

1/25/18

PRINTED: 12/12/2017
FORM APPROVED

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0299	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/04/2017
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NAME OF PROVIDER OR SUPPLIER PRAIRIE HILLS AT DES MOINES	STREET ADDRESS, CITY, STATE, ZIP CODE 5815 SE 27TH STREET DES MOINES, IA 50320
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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>General Population Program</p> <p>Number of tenants without cognitive disorder: 41 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 42</p> <p>Dementia-Specific Program by Dedication</p> <p>Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 18 Total Population of Program at time of on-site: 19</p> <p>TOTAL census of Assisted Living Program: 61</p> <p>A recertification visit was conducted to determine compliance with certification for an Assisted Living Program. Incident 71691-I, Complaint 71656-C and Complaint #72272-C were also investigated. The following regulatory insufficiencies were identified related to #Incident 71691-I, Complaint 71656-C and Complaint #72272-C.</p>	A 000		
A 012	<p>481-67.3(1) Tenant Rights</p> <p>481-67.3 Tenant rights. All tenants have the following rights: 67.3(1) To be treated with consideration, respect, and full recognition of personal dignity and autonomy.</p> <p>This REQUIREMENT is not met as evidenced</p>	A 012	<p>Plan of Correction is attached</p> <p>DDix - 1/25/18</p>	

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

TITLE

(X6) DATE

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A 012	<p>Continued From page 1</p> <p>by: Based on interview and record review the Program failed to consistently ensure tenants were treated with consideration and respect. This affected 1 of 1 tenants identified in Incident #71691-J. Finding follows:</p> <p>The Program self-reported an incident regarding Tenant #1 which occurred on 10/16/17. On that date Tenant #1 was in a recliner and could not get up. The tenant reported when staff arrived to help, she asked for their names. One of the staff was rude and told the tenant not to tell tales on staff.</p> <p>Review of Tenant #1's statement given to the Program regarding the incident revealed Tenant #1 asked for the names of the two staff who responded when she/he used the personal emergency response system (PERS). Tenant #1 explained the recliner was broken and had used the PERS to call for assistance. When two staff responded one of the staff was "mean" and when Tenant #1 asked what their names were Staff A responded by saying, "Don't you be telling stories about me."</p> <p>When interviewed on 11/29/17 at 10:30 a.m. Staff A confirmed she responded to a call to Tenant #1's room with Staff B. Staff A admitted Tenant #1 asked for her name and she asked why Tenant #1 needed to know her name.</p> <p>When interviewed on 11/29/17 at 4:00 p.m. Staff B said she responded to a call to Tenant #1's room with Staff A. Staff B admitted Tenant #1 asked them for their names.</p> <p>Tenant #1 reported the issue to the Program who</p>	A 012		

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A 012	Continued From page 2 investigated and determined the Staff A and B should have given the tenant their names.	A 012		
A 013	<p>481-67.3(2) Tenant Rights</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews the Program failed to consistently ensure Tenants received care, treatment and services which were adequate and appropriate. This affected 2 of 9 tenants reviewed (Tenants #2 and #3). Findings follow:</p> <p>1. Record review on 11/30/17 revealed Tenant #2's Medication Records (MR) for August 2017 - November 2017. The MR directed staff to check Tenant #2's blood pressure twice daily. Review of the MR revealed staff failed to check and/or document checks of Tenant #2's blood pressure twice daily on the following dates:</p> <p>August 2017</p> <ul style="list-style-type: none"> a. 8/5/17 no checks noted b. 8/9/17 no checks noted c. 8/10/17 no afternoon check d. 8/12/17 no afternoon check e. 8/13/17 no afternoon check f. 8/13/17 no afternoon check g. 8/15/17 no afternoon check 	A 013		

