/evals to determine if there is a significant change in status to assist in determining if a new evaluation of the tenant is warranted/needed. If needed one will be completed by the designated nurse.
- 4) Administration and Nurse Designee will review tenants weekly to ensure scheduled evaluations are conducted as needed and that 90-day screens are completed to determine if a significant change in a tenant as occurred. If a significant change has occurred a new evaluation will be performed.
- 5) POC date 4/4/2022

A 420

- 1) Resident #1 is having their medications reviewed on a 90-day basis for ensuring that there are no adverse reactions to medications or adverse reactions between medications.
- 2) This affected all tenants at Oakland Heights.
- 3) Staff was educated on the importance of 90-day tenant medication reviews on 4/4/22. Tenants' physician's will review their medications on a quarterly basis as will the pharmacist to ensure that resident's medications are appropriate and there is a limited chance of adverse reactions to the medications as well as limited chance of drug to drug adverse reactions. Changes to medications will be made upon the reviews as needed to assist the resident with their medication regimen.

✓ 4/15/22

- 4) Administration and Nurse Designee will monitor that Tenant's medications are reviewed on a 90-day basis by their physician and a pharmacist. Recommendations will be followed up as needed following the medication reviews
- 5) POC 4/4/2022