

✓ 1/29/20

PRINTED: 01/06/2020
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 12/09/2019
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NAME OF PROVIDER OR SUPPLIER PRAIRIE HILLS AT DES MOINES MC	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 for People with Dementia 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: 2 Number of tenants with cognitive disorder: 20 Total census of Assisted Living Program for People with Dementia: 22</p> <p>The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program as well as the investigation of Incident #86752-I and Complaint #86607-C.</p>	A 000		
A 118	<p>481-67.19(3) Record Checks</p> <p>481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks.</p> <p>67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete criminal, child, and dependent adult abuse background checks prior</p>	A 118		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Kristine Adams* TITLE: *Executive Director* (X6) DATE: *1-9-2020*

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A 118	<p>Continued From page 1</p> <p>to employment for 1 of 8 staff reviewed (Staff A). Findings follow:</p> <p>On 12-3-19 a review of Staff A's file revealed she was hired 1-16-19. A Single Contact License and Background Check was completed 2-1-19.</p> <p>On 12-3-19 at 2:47 p.m. the Executive Director stated she could not locate background checks for Staff A, a dining server, when doing a routine audit of staff files. She then had the background checks completed.</p>	A 118	
A 147	<p>481-67.5(6)d Medications</p> <p>481-67.5(231B,231C,231D) Medications. Each program shall follow its own written medication policy, which shall include the following: 67.5(6) When medications are administered traditionally by the program: d. Medications shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure staff administered medications to the correct individual as prescribed for 1 of 1 tenants reviewed regarding Incident 86752 (Tenant #1). Findings follow:</p> <p>Record review on 12-3-19 of Tenant #1's Medication/Treatment Error Report dated 10-15-19 revealed Staff B administered the wrong medications to Tenant #1. Tenant #1 required emergency care due to a drop in blood pressure</p>	A 147	

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A 147	<p>Continued From page 2 and unresponsiveness.</p> <p>During an interview on 12-4-19 at 10:11 a.m. Staff B stated she had medications ready for another tenant in a medicine (med) cup and needed to get a drink for him to take them. She stated Tenant #1 stopped to talk to her, she became distracted and handed Tenant #1 the medication cup. She observed Tenant #1 swallow the medications. Staff B admitted she failed to follow the six rights of medication administration as trained and allowed Tenant #1 to ingest another tenant's medications. She stated she immediately contacted the on-call nurse and was instructed to call 911. She monitored Tenant #1's vitals until the ambulance arrived and noted her blood pressure dropped during this time. She stated Tenant #1 became sleepy and Emergency Medical Service (EMS) arrived and took over care of the tenant. Staff A confirmed Tenant #1 received the following medications that were not prescribed to her: Acetaminophen 500 milligrams (mg), aspirin 325 mg, Buspirone 10 mg, carb/levo 25-100 mg, Escitalopram 20 mg, furosemide 40 mg, lisinopril 10 mg, lorazepam 1 mg, Meloxicam 7.5 mg, quetiapine 100 mg, and Thera-M multi-vitamin tablet.</p> <p>Review on 12-4-19 of a 24 hour watch document regarding the incident revealed Tenant #1's blood pressure at 8:00 a.m. was 140/70 and dropped to 97/63 at 8:31 a.m.. Further review revealed EMS arrived at 8:55 a.m. and Tenant #1 was taken to the hospital.</p> <p>Review of Charting Notes on 12-4-19 revealed an entry dated 10-17-19 documenting Tenant #1 received the wrong medications on 10-15-19 resulting in low blood pressure. She was transported to the hospital for evaluation and</p>	A 147		
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A 147	<p>Continued From page 3</p> <p>admitted with a diagnosis of toxic encephalopathy. She returned to the Program on 10-17-19 after the toxic encephalopathy had resolved.</p> <p>On 12-5-19 review of a hospital records for 10-15-19 noted a diagnoses of acute encephalopathy and accidental medication error. The tenant was noted to be in fair condition. The physician recommended admission to the hospital for further evaluation including cardiac monitoring and to ensure improvement of encephalopathy.</p> <p>During an interview on 12-5-19 at 3:38 p.m. the Executive Director confirmed these findings. The Program followed up with disciplinary action and further training.</p>	A 147		

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Plan of Correction
In Response to
Recertification & Investigations 86752 and 86607
Dated 12/03/2019 -12/09/2019

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.

Regulatory Insufficiency: Interview and record review revealed a concern in the area of Program administration of medications as prescribed.

- 1. Elements detailing how the Program will correct each regulatory insufficiency.**
The program will implement a process of medication administration observation through our Quality Excellence program. Re-education and delegation of team member involved with medication error completed.
- 2. Measures taken to ensure the problem does not recur.**
The program will implement a continued process of medication administration observation through our Quality Excellence program with all team members delegated to administer medications. Re-education of all team members involved with medication administration on a continual basis.
- 3. How the Program plans to monitor performance to ensure compliance.**
The program will perform random audits through the Quality Excellence program with utilization of the medication administration audit tool.
- 4. The date by which the regulatory insufficiency will be corrected.**
Regulatory Insufficiency to be corrected on or before Thursday, February 6, 2020.

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Regulatory Insufficiency: Interview and record review revealed a concern with the Program failed to complete criminal, child, and dependent adult abuse background checks prior to employment for 1 of 8 staff reviewed.

- 1. Elements detailing how the Program will correct each regulatory insufficiency.**
The program identified issue with background check during a team member file audit conducted prior to annual visit. At that time Program implemented their own plan of correction through adjustment of checklist to have second person (Executive Director) sign off that all appropriate checks have been completed prior to employee start date.
- 2. Measures taken to ensure the problem does not recur.**
The program will implement a continued process of utilization of adjusted checklist, which requires two signatures ensuring background check completion. Program will continue with random team member file audits through our Quality Excellence program.
- 3. How the Program plans to monitor performance to ensure compliance.**
The program will perform random audits through the Quality Excellence program with utilization of the team member file audit tool.
- 4. The date by which the regulatory insufficiency will be corrected.**
Regulatory Insufficiency to be corrected on or before Thursday, February 6, 2020.