IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
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KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 50042-C

January 23, 2015

Mr. Doug Techel, Administrator
Prairie Hills at Ottumwa
173 East Rochester Street
Ottumwa, IA 52501

RE: Final Complaint/Incident Investigation Report – Prairie Hills at Ottumwa, Ottumwa, IA

Dear Mr. Techel:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of January 15, 2016, 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. The following allegations were investigated in regards to Complaint #50042-C:

Allegation: Level of Care
Findings: Unsubstantiated

Comments: Based on review of five tenant files including both current and discharged tenants, interviews with staff, review of incident reports and review of Program documents there were no concerns with the current tenants exceeding the level of care. Tenant file reviews did not identify any current tenants that exceeded the level of care including any tenants that routinely required the assistance of two or more staff for transfers. Per staff interviews, staff did not identify any tenants that exceeded the level of care. Staff did not identify any tenants that required the assistance of two or more staff for transfers or any tenants that required total care. According to staff interviews, the Program did not advertise the provision of total care to prospective tenants. Previously used marketing materials were reviewed and did not indicate total care would be provided. The Program's Occupancy Agreement listed Occupancy Criteria which did not include the provision of total care. Review of the Program's Occupancy Criteria indicated the Program retained tenants in accordance with the criteria provided.

Allegation: Staffing
Findings: Unsubstantiated

Comments: Based on review of five tenant files including both current and discharged tenants, review of Program documents and staff interviews there were no concerns regarding staffing and meeting the needs of the tenants. Per staff interviews, there was enough staff to meet to the needs of the tenants. Review of the Program's policy regarding staffing indicated the Program followed their policy. **No Regulatory Insufficiencies were identified.**

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

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0259	A. BUILDING _____ B. WING _____	C 01/15/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS AT OTTUMWA	173 EAST ROCHESTER STREET OTTUMWA, IA 52501

(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	481-67 Initial Comments 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. Dementia-Specific Program by Definition Number of tenants without cognitive disorder: 41 Number of tenants with cognitive disorder: 5 Total Population of Program at time of on-site: 46 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 6 Total Population of Program at time of on-site: 7 TOTAL census of Assisted Living Program: 53 There were no regulatory insufficiencies cited during the investigation of Complaint #50042-C.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE