IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #:
52734-C
52391-C

May 7, 2015

Mr. Scott Regenwether, Executive Director
Prairie Hills Assisted Living
5815 SE 27th Street
Des Moines, IA 50320

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

Dear Mr. Regenwether:

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, following an investigation by DIA on **April 28 - 30, 2015.**

Complaint #52734-C alleged tenants or legal representatives were not given a choice to go to the hospital. Based on interview, record review, and incident report review, the following was noted.
Allegation – Tenant Rights, tenants and legal representatives were not allowed to make choices regarding care
Findings- Not Substantiated
Comments –Incident reports provided by the Program going back to January 1, 2015 were reviewed. There were documented instances that tenants or legal representatives refused care. Interviews revealed a general desire of some legal representatives to avoid hospitalization for tenants, but not a specific refusal of care. It could not be substantiated tenants refused to go to the hospital when actually sent to the hospital.

Complaint #52391-C alleged fire drills were not conducted. This has been referred to the State Fire Marshall's office.

The Report notes Regulatory Insufficiencies in the area(s) of: Program policies and procedures, Medications, Staffing, Tenant Documents, Service Plans, Nurse Review, Food Service and Structural Requirements..

Each Regulatory Insufficiency requires that the Program submit a written Plan of Correction (POC).

In preparing the POC, please use the tenant identifiers from the Report, i.e. Tenant #1, when reference is made to specific tenants. If your response includes a specific tenant's assessment or service plan, it is the Program's responsibility to conceal the tenant's name in order to maintain the tenant's anonymity. Your response shall include the following:

1. Elements detailing how the Program will correct each regulatory insufficiency.
2. What measures will be taken to ensure the problem does not recur.
3. How the Program plans to monitor performance to ensure compliance.
4. The date by which the regulatory insufficiency will be corrected.

Please note that all regulatory insufficiencies must be **corrected within 30 days of the date of the exit conference**; however, there may be situations where the timeframe may be shortened or lengthened, at the discretion of the department.

The POC must be submitted/emailed to DIA to my attention within ten (10) working days of receipt of this letter. It may be necessary for DIA to revisit the Program to confirm progress in fulfilling the POC's corrective measures.

As provided by IAC rule 481-67.14, you are afforded one opportunity to refute cited regulatory insufficiencies through the informal conference process. A request for an informal conference must be made within 20 working days of the notice or service of this letter and the final report. Please refer to rule 67.14 for more information.

If you have any questions in regard to 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
	S0299	A. BUILDING: _____ B. WING _____	C 04/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS AT DES MOINES	5815 SE 27TH STREET DES MOINES, IA 50320

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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. General Population Program Number of tenants without cognitive disorder: 35 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 37 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 8 Total Population of Program at time of on-site: 8 TOTAL census of Assisted Living Program: 45 Complaint # 52734-C alleged tenants and legal representatives were not able to make choices regarding care. No regulatory insufficiencies were cited in relation to this allegation. The following regulatory insufficiencies were cited during the investigation of Complaint #52391-C and 52734-C:	A 000		
A 003	481-67.2 Program policies and procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program ' s policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents	A 003		

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A 003	Continued From page 1 including allegations of dependent adult abuse. This REQUIREMENT is not met as evidenced by: Complaint # 52734-C alleged medication lists were not sent with tenants when going to the hospital. Based on interview and procedure review, the Program did not follow its procedure and did not always provide medication lists for tenants when transfered to the hospital. 1. The Program provided documentation of a procedure entitled "Emergency Care Information Form/Packet." The procedure stated a medication administration record (MAR) or med list was part of the emergency packet. In an emergency, staff members were to pull an emergency packet kept up-to-date by the Wellness Director and make a copy of the medication administration record (MAR) to give to emergency personnel. Staff A Certified Nursing Assistant (CNA) was interviewed on 4-29-15 at 9:30 a.m. and stated when a tenant was transported to the hospital copies of tenant information were sent with the tenant. Staff A stated the copies of the records were kept in the nurse's office and were not available when the nurse was not in the building. Staff A also reported records were not sent with one tenant "because it was an emergency." Staff A reported there was no way staff could copy medication information when the nurse was not in the building. Staff B Certified Medication Assistant (CMA) was	A 003		

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A 003	Continued From page 2 interviewed on 4-28-15 at 2:43 p.m. and stated medication lists had to be hand-written as MARs were computerized and there was no way to print out the medication list. Staff B also stated that sometimes emergency personnel did not ask for medication lists. Staff C CNA was interviewed on 4-28-15 at 1:55 p.m. and stated the MARs were on the computer and there was no way to print them out. Staff C reported she recently sent a tenant to the hospital and did not include a medication list. The Licensed Practical Nurse (LPN) was interviewed on 4-29-15 at 10:00 a.m. and stated the location of the binder with tenant information to use for emergency transfer was located in an office that was accessible to staff all hours of the day and not dependent on the presence of a nurse for access. The emergency binder was observed to be present in the office and contained general tenant information, but contained no MARs. Staff members did not follow the procedure to include a medication list when a tenant was transferred. During the course of the investigation, the following was noted: Based on observation, interview, and procedure review hands were not washed and perineal care was not provided according to Program procedure. The Program had a handwashing procedure which indicated handwashing "must be done" thoroughly and often. Hands were to be washed after using the restroom, after using a tissue,	A 003		

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A 003	Continued From page 3 after touching any body part, before putting on gloves, before handling food and medications and delivery of personal care to tenants. Common sense was to be used regarding hand washing. The Program had a gloving procedure which identified hands were to be washed prior to the use of gloves and when the gloves were removed. The Program had an incontinence care procedure which indicated tenants were to be cleansed after incontinence, and tenants were to be offered handwashing after toileting. 1. On 4-28-15 at 9:40 a.m. Staff C, CNA, was observed with Tenant #1. Tenant #1 was in a wheelchair in the common area of the dementia unit. Tenant #1 was observed to have wet pants. Staff C assisted Tenant #1 to the bathroom in Tenant #1's apartment. Tenant #1 was seated on the toilet. Staff C applied gloves but did not wash hands prior to application of the gloves. Staff C removed the wet incontinence product and wet pants. Staff C confirmed both were wet. Staff C applied a new incontinence product and dry pants. Staff C handed toilet paper to Tenant #1 and directed Tenant #1 to wipe self, which Tenant #1 did. Staff C did not provide perineal cleansing with soap and water after Tenant #1 had been incontinent resulting in wet clothing. Staff C removed gloves after assisting Tenant #1 with toileting and dressing and did not wash hands. Staff C assisted Tenant #1 from the toilet to the wheelchair and did not offer handwashing to Tenant #1. Staff C assisted Tenant #1 out of the apartment. Staff C did not wash hands prior to leaving the apartment.	A 003		

