

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0189	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/16/2022
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NAME OF PROVIDER OR SUPPLIER PARKVIEW ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 114 FOREST STREET FAIRBANK, IA 50629
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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 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: 11 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 12</p> <p>The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program.</p>	A 000		
A 340	<p>481-67.9(4)a Staffing</p> <p>67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following:</p> <p>a. The program's newly hired registered nurse shall within 60 days of beginning employment as the program's registered nurse document a review to ensure that staff are sufficiently trained and competent in all tasks that are assigned or delegated.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to document a review within 60 days of the nurse's employment ensuring 2 of 2 staff reviewed were sufficiently trained on required tasks (Staff A and B). Findings follow:</p>	A 340	<p>Newly hired nurses will be made aware of Nurse Delegation Procedures, including reviews with all staff, ensuring sufficient training & staff is competent in all tasks.</p>	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Kelly Mallegan

TITLE
Director

(X6) DATE

1/13/23

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 340	<p>Continued From page 1</p> <p>Record review of staff files on 11/16/22 revealed the following:</p> <ol style="list-style-type: none"> 1. The delegating Registered Nurse (RN) was hired 8/8/22. 2. Staff A was hired 12/7/2020. No documentation of a review of staff competencies from the new RN could be located. 3. Staff B was hired 5/16/22. No documentation of a review of staff competencies from the new RN could be located. <p>On 11/16/22 at 2:17 p.m. the Registered Nurse confirmed these findings.</p>	A 340	<p><i>RN went through a Medication/Procedure Administration Checklist with all staff, Documentation has been signed & dated by staff & RN</i></p>	<p><i>Staff A 12/2/22 Staff B 11/17/22</i></p>

Kelly Gallegos

Director

1/13/23