IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 39911-CR2
39952-IR2

January 4, 2013

Ms. Karen Beck, RN Director
Prairie Hills of Des Moines
5815 SE 27th Street
Des Moines, IA 50320

RE: I. Final Complaint/Incident Investigation Revisit Report – Prairie Hills of Des Moines, Des Moines, IA
II. Standard Certification
III. Conclusion

Dear Ms. Beck:

I. Final Complaint/Incident Investigation Revisit Report – Prairie Hills of Des Moines, Des Moines, IA

Enclosed is the **Final Complaint/Incident Investigation Revisit Report** from the on-site monitoring visit of January 2, 2013, 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. **No Regulatory Insufficiencies were identified.**

II. Standard Certification

Enclosed you will find the Standard Certification **S0299** with effective dates of **January 4, 2013 through October 14, 2013.**

III. Conclusion

The program is in full compliance with the Administrative Rules and has been issued a Standard Certificate with an effective date of **January 4, 2013.**

If you have any questions regarding the enclosed Report, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

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:

Karen Beck, RN Director
Prairie Hills of Des Moines
5815 SE 27th Street
Des Moines, IA 50320

Complaint/Incident Intake #: 39911-CR2
39952-IR2

Date of Complaint/Incident Investigation:

January 2, 2013

Monitor(s):

Lori Miner, RN BSN
Ann Martin, RN, Bureau Chief

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:	37
Number of tenants with cognitive disorder:	7
Total Population of Program at time of on-site	44

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	1
Number of tenants with cognitive disorder:	7
Total Population of Program at time of on-site	8
TOTAL census of Assisted Living Program	52

Program History – The program received a regulatory insufficiency in the area of Record Checks during the Sept. 14, 2011 Recertification on-site. During the Complaint Investigation (#36136-C) of Oct. 5, 2011, the program received regulatory insufficiencies in the areas of Staffing and Food Service. During the December 12-15, 2011 Complaint Investigation (36937-C, 37112-A), the program received regulatory insufficiencies in the areas of: Tenant Rights, Medications, Staffing and Service Plan. The program received regulatory insufficiencies in the areas of : Tenant Rights, Evaluations, Medications, Service Plan and Staffing during the Complaint Investigation (937367-C) of January 5 and 6, 2012. The program received a regulatory insufficiency in the area of medications during the Feb. 17, 2012 Complaint Investigation (37904-C). During the Complaint Investigation (38113-C, 37367-CR) of March 20 & 21, 2012, the program received regulatory insufficiencies in the areas of: Medications, Evaluation and Service Plan. During the July 30 and 31, and August 6, 2012, Complaint and Investigation Incident (39911-C) (39952-I), the program received regulatory insufficiencies in the areas of: Medication, Evaluation, Service Plan, Tenant Rights, Medication and Staffing. During the October 29, 2012 Complaint Revisit (39911) and Incident Revisit (39952) the program received a regulatory insufficiency in the areas of Medications and Compliance with Plan of Correction.

Revisit Monitoring On-site Evaluation – The monitors made the observations detailed in the following area:

A. Medications

The program received a regulatory insufficiency, identified during the course of the July/August 2012 onsite complaint/incident investigation, related to the program's failure

to administer Furosemide, a diuretic, with weight gain as physician ordered for Tenants #7, #8, and #9; and the program's failure to apply a Lidoderm patch (a patch used for pain relief) as ordered by the physician for one month due to unavailability of the patch. The program failed to contact the physician to report variations of physician orders.

The onsite visit of 10-29-12 identified Tenant #5 ceased use of the pain patch in August 2012. Tenants #7, #8, and #9 were identified as receiving Furosemide appropriately within the prescribed parameters.

During the 10-29-12 onsite visit, the following observations were made: Tenant #8 was to have blood sugar levels monitored twice daily; the program failed to do so on three occasions. Tenant #10 was to have Isosorbide MN ER and Metoprolol held based on blood pressure and heart rate parameters. The medications were given a total of five times when the medications should have been held. Tenant #11 was to have Carvedilol held based on based on blood pressure and heart rate parameters. The medication was given three times when the medication should have been held, held once when it should have been given, and the blood pressure and heart rate were not checked on two occasions. Tenant #12 was to have the blood sugar monitored twice daily with physician notification based on parameters. The blood sugar was not monitored once, and the physician was not immediately notified of blood sugar readings on four occasions. Tenant #13 was to have Amlodipine held based on blood pressure and heart rate parameters. The medication was given due to an incorrect transcription of the order on one occasion. Tenant #14 was to have a blood sugar checked every morning, with parameters given to notify the physician. The physician was not immediately notified on three occasions.

- Monitoring Observation: Through the plan of correction, the program identified 12-15-12 as the date corrections were to be in place. Medication Administration Records (MARs), medication error reports, and physician orders were reviewed for the following tenants beginning 12-15-12:

  Tenant #5 continued without a medication patch for pain, and had no issues with pain.

  Tenant #7 had been discharged from the program.

  Tenant #8 received Furosemide appropriately and blood sugars were checked as ordered.

  Tenant #9 had Furosemide ordered "as needed" and was given as prescribed.

  Tenant #10 no longer had parameters for Isosorbide or Metoprolol. The medication was given as prescribed.

  Tenant #11 had been discharged from the program.

  Tenant #12 had blood sugar levels checked twice daily. On 12-24-12 the morning blood sugar was 452, but was checked after Tenant #12 had breakfast. The physician was notified.

Tenant #13 received Amlodipine as prescribed. The blood pressure and heart rate parameters were discontinued by the physician.

Tenant #14 had blood sugar levels checked every morning. None of the results were outside the prescribed parameters.

Medications were administered consistent with physician orders.

- Regulatory Insufficiency: None noted.