IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 36136-C

November 29, 2011

Ms. Dawn Larkin, Administrator
Prairie Hills at Des Moines
5815 SE 27th Street
Des Moines, IA 50320

RE: Final Complaint/Incident Investigation Report, Prairie Hills at Des Moines, Des Moines, Iowa

Dear Ms. Larkin:

Enclosed is the **Final Complaint/Incident Investigation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C and Iowa Administrative Code (IAC) chapters 481—67 and 481—69.

DIA has reviewed the Plan of Correction (POC) submitted in response to the **Preliminary Complaint/Incident Investigation Report**. Based upon a complete review of the Report and the Program's proposed actions to correct the identified Regulatory Insufficiencies, DIA accepts the POC.

If you have any questions in regard to the enclosed Report, please contact me at 515/281-7039.

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Complaint/Incident Investigation Report

Assisted Living Program:

Prairie Hills at Des Moines
Dawn Larkin, Administrator
5815 SE 27th St.
Des Moines, IA 50320

Complaint/Incident Intake #:

#36136-C

Date of Complaint/Incident Investigation:

October 5, 2011

Monitor(s):

Joyce Kix, RN

Definitions: ***The following definitions are relevant:***

Assisted Living Program – A program certified under 481 IAC 69 that provides housing with contracted services to three or more tenants in a physical structure that provides a homelike environment. Services may include but are not limited to health-related care, personal care, and assistance with instrumental activities of daily living. A General Population Program is an Assisted Living Program that is not dementia-specific but may have tenants with cognitive disorder.

Dementia-Specific Assisted Living Program - An assisted living program certified under 481 IAC 69 that serves fewer than fifty-five (55) tenants and has five (5) or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale (GDS), or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the GDS, or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Regulatory Insufficiency - A violation of a statutory or rule provision within the Code of Iowa (2011) or the Iowa Administrative Code (IAC) governing assisted living programs. A regulatory insufficiency requires a plan of correction to be presented to and approved by the Department of Inspections and Appeals (DIA).

Plan of Correction - A written response to one or more regulatory insufficiencies that are statutory or rule violations. The plan should identify how and by what date each regulatory insufficiency will be corrected, and what measures will be taken to ensure the problem does not recur. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint/Incident Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Overview: ***In preparing this report, the following information was considered:***

Current Program Census

Assisted Living Programs are defined by the type of population served. The census numbers below were provided by the Program at the time of the on-site visit.

Dementia-Specific Program by Definition	
Number of tenants without cognitive disorder:	27
Number of tenants with cognitive disorder:	5
Total Population of Program at time of on-site	32
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	0
Number of tenants with cognitive disorder:	2
Total Population of Program at time of on-site	2
TOTAL census of Assisted Living Program	34

Program History – The program received a regulatory insufficiency in the area of Record Checks during the Sept. 14, 2011 Recertification on-site.

Complaint/Incident Investigation – The Complaint/Incident investigator made the observations detailed in the following areas:

A. Tenant Rights

Complaint/Incident Allegation: It was alleged the tenants' door locks were broken.

- Monitoring Observation: Two rooms of the secured memory care unit were occupied by tenants at the time of the visit. The Administrator reported one lock had been fixed the day prior. The door lock to room 313 could be opened from the outside even when locked. The program had ordered the parts and fixed the lock while the monitor was present.

- Regulatory Insufficiency: None noted.

B. Program Reporting to the Department

Complaint/Incident Allegation: It was alleged the program did not report an incident to the Department as required.

- Monitoring Observation: Incident reports from the prior three months and three clinical records were reviewed. There were no incidents documented of injury to tenants which would have required notification to the Department.

- Regulatory Insufficiency: None noted.

During the course of the investigation, the following information was identified.

C. Staffing

- Monitoring Observation: Employee personnel records of Staff #3, #4, and #6 were reviewed. The current Health and Wellness Director, designated by the program as their delegating nurse, reported she had not delegated any employee since she started 9-9-11. The program was unable to provide documentation that any task delegations had been completed by the prior delegating Registered Nurse for Staff #3, #4 or #6 who were providing care and/or administering medications to the tenants.

- Regulatory Insufficiency: A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. (IAC r. 481-67.9(1))

D. Criteria for Admission and Retention

Complaint/Incident Allegation: It was alleged the program retained a tenant who displayed violent behaviors.

- Monitoring Observation: Clinical records for three tenants were reviewed. Incident reports for the past three months were reviewed. There were no incidents documented which involved tenant to tenant interaction. Interviews were completed with four staff members. There were no instances of violence reported in which one tenant endangered another. One tenant who displayed violent behaviors toward employees had been appropriately discharged from the program.

- Regulatory Insufficiency: None noted.

During the course of the investigation, the following information was identified.

E. Food Service

- Monitoring Observation: Employee personnel records of Staff #3, #4 and #6 were reviewed. The Administrator reported the program's Chef had Serve Safe certification and usually completed the training but she left employment on 9-23-11 and not been replaced. All care attendants were required to serve food as part of their duties. The personnel records of Staff #3, #4 and #6, (care attendents), lacked documentation of completion of orientation or training on sanitation or safe food handling upon hire.

- Regulatory Insufficiency: Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have an annual in-service training on food protection. (IAC r. 481-69.28 (5))