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A 013	<p>Continued From page 3</p> <p>h. 8/17/17 no afternoon check i. 8/18/17 no afternoon check j. 8/20/17 no afternoon check k. 8/21/17 no afternoon check l. 8/22/17 no afternoon check m. 8/23/17 no afternoon check n. 8/27/17 no afternoon check o. 8/28/17 no afternoon check p. 8/29/17 no afternoon check q. 8/30/17 no afternoon check</p> <p>September 2017</p> <p>a. 9/1/17 no afternoon check b. 9/3/17 no afternoon check c. 9/4/17 no afternoon check d. 9/8/17 no morning check e. 9/9/17 no afternoon check f. 9/11/17 no afternoon check g. 9/11/17 no afternoon check h. 9/12/17 no afternoon check i. 9/13/17 no afternoon check j. 9/17/17 no afternoon check k. 9/23/17 no afternoon check l. 9/24/17 no afternoon check m. 9/25/17 no afternoon check n. 9/26/17 no afternoon check o. 9/28/17 no afternoon check p. 9/30 /17 no afternoon check</p> <p>October 2017</p> <p>a. 10/1/17 no afternoon check b. 10/5/17 no afternoon check c. 10/6/17 no afternoon check d. 10/7/17 no afternoon check e. 10/8/17 no afternoon check f. 10/14/17 no afternoon check g. 10/16/17 no afternoon check h. 10/18/17 no morning check i. 10/20/17 no afternoon check</p>	A 013		

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A 013	<p>Continued From page 4</p> <p>k. 10/25/17 no afternoon check l. 10/29/17 no afternoon check m. 10/30/17 no afternoon check</p> <p>November 2017</p> <p>a. 11/7/17 no afternoon check b. 11/8/17 no morning check c. 11/9/17 no morning check d. 11/16/17 no morning check e. 11/20/17 no afternoon check d. 11/22/17 no afternoon check e. 11/30/17 no morning check</p> <p>When interviewed on 12/5/17 the LPN acknowledged staff failed to complete/document blood pressure checks for Tenant #2.</p> <p>2. Record review revealed Tenant #3 was seen in the emergency room on 10/3/17 due to a scalp laceration requiring staples following a fall. The follow-up instructions on the emergency room form documented the tenant was to see their doctor in 7 days for staple removal. A fax dated 10/25/17 from the Program's Licensed Practical Nurse (LPN) to the Team MD (Medical Doctor) documented the LPN admitted she forgot about Tenant #1's sutures/staples that needed to be removed on the 13th. When she attempted to remove the staples on 10/25/17 it was too painful for Tenant #3.</p> <p>Further review revealed a document from Mercy Medical Center Emergency Room dated 10/31/17 with the following diagnosis, "removal of staples."</p> <p>When interviewed on 12/5/17 the LPN confirmed she forgot to remove the sutures/staples and this resulted a trip to the Emergency Room for the</p>	A 013		

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A 013	Continued From page 5 removal of the staples 12 to 15 days later than recommended.	A 013			

✓ 1/25/18

**In Response to
Final Complaint/Incident Investigation
Dated December 22nd 2017**

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.

Evaluation

Regulatory Insufficiency: 481-67.3 Tenant rights. All tenants have the following rights: 67.3(1) to be treated with consideration, respect, and full recognition of personal dignity and autonomy.

1. Elements detailing how the program will correct each regulatory insufficiency.
 - a. Incident addressed with Team member A and B.
 - b. Education to be completed with team members.
2. What measures will be taken to ensure the problem does not recur.
 - a. Staff to complete New Team member Orientation (NTMO) on Hire, review importance of wearing name tags.
 - b. Staff review tenant rights during (NTMO)
 - c. Education completed with Staff member B on resident rights, staff member A is no longer employed with property.
3. How the Program plans to monitor performance to ensure compliance.
 - a. New employee paperwork completed during NTMO, paper work kept on file for review of completion.
 - b. Documents reviewed for 6 months for completion.
4. The date by which the regulatory insufficiency will be corrected.
 - a. Regulatory insufficiency will begin implementation on or before January 22nd 2018

Evaluation

Regulatory Insufficiency: Tenant rights. All tenants have the following rights: To receive care, treatment and services which are adequate and appropriate

1. Elements detailing how the program will correct each regulatory insufficiency.
 - a. Nursing will monitor treatment for residents and follow up needed
2. What measures will be taken to ensure the problem does not recur
 - a. Nursing to develop tracking system to ensure follow ups are completed on treatments needed for residents.
3. How the Program plans to monitor performance to ensure compliance.
 - a. Quality Audit completed yearly by corporate nursing to ensure compliance.

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- b. Follow up's reviewed for the next 6 months by Regional nursing team.
- 4. The date by which the regulatory insufficiency will be corrected.
 - a. Regulatory insufficiency will begin implementation on or before January 22nd 2018