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A 003	Continued From page 4 On 4-28-15 at 11:20 a.m. Staff C was observed putting a vial of medication into a nebulizer for a breathing treatment for Tenant #1. Staff C did not wash hands prior to administering the medication. After the treatment was completed, Staff C took the nebulizer from Tenant #1. Tenant #1 had used the nebulizer properly and had placed the device in the mouth. Staff C did not wash hands after touching the used nebulizer. Staff C did not wash hands prior to leaving Tenant #1's apartment. On 4-28-15 at 11:35 a.m. Staff C applied gloves without washing hands first. Staff C went to Tenant #2's apartment in the dementia unit. Staff C obtained an insulin pen from the locked container and assisted Tenant #2 with the insulin pen. Staff C removed the gloves and left the apartment without washing hands. On 4-28-15 at 11:47 a.m. Staff C was observed leaving a tenant's apartment, walking to the cart containing the noon meal, got food off the cart and gave the food to a tenant. Hands were not observed to be washed prior to assisting with the serving of food. 2. On 4-28-15 at 4:11 p.m. Staff D Universal Worker (UW) was observed in Tenant #1's apartment in the dementia unit. Staff D assisted Tenant #1 with the nebulizer treatment. Staff D used bare hands to dispose of used tissue. After Tenant #1 refused the nebulizer treatment, Staff D assisted Tenant #1 to toilet. Staff D assisted Tenant #1 with the removal, and later the reapplication of an incontinence product and pants. When toileting was completed Staff D did not offer handwashing to Tenant #1. Staff D did not wash hands upon leaving the apartment.	A 003		

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A 003	Continued From page 5 At 4:34 p.m. Staff D assisted Tenant #2 with the use of an insulin pen. Staff D applied gloves to assist, and removed the gloves once the task was completed. Staff D did not wash hands upon removal of the gloves. Staff D did not wash hands prior to leaving Tenant #2's apartment. 3. On 4-29-15 at 9:20 a.m. Staff E UW entered Tenant #3's apartment in the dementia unit. Staff E assisted Tenant #3 with the washing of the face. Without washing hands, Staff E proceeded to administer medications to Tenant #3. Staff E left the apartment without washing hands. On 4-29-15 at 11:27 a.m. Staff E was observed in the common area of the dementia unit with Tenant #1. Staff E walked with Tenant #1 to the bathroom in Tenant #1's apartment. Staff E assisted Tenant #1 with clothing. Staff E did not wash hands after assisting Tenant #1 in the bathroom. After getting Tenant #1 seated in a chair, Staff E, with unwashed hands, took Tenant #1's nebulizer equipment and used bare hands to rinse the equipment in the sink. Staff E was interviewed at 11:43 a.m. and stated he had not washed hands after assisting Tenant #1 with toileting. The LPN was interviewed on 4-28-15 at 3:10 p.m. and stated she expected staff who used gloves and assisted a tenant with toileting to wash hands. Tenants hands should be washed after toileting. It was expected that tenants who were incontinent were to have perineal care with soap and water. The RN was interviewed on 4-28-15 at 2:30 p.m. and stated hands should be washed before applying gloves, and staff should wash hands	A 003		

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A 003	Continued From page 6 after assisting tenants with toileting. Tenants should be offered handwashing after toileting. Tenants who were incontinent should have perineal care including cleaning with soap and water.	A 003		
A 036	481-67.5(6)a Medications 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: a. The administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced registered nurse practitioner registered in Iowa or by certified and noncertified staff in accordance with subrule 67.9(4) or a physician assistant (PA) in accordance with 645-Chapter 327. Injectable medications shall be administered as permitted by Iowa law by a registered nurse, licensed practical nurse, advanced registered nurse practitioner, physician, pharmacist, or physician assistant (PA). This REQUIREMENT is not met as evidenced by: Complaint #52391-C alleged medications were not given correctly. Based on observation, policy review,and interview, medications were not administered correctly according to the Program's medication policy. The Programs procedure, Assistance with Medication, identified staff must consistently	A 036		

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A 036	Continued From page 7 follow the six "rights" for proper and accurate administration of medications. The procedure for "right" medication indicated the medication administration record (MAR) was to be checked with the medication label three times, before during, and after administration. The RN was interviewed on 4-28-15 at 2:30 p.m. and stated medications were to be checked three times against the MAR. Insulin was to be administered in the upper thigh or abdomen, and not in the knee. The LPN was interviewed on 4-28-15 at 3:10 p.m. and stated medications were to be checked three times against the MAR. Insulin was to be administered in the upper arm, upper thigh, or the stomach. Insulin was not to be administered in the knee. 1. On 4-28-15 at 11:20 a.m. Staff C, CNA, was observed pulling a vial out of a locked cupboard in Tenant #1's apartment. Staff C put the vial of liquid into the nebulizer and administered it to Tenant #1. The MAR was not present, and according to Staff C, the computer was in the common area of the dementia unit. The medication was not checked against the MAR. 2. On 4-28-15 at 11:35 a.m. Staff C looked at the unlocked computer in the common area of the dementia unit. The computer was not taken into Tenant #2's apartment. Staff C took an insulin pen out of a locked box in Tenant #2's apartment which contained several insulin pens. The insulin pen was not checked against the MAR. Staff C dialed the insulin pen to 16 units and gave the pen to Tenant #2. Tenant #2 was observed injecting the insulin into the right knee. Staff C stated the nurse was aware of the injection site	A 036		

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A 036	Continued From page 8 location. The medication was not checked against the MAR three times. A review of Tenant #2's MAR for April 2015 revealed Tenant #2 received insulin injections three times daily. The MAR contained documentation the insulin was injected in the area of the knee at least 75 times. 3. On 4-29-15 at 11:43 a.m. Staff E, UW, was in Tenant #1's apartment. Staff E got out a vial from the locked cupboard and places the vial of liquid in the nebulizer. The MAR was not present in the apartment. The medication was not checked against the MAR three times. Staff E stated the medication was the same one administered earlier in the morning. 4. The clinical record for Tenant #4 contained a signed physician's order which stated "be sure" Tenant #4 "has 8 glasses of fluid /day." The order was dated 2-10-15. The February MAR for Tenant #4 was reviewed. The fluid, a physician-ordered task, was not on the MAR. The MAR lacked documentation that fluids were given according to physician orders.	A 036		
A 055	481-67.9(1) Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(1) Number of staff. A sufficient number of trained staff shall be available at all times to fully meet tenants ' identified needs. This REQUIREMENT is not met as evidenced by: Complaint #52734-C alleged the Program relied	A 055		

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A 055	Continued From page 9 on emergency personnel for routine lifting assistance. Based on interview, incident report review, and policy review, the Program did not have a sufficient number of trained staff to meet identified tenant needs. The Program relied upon emergency personnel for lifting assistance. 1. The Program provided documentation of a procedure for tenant falls. The procedure documented staff member were never to lift a tenant from the floor even if multiple staff members were present. Staff was to stay with the tenant until a nurse or emergency personnel assessed the tenant. If the assessment indicated a tenant could get up, staff was to stand by with a gait belt. A chair was to be provided and the tenant was to get on all fours. If the tenant could not assist to a standing position, the tenant was to be lowered to the ground until emergency personnel or mechanical means was employed. The RN was interviewed on 4-28-15 at 2:30 p.m. and stated staff were directed not to pick persons up off the floor. 911 was called to get persons up, and the Program depended upon 911 to provide the service. The LPN was interviewed on 4-28-15 at 3:10 p.m. and stated staff was not allowed to pick persons up off the floor. Staff A, CNA, was interviewed on 4-29-15 at 9:30 a.m. and stated if a tenant could get to the knees, staff could help get the tenant off the floor. Otherwise, 911 was called to get the tenant off the floor. Staff A reported 911 was called first. Staff B, CMA, was interviewed on 4-28-15 at 2:43	A 055		

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A 055	Continued From page 10 p.m. and stated when a tenant fell, the tenant was cued to get to the knees. If the tenant was unable to get up, 911 was called. Staff was not to do hands-on to lift the tenant. Staff C, CNA, was interviewed on 4-28-15 at 10:52 a.m. and stated the Program's policy was to call 911 every time a tenant could not get up off the floor. An incident report dated 4-6-15 at 10:05 p.m. documented Tenant #5 slipped off the side of the bed. The incident report contained documentation that range-of-motion was assessed and there were no injuries. "911 was called to lift" the tenant off the floor. An incident report dated 3-31-15 at 7:35 p.m. documented Tenant #6 walked out of the bathroom and just sat on the floor. "Paramedics helped resident off floor." An incident report dated 4-18-15 at 2:15 a.m. documented Tenant #7 was on the floor. "911 was called and they assisted him to bed." An incident report dated 4-12-15 at 11:55 a.m. documented Tenant #8 fell while walking. "Called 911" and ointment was put on a rug burn.	A 055		
A 082	481-69.25(3) Tenant Documents 481-69.25(231C) Tenant documents. 69.25(3) All records shall be protected from loss, damage and unauthorized use. This REQUIREMENT is not met as evidenced	A 082		

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A 082	Continued From page 11 by: During the course of the investigation, the following was observed: Based on observation, tenant records were not protected from unauthorized use. 1. On 4-28-15 at 11:35 a.m. Staff C was in the living room of the dementia unit. A notebook computer was on a table in the corner as well as a notebook containing paper copies of tenant service plans. Staff C opened the lid to the computer, and the computer was unlocked. No pass code was required to get to tenant information on the computer. Staff C accessed the medication record for Tenant #2. At 11:47 a.m. the notebook computer and the service plan book was present on the same table in the corner of the dementia unit living room. Staff was not present at the table. The monitor opened the lid to the computer. Tenant information was visible. The Activity Director, other tenants, and a family member were present in the living room. 2. On 4-28-15 at 11:55 a.m. the notebook computer and the service plan book were present on the same table in the living room of the dementia unit. A staff member was not present at the table. The monitor opened the notebook computer in front of the Regional Nurse. The Regional Nurse confirmed the notebook computer was not pass code protected and tenant information was accessible. The Regional Nurse stated files should be locked up. The Regional Nurse removed the notebook computer and service plan book to a secured area. 3. On 4-28-15 at 3:36 p.m. Staff D, UW, was	A 082		

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A 082	Continued From page 12 observed in the dementia unit. The service plan book was on a couch and the notebook computer was on a rolling stand. Staff D left the area to attend to a tenant. The notebook computer was opened and revealed access to tenant information. The service plan book was unsecured on the couch. 4. On 4-30-15 at 9:05 a.m. Staff F, UW, was present in the dementia unit. Several tenants were in the common area. The back table was unattended and the notebook computer was present. The lid to the computer was opened by the monitor and no pass code was needed. In an interview with Staff F, she confirmed access to tenant information. Staff F was asked to secure the computer.	A 082		
A 092	481-69.26(4)d Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: d. For tenants who are unable to plan their own activities, including tenants with dementia, planned and spontaneous activities based on the tenant ' s abilities and personal interests This REQUIREMENT is not met as evidenced by: During the course of the investigation, the following was noted: Based on record review, service plans were not individualized and did not include activities for tenants with dementia. 1. Tenant #1, an 82 year-old, was admitted on	A 092		

