

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>165345</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/20/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PARKRIDGE SPECIALTY CARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>5800 NE 12TH AVENUE PLEASANT HILL, IA 50327</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0725  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<b>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on resident interviews and record review, the facility failed to ensure staff responded and answered resident's call lights within 15 minutes to meet resident needs for one of five residents sampled, (Resident #1). The facility reported a census of 62 residents. Findings include: The Minimum Data Set (MDS) assessment dated [DATE], recorded Resident #1 had [DIAGNOSES REDACTED]. The MDS documented the resident had a Brief Interview for Mental Status score of 12, indicating moderately impaired cognitive skills. The resident required extensive assistance of one staff for transfers, toilet use, dressing, and personal hygiene. During an interview on 8/17/20 at 2:30 PM, Resident #1 reported it took up to 30-40 minutes to get her call light answered before she got staff assistance. The resident reported it frequently took an extended period of time for staff to answer her call light. Review of Zone Activity Report for the period of 7/18/20 through 8/18/20 for the rooms 300-316 revealed resident call lights exceeded 15 minutes on 391 occasions. The call lights during this time period that exceeded 15 minutes were activated from 16 minutes to 1 hour and 6 minutes. In an interview with the Director of Nursing on 8/18/20 at 3:00pm, she revealed it is an expectation for call lights to be answered by staff within 15 minutes.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.