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A 092	Continued From page 13 2-10-12 and had diagnoses of: dementia, asthma, hypertension, psychosis, depression, and vitamin deficiencies. On 3-27-15 Tenant #1 was staged at six on the global deterioration scale (GDS) which indicated severe cognitive decline. Tenant #1 resided in the dementia unit. Nurses notes dated 4-7-15 at 8:10 a.m. documented Tenant #1 had episodes of aggressiveness. Tenant #1 was swinging at staff with hands. Tenant #1 was refusing nebulizer treatments, walking, and eating at times. Notes dated 4-21-15 at 11:22 a.m. documented Tenant #1 was not taking medicine and continued to be aggressive with staff. A review of the medication administration record (MAR) for April 2015 documented Tenant #1's refusal of medication 24 of the first 28 days of April. The service plan for Tenant #1 was dated 2-5-15. The service plan did not identify interventions for aggression for Tenant #1 who had dementia. The service plan did not identify interventions for the refusal of medications. The service plan was not individualized to meet the needs of Tenant #1. The clinical record for Tenant #1 contained an emergency response directive signed by a power of attorney and the physician which indicated no cardiopulmonary resuscitation (CPR) was to be initiated for Tenant #1 in the even of an emergency. The service plan dated 2-5-15 identified Tenant #1 was a "full code," the opposite of no CPR. The service plan was not individualized to meet the needs of Tenant #1. The service plan indicated Tenant #1, a person with dementia, was given an activity calendar and	A 092		

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A 092	Continued From page 14 participated as desired. The service plan did not identify planned and spontaneous activities based on Tenant #1's abilities and interests. 2. Tenant #4, an 89 year-old, was admitted on 5-2-13 and had diagnoses of: dementia, arthritis, history of falls and history of acute renal failure. On 4-1-15 Tenant #4 was staged at six on the GDS which indicated severe cognitive decline. Tenant #4 resided in the dementia unit. The service plan of 4-1-15 indicated Tenant #4 was provided with an activity calendar and participated in activities of interest. The service plan did not identify planned and spontaneous activities based on Tenant #4's abilities and interests. 3. Tenant #7, an 87 year-old, was admitted on 4-9-15 and had diagnoses of: partial Achilles tendon rupture, weakness, vascular dementia, hypertension, and coronary artery disease. On 4-6-15 Tenant #7 was staged at four on the GDS which indicated moderate cognitive decline. Tenant #7 resided in the dementia unit. The health evaluation dated 4-6-15 documented Tenant #7 wore a special boot. A nurse's note dated 4-20-15 at 2:25 p.m. documented Tenant #7 had redness in the groin and medication was requested. A nurse's note dated 4-20-15 and timed 2:28 p.m. documented the LPN contacted the family to bring in a partial side rail to assist Tenant #7 when getting up. On 4-29-15 at 8:57 a.m. a partial rail was observed attached to Tenant #7's bed. A review of the service plan dated 4-6-15 did not identify the use of the partial rail on the bed for safety. The service plan identified the use of the boot to the right foot but did not give staff	A 092		

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A 092	Continued From page 15 direction on the use of the boot. The service plan did not identify skin redness and changes to skin reportable to the nurse. The service plan was not individualized to meet the needs of Tenant #7. The service plan identified spontaneous activities Tenant #7 enjoyed but did not identify planned activities based on Tenant #7's abilities and interests.	A 092		
A 096	481-69.27(3) Nurse Review 481-69.27(231C) Nurse review. If a tenant does not receive personal or health-related care, but an observed significant change in the tenant ' s condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation: 69.27(3) To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant ' s health status This REQUIREMENT is not met as evidenced by: During the course of the investigation, the following was noted: Based on record review, a nurse review was not completed with a change of condition to assess and document the health status of each tenant and to monitor progress related to previous recommendations. 1. Tenant #1, an 82 year-old, was admitted on	A 096		

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A 096	Continued From page 16 2-10-12 and had diagnoses of: dementia, asthma, hypertension, psychosis, depression, and vitamin deficiencies. On 3-27-15 Tenant #1 was staged at six on the global deterioration scale (GDS) which indicated severe cognitive decline. Tenant #1 resided in the dementia unit. Nurse's notes dated 4-8-15 documented Tenant #1 was started on an antibiotic for bronchitis. A nurse review was not completed with a change of condition to assess and document the health status of Tenant #1 with a change of health status. The nurse's note of 4-8-15 documented the antibiotic was to be given for seven days. A review of the medication administration record for April 2015 documented the antibiotic was given for only six days of the seven days as Tenant #1 refused the medication on 4-13-15. A nurse review was not completed after seven days to monitor progress related to the completion of the antibiotic. The nurse review did not include a review to ensure the antibiotic was administered consistent with the order. 2. Tenant #7, an 87 year-old, was admitted on 4-9-15 and had diagnoses of: partial Achilles tendon rupture, weakness, vascular dementia, hypertension, and coronary artery disease. On 4-6-15 Tenant #7 was staged at four on the GDS which indicated moderate cognitive decline. Tenant #7 resided in the dementia unit. A nurse's note dated 4-20-15 at times 2:28 p.m. documented the LPN contacted the family to bring in a partial side rail to assist Tenant #7 when getting up. On 4-29-15 at 8:57 a.m. a partial rail was observed attached to Tenant #7's bed.	A 096		

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A 096	Continued From page 17 A nurse review was not completed to assess and document Tenant #7's health status with the addition of the partial rail to Tenant #7's bed to determine Tenant #7's ability to use the partial rail safely.	A 096		
A 111	481-69.28(6)d Food Service 481-69.28(231C) Food service. 69.28(6) Programs engaged in the preparation and service of meals and snacks shall meet the standards of state and local health laws and ordinances pertaining to the preparation and service of food and shall be licensed pursuant to Iowa Code chapter 137F. The department will not require the program to be licensed as a food establishment if the program limits food activities to the following: d. Appropriately trained staff may prepare in the program ' s kitchen individual quantities of tenant-requested menu-substitution food items that require limited or no preparation, such as peanut butter or cheese sandwiches or a single-service can of soup. The food items necessary to prepare the menu substitution may be stored in the program ' s kitchen. These food items may not be cooked in the program ' s kitchen but may be reheated in a microwave. A two- or four-slice toaster may be used for tenant-requested menu-substitution items, but no bare-hand contact is permitted. This REQUIREMENT is not met as evidenced by: During the course of the investigation, the following was noted: Based on observation and interview, the Program	A 111		

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A 111	Continued From page 18 did not meet the standards of health laws pertaining to the service of food. 1. On 4-28-15 at 11:47 a.m. Staff C was observed leaving a tenant's apartment, walking to the cart containing the noon meal, got food off the cart and gave the food to a tenant. Hands were not observed to be washed prior to assisting with the serving of food. 2. The monitor entered the dementia unit at 8:35 a.m. on 4-29-15. On the dining room table sat two trays. Each tray contained a plate with bread, later determined to be french toast, and strips of bacon. The plates were covered with a plate cover. There was no heat source for the food. According to Staff E, the breakfast trays had been delivered, but not all the tenants were awake and ready to eat. At 9:10 a.m., the trays were still sitting on the dining room table. The Program was asked to take the temperature of the food. The Dietary Manager found the temperature of the bacon to be 82.8 degrees Fahrenheit, and the french toast at 92.9 degrees. The Dietary Manager stated the holding temperature was 165 degrees.	A 111		
A 154	481-69.35(1)b Structural Requirements 481-69.35(231C) Structural requirements. 69.35(1) General requirements. b. The buildings and grounds shall be well-maintained, clean, safe and sanitary. This REQUIREMENT is not met as evidenced by: Complaint #52391-C alleged the fence outside	A 154		

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A 154	Continued From page 19 the dementia unit was in a state of disrepair. Based on observation and interview, the grounds were not safe. 1. On 4-28-15 at 9:30 a.m. the courtyard of the dementia unit was toured with Maintenance. Two sections of the wooden fence were observed to be flat on the ground. Each section was several feet wide. One section was within the perimeter of the fencing and one was out. Nails were observed to be exposed with nail points exposed and extending upward in both sections In an interview with Maintenance he reported the fence had been damaged for about three weeks. Attempts were made to secure the fence. Maintenance stated the Program had sought bids for fence repair, but no final decision had been made. Maintenance was asked to removed the downed sections of fencing with the exposed nails. Maintenance immediately removed the hazard at the monitor's request.	A 154		

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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. General Population Program Number of tenants without cognitive disorder: 35 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 37 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 8 Total Population of Program at time of on-site: 8 TOTAL census of Assisted Living Program: 46 Complaint # 52734-C alleged tenants and legal representatives were not able to make choices regarding care. No regulatory insufficiencies were cited in relation to this allegation. The following regulatory insufficiencies were cited during the investigation of Complaint #52391-C and 52734-C:	A 000		
A 003	481-67.2 Program policies and procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program ' s policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents	A 003	481-67.2 Program policies and procedures 1. Prairie Hills will transfer MARS to paper format (accessible by staff 24 hours / day) and education provided to staff ensuring location and what is to be included in Emergency Packet. 2. RN and ED to review Emergency Packet information quarterly through 5-30-16. 3. RN and ED to check compliance and understanding of this process with staff quarterly. 4. Paper MARS to be implemented by 6-1-15 and Emergency packets / staff educated on what to send with Emergency Professionals via communication book on 5-18-15 and staff training on 5-22-15.	

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

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A 003	Continued From page 1 Including allegations of dependent adult abuse. This REQUIREMENT is not met as evidenced by: Complaint # 52734-C alleged medication lists were not sent with tenants when going to the hospital. Based on interview and procedure review, the Program did not follow its procedure and did not always provide medication lists for tenants when transfered to the hospital. 1. The Program provided documentation of a procedure entitled "Emergency Care Information Form/Packet." The procedure stated a medication administration record (MAR) or med list was part of the emergency packet. In an emergency, staff members were to pull an emergency packet kept up-to-date by the Wellness Director and make a copy of the medication administration record (MAR) to give to emergency personnel. Staff A Certified Nursing Assistant (CNA) was interviewed on 4-29-15 at 9:30 a.m. and stated when a tenant was transported to the hospital copies of tenant information were sent with the tenant. Staff A stated the copies of the records were kept in the nurse's office and were not available when the nurse was not in the building. Staff A also reported records were not sent with one tenant "because it was an emergency." Staff A reported there was no way staff could copy medication information when the nurse was not in the building. Staff B Certified Medication Assistant (CMA) was	A 003	Hand Washing 1. RN has begun Re-Delegation for hand washing and incontinence care to be completed with all current staff 2. Rn delegations to be reviewed yearly with all staff and hand washing to be reviewed quarterly through 6-2016. 3. RN and ED to review hand washing process quarterly through 5-30-16 4. RN Delegations to be completed by 6-1-15. 481-67.5(6)a Medications Tenant 2 – Staff educated on Insulin pen usage and re-delegated by RN for medication delegation. RN has completed education with Tenant #2 on insulin pen usage. Tenant 4 – All physician orders to be recorded on the MAR effective immediately and ongoing. 1. RN / LPN to complete Medication Delegations (including the 6 Rights) with all Universal Workers. These delegations to include insulin and recording of new orders. 2. RN delegations to be reviewed yearly with staff and 6 Rights to be reviewed quarterly through 6-2016.	

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A003	Continued From page 2 interviewed on 4-28-15 at 2:43 p.m. and stated medication lists had to be hand-written as MARs were computerized and there was no way to print out the medication list. Staff B also stated that sometimes emergency personnel did not ask for medication lists. Staff C CNA was interviewed on 4-28-15 at 1:55 p.m. and stated the MARs were on the computer and there was no way to print them out. Staff C reported she recently sent a tenant to the hospital and did not include a medication list. The Licensed Practical Nurse (LPN) was interviewed on 4-29-15 at 10:00 a.m. and stated the location of the binder with tenant information to use for emergency transfer was located in an office that was accessible to staff all hours of the day and not dependent on the presence of a nurse for access. The emergency binder was observed to be present in the office and contained general tenant information, but contained no MARs. Staff members did not follow the procedure to include a medication list when a tenant was transferred. During the course of the investigation, the following was noted: Based on observation, interview, and procedure review hands were not washed and perineal care was not provided according to Program procedure. The Program had a handwashing procedure which indicated handwashing "must be done" thoroughly and often. Hands were to be washed after using the restroom, after using a tissue,	A003	3. RN and ED to review process quarterly through 6-2016 and spot check staff to ensure compliance. 4. RN Delegations to be completed by 6-1-15. 481-67.9(1) Staffing 1. Program policy regarding lifting and transfer has been re-written, May 14, 2015, and staff to be trained on this by 5-22-15. Staff and RN to respond to falls. 2. Prairie Hills staff to be trained on new policy by 5-22-15. 3. RN and ED to review Incident Reports as they are submitted to ensure staff following current policy 4. Policy has been rewritten by PVL management and current Prairie Hills staff to be trained by 5-22-15. 481-69.25(3) Tenant Documents 1. Paper MARS to be implemented by 6-1-15. RN Delegations to be completed by 6-1-15 in reference to medication process. Staff training regarding HIPAA to be completed by 6-15-15. 2. HIPAA training to be completed yearly with all staff with reminders on this issue posted throughout the building by 6-15-15.	

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A003	Continued From page 3 after touching any body part, before putting on gloves, before handling food and medications and delivery of personal care to tenants. Common sense was to be used regarding hand washing. The Program had a gloving procedure which identified hands were to be washed prior to the use of gloves and when the gloves were removed. The Program had an incontinence care procedure which indicated tenants were to be cleansed after incontinence, and tenants were to be offered hand washing after toileting. 1. On 4-28-15 at 9:40 a.m. Staff C, CNA, was observed with Tenant #1. Tenant #1 was in a wheelchair in the common area of the dementia unit. Tenant #1 was observed to have wet pants. Staff C assisted Tenant #1 to the bathroom in Tenant #1's apartment. Tenant #1 was seated on the toilet. Staff C applied gloves but did not wash hands prior to application of the gloves. Staff C removed the wet incontinence product and wet pants. Staff C confirmed both were wet. Staff C applied a new incontinence product and dry pants. Staff C handed toilet paper to Tenant #1 and directed Tenant #1 to wipe self, which Tenant #1 did. Staff C did not provide perineal cleansing with soap and water after Tenant #1 had been incontinent resulting in wet clothing. Staff C removed gloves after assisting Tenant #1 with toileting and dressing and did not wash hands. Staff C assisted Tenant #1 from the toilet to the wheelchair and did not offer handwashing to Tenant #1. Staff C assisted Tenant #1 out of the apartment. Staff C did not wash hands prior to leaving the apartment.	A003	3. RN and ED to review process quarterly and spot check staff to ensure compliance. 4. RN Delegations to be completed by 6-1-15. 481-69.26(4)d Service Plans Tenant #7 – Side rails have been added to the service plan. Cam boot has been discontinued per physician orders and Service Plan reflects this. Change of Condition has also been completed to add activities for resident. Medication implemented PRN for skin issues. Tenant #4 – Activities have been added to the Service Plan based off ability and desire. Tenant #1 – Activities have been added to the Service Plan along with redirection strategies for aggression and refusals. ISP updated to reflect code status as DNR. 1. ISP Review to be completed for all tenants with a GDS of 4 and above to ensure activities are appropriately noted and ISP match their identified needs by 6-1-15. 2. Prairie Hills new RN has been educated on Service Plans and what is to be included on a service plan for residents with dementia and also non-dementia residents. 3. Quarterly QA checks on Service Plans to be completed by Regional RN to ensure compliance.	

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	S0299	A. BUILDING: _____ B. WING	C 04/30/2015

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A 003	Continued From page 4 On 4-28-15 at 11:20 a.m. Staff C was observed putting a vial of medication into a nebulizer for a breathing treatment for Tenant #1. Staff C did not wash hands prior to administering the medication. After the treatment was completed, Staff C took the nebulizer from Tenant #1. Tenant #1 had used the nebulizer properly and had placed the device in the mouth. Staff C did not wash hands after touching the used nebulizer. Staff C did not wash hands prior to leaving Tenant #1's apartment. On 4-28-15 at 11:35 a.m. Staff C applied gloves without washing hands first. Staff C went to Tenant #2's apartment in the dementia unit. Staff C obtained an insulin pen from the locked container and assisted Tenant #2 with the insulin pen. Staff C removed the gloves and left the apartment without washing hands. On 4-28-15 at 11:47 a.m. Staff C was observed leaving a tenant's apartment, walking to the cart containing the noon meal, got food off the cart and gave the food to a tenant. Hands were not observed to be washed prior to assisting with the serving of food. 2. On 4-28-15 at 4:11 p.m. Staff D Universal Worker (UW) was observed in Tenant #1's apartment in the dementia unit. Staff D assisted Tenant #1 with the nebulizer treatment. Staff D used bare hands to dispose of used tissue. After Tenant #1 refused the nebulizer treatment, Staff D assisted Tenant #1 to toilet. Staff D assisted Tenant #1 with the removal, and later the reapplication of an incontinence product and pants. When toileting was completed Staff D did not offer handwashing to Tenant #1. Staff D did not wash hands upon leaving the apartment.	A003	4. Service Plan corrections will be completed by 6-1-15 along with QA reviews ongoing. 481-69.27(3) Nurse Review 1. Tenant 1 - Quarterly Nurse Reviews – Nurse Review has been completed to ensure effectiveness of ATB. Tenant 7 Quarterly Reviews – CAM has been Dc'd by PCP and bed rail has been added to Service Plan with Change of Condition. 2. 2 week follow ups on all Nurse reviews will be completed, and RN will track using calendar. 3. QA Quarterly Reviews will be completed by Nurse Clinician to review compliance. 4. Quarterly Nurse Review completed by June 1 and ongoing Quarterly QA by Nurse Clinician 481-69.28(6)d Food Service 1. All Culinary staff will complete delegation from the Culinary Coordinator on hand washing by 5-19-15. 2. Culinary to prepare meals for Memory Care residents as they wake and upon order from the MC Unit.	

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A 003	Continued From page 5 At 4:34 p.m. Staff D assisted Tenant #2 with the use of an insulin pen. Staff D applied gloves to assist, and removed the gloves once the task was completed. Staff D did not wash hands upon removal of the gloves. Staff D did not wash hands prior to leaving Tenant #2's apartment. 3. On 4-29-15 at 9:20 a.m. Staff E UW entered Tenant #3's apartment in the dementia unit. Staff E assisted Tenant #3 with the washing of the face. Without washing hands, Staff E proceeded to administer medications to Tenant #3. Staff E left the apartment without washing hands. On 4-29-15 at 11:27 a.m. Staff E was observed in the common area of the dementia unit with Tenant #1. Staff E walked with Tenant #1 to the bathroom in Tenant #1's apartment. Staff E assisted Tenant #1 with clothing. Staff E did not wash hands after assisting Tenant #1 in the bathroom. After getting Tenant #1 seated in a chair, Staff E, with unwashed hands, took Tenant #1's nebulizer equipment and used bare hands to rinse the equipment in the sink. Staff E was interviewed at 11:43 a.m. and stated he had not washed hands after assisting Tenant #1 with toileting. The LPN was interviewed on 4-28-15 at 3:10 p.m. and stated she expected staff who used gloves and assisted a tenant with toileting to wash hands. Tenants hands should be washed after toileting. It was expected that tenants who were incontinent were to have perineal care with soap and water. The RN was interviewed on 4-28-15 at 2:30 p.m. and stated hands should be washed before applying gloves, and staff should wash hands		3. Culinary Coordinator and ED to review this hand washing process quarterly with Prairie Hills staff. 4. Hand washing to be completed by 5-19-15. 81-69.35(1)b Structural Requirements 1. Two sections of the Memory Care fence to be replaced as well as overall solidification of the fence in this area to be completed by 6-1-15. 2. Monthly walk through completed by Maintenance Coordinator to be completed. 3. Through monthly walk through by Maintenance Coordinator Prairie Hills will ensure stability and safety of the Memory Care fence. 4. Memory Care fence repairs to be completed by 6-1-15.	

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A 003	Continued From page 6 after assisting tenants with toileting. Tenants should be offered handwashing after toileting. Tenants who were incontinent should have perineal care including cleaning with soap and water.	A 003		
A 036	*481-67.5(6)a Medications* *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: a. The administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced registered nurse practitioner registered in Iowa or by certified and noncertified staff in accordance with subrule 67.9(4) or a physician assistant (PA) in accordance with 645-Chapter 327. Injectable medications shall be administered as permitted by Iowa law by a registered nurse, licensed practical nurse, advanced registered nurse practitioner, physician, pharmacist, or physician assistant (PA). This REQUIREMENT is not met as evidenced by: Complaint #52391-C alleged medications were not given correctly. Based on observation, policy review and interview, medications were not administered correctly according to the Program's medication policy. The Programs procedure, Assistance with Medication, identified staff must consistently	A 036		

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A036	Continued From page 7 follow the six "rights" for proper and accurate administration of medications. The procedure for "right" medication indicated the medication administration record (MAR) was to be checked with the medication label three times, before during, and after administration. The RN was interviewed on 4-28-15 at 2:30 p.m. and stated medications were to be checked three times against the MAR. Insulin was to be administered in the upper thigh or abdomen, and not in the knee. The LPN was interviewed on 4-28-15 at 3:10 p.m. and stated medications were to be checked three times against the MAR. Insulin was to be administered in the upper arm, upper thigh, or the stomach. Insulin was not to be administered in the knee. 1. On 4-28-15 at 11:20 a.m. Staff C, CNA, was observed pulling a vial out of a locked cupboard in Tenant #1's apartment. Staff C put the vial of liquid into the nebulizer and administered it to Tenant #1. The MAR was not present, and according to Staff C, the computer was in the common area of the dementia unit. The medication was not checked against the MAR. 2. On 4-28-15 at 11:35 a.m. Staff C looked at the unlocked computer in the common area of the dementia unit. The computer was not taken into Tenant #2's apartment. Staff C took an insulin pen out of a locked box in Tenant #2's apartment which contained several insulin pens. The insulin pen was not checked against the MAR. Staff C dialed the insulin pen to 16 units and gave the pen to Tenant #2. Tenant #2 was observed injecting the insulin into the right knee. Staff C stated the nurse was aware of the injection site	A036		

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A036	Continued From page 8 location. The medication was not checked against the MAR three times. A review of Tenant #2's MAR for April 2015 revealed Tenant #2 received insulin injections three times daily. The MAR contained documentation the insulin was injected in the area of the knee at least 75 times. 3. On 4-29-15 at 11:43 a.m. Staff E, UW, was in Tenant #1's apartment. Staff E got out a vial from the locked cupboard and places the vial of liquid in the nebulizer. The MAR was not present in the apartment. The medication was not checked against the MAR three times. Staff E stated the medication was the same one administered earlier in the morning. 4. The clinical record for Tenant #4 contained a signed physician's order which stated "be sure" Tenant #4 "has 8 glasses of fluid /day." The order was dated 2-10-15. The February MAR for Tenant #4 was reviewed. The fluid, a physician-ordered task, was not on the MAR. The MAR lacked documentation that fluids were given according to physician orders.	A036		
A055	481-67.9(1) Staffing 481-67.9(231 B,231C,231D) Staffing. 67.9(1) Number of staff. A sufficient number of trained staff shall be available at all times to fully meet tenants ' identified needs. This REQUIREMENT is not met as evidenced by: Complaint #52734-C alleged the Program relied	A055		

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A 055	Continued From page 9	A055		

on emergency personnel for routine lifting assistance.

Based on interview, incident report review, and policy review, the Program did not have a sufficient number of trained staff to meet identified tenant needs. The Program relied upon emergency personnel for lifting assistance.

1. The Program provided documentation of a procedure for tenant falls. The procedure documented staff member were never to lift a tenant from the floor even if multiple staff members were present. Staff was to stay with the tenant until a nurse or emergency personnel assessed the tenant. If the assessment indicated a tenant could get up, staff was to stand by with a gait belt. A chair was to be provided and the tenant was to get on all fours. If the tenant could not assist to a standing position, the tenant was to be lowered to the ground until emergency personnel or mechanical means was employed.

The RN was interviewed on 4-28-15 at 2:30 p.m. and stated staff were directed not to pick persons up off the floor. 911 was called to get persons up, and the Program depended upon 911 to provide the service.

The LPN was interviewed on 4-28-15 at 3:10 p.m. and stated staff was not allowed to pick persons up off the floor.

Staff A, CNA, was interviewed on 4-29-15 at 9:30 a.m. and stated if a tenant could get to the knees, staff could help get the tenant off the floor. Otherwise, 911 was called to get the tenant off the floor. Staff A reported 911 was called first.

Staff B, CMA, was interviewed on 4-28-15 at 2:43

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A055	Continued From page 10 p.m. and stated when a tenant fell, the tenant was cued to get to the knees. If the tenant was unable to get up, 911was called. Staff was not to do hands-on to lift the tenant Staff C, CNA, was interviewed on 4-28-15 at 10:52 a.m. and stated the Program's policy was to call 911 every time a tenant could not get up off the floor. An incident report dated 4-6-15 at 10:05 p.m. documented Tenant #5 slipped off the side of the bed. The incident report contained documentation that range-of-motion was assessed and there were no injuries. "911 was called to lift" the tenant off the floor. An incident report dated 3-31-15 at 7:35 p.m. documented Tenant #6 walked out of the bathroom and just sat on the floor. "Paramedics helped resident off floor." An incident report dated 4-18-15 at 2:15 a.m. documented Tenant #7 was on the floor. "911 was called and they assisted him to bed." An incident report dated 4-12-15 at 11:55 a.m. documented Tenant #8 fell while walking. "Called 911" and ointment was put on a rug burn.	A055		
A082	481-69.25(3) Tenant Documents 481-69.25(231C) Tenant documents. 69.25(3) All records shall be protected from loss, damage and unauthorized use. This REQUIREMENT is not met as evidenced	A082		

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A 082	Continued From page 11	A 082		

by:
During the course of the investigation, the followingwas observed:

Based on observation, tenant records were not protected from unauthorized use.

1. On 4-28-15 at 11:35 a.m. Staff C was in the living room of the dementia unit. A notebook computer was on a table in the corner as well as a notebook containing paper copies of tenant service plans. Staff C opened the lid to the computer, and the computer was unlocked. No pass code was required to get to tenant information on the computer. Staff C accessed the medication record for Tenant #2.

At 11:47 a.m. the notebook computer and the service plan book was present on the same table in the corner of the dementia unit living room. Staff was not present at the table. The monitor opened the lid to the computer. Tenant information was visible. The Activity Director, other tenants, and a family member were present in the living room.

2. On 4-28-15 at 11:55 a.m. the notebook computer and the service plan book were present on the same table in the living room of the dementia unit. A staff member was not present at the table. The monitor opened the notebook computer in front of the Regional Nurse. The Regional Nurse confirmed the notebook computer was not pass code protected and tenant information was accessible. The Regional Nurse stated files should be locked up. The Regional Nurse removed the notebook computer and service plan book to a secured area.

3. On 4-28-15 at 3:36 p.m. Staff D, UW, was

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A 082	Continued From page 12 observed in the dementia unit. The service plan book was on a couch and the notebook computer was on a rolling stand. Staff D left the area to attend to a tenant. The notebook computer was opened and revealed access to tenant information. The service plan book was unsecured on the couch. 4. On 4-30-15 at 9:05 a.m. Staff F, UW, was present in the dementia unit. Several tenants were in the common area. The back table was unattended and the notebook computer was present. The lid to the computer was opened by the monitor and no pass code was needed. In an interview with Staff F, she confirmed access to tenant information. Staff F was asked to secure the computer.	A. 082		
A 092	481-69.26(4)d Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: d. For tenants who are unable to plan their own activities, including tenants with dementia, planned and spontaneous activities based on the tenant ' s abilities and personal interests This REQUIREMENT is not met as evidenced by: During the course of the investigation, the following was noted: Based on record review, service plans were not individualized and did not include activities for tenants with dementia. 1. Tenant #1, an 82 year-old, was admitted on	A092		

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A092	Continued From page 13 2-10-12 and had diagnoses of: dementia, asthma, hypertension, psychosis, depression, and vitamin deficiencies. On 3-27-15 Tenant #1 was staged at six on the global deterioration scale (GDS) which indicated severe cognitive decline. Tenant #1 resided in the dementia unit. Nurses notes dated 4-7-15 at 8:10 a.m. documented Tenant #1 had episodes of aggressiveness. Tenant #1 was swinging at staff with hands. Tenant #1 was refusing nebulizer treatments, walking, and eating at times. Notes dated 4-21-15 at 11:22 a.m. documented Tenant #1 was not taking medicine and continued to be aggressive with staff. A review of the medication administration record (MAR) for April 2015 documented Tenant #1's refusal of medication 24 of the first 28 days of April. The service plan for Tenant #1 was dated 2-5-15. The service plan did not identify interventions for aggression for Tenant #1 who had dementia. The service plan did not identify interventions for the refusal of medications. The service plan was not individualized to meet the needs of Tenant #1. The clinical record for Tenant #1 contained an emergency response directive signed by a power of attorney and the physician which indicated no cardiopulmonary resuscitation (CPR) was to be initiated for Tenant #1 in the even of an emergency. The service plan dated 2-5-15 identified Tenant #1 was a "full code," the opposite of no CPR. The service plan was not individualized to meet the needs of Tenant #1. The service plan indicated Tenant #1, a person with dementia, was given an activity calendar and	A092		

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A 092	Continued From page 14 participated as desired. The service plan did not identify planned and spontaneous activities based on Tenant #1's abilities and interests. 2. Tenant #4, an 89 year-old, was admitted on 5-2-13 and had diagnoses of: dementia, arthritis, history of falls and history of acute renal failure. On 4-1-15 Tenant #4 was staged at six on the GDS which indicated severe cognitive decline. Tenant #4 resided in the dementia unit. The service plan of 4-1-15 indicated Tenant #4 was provided with an activity calendar and participated in activities of interest. The service plan did not identify planned and spontaneous activities based on Tenant #4's abilities and interests. 3. Tenant #7, an 87 year-old, was admitted on 4-9-15 and had diagnoses of: partial Achilles tendon rupture, weakness, vascular dementia, hypertension, and coronary artery disease. On 4-6-15 Tenant #7 was staged at four on the GDS which indicated moderate cognitive decline. Tenant #7 resided in the dementia unit. The health evaluation dated 4-6-15 documented Tenant #7 wore a special boot. A nurse's note dated 4-20-15 at 2:25 p.m. documented Tenant #7 had redness in the groin and medication was requested. A nurse's note dated 4-20-15 and timed 2:28 p.m. documented the LPN contacted the family to bring in a partial side rail to assist Tenant #7 when getting up. On 4-29-15 at 8:57 a.m. a partial rail was observed attached to Tenant #7's bed. A review of the service plan dated 4-6-15 did not identify the use of the partial rail on the bed for safety. The service plan identified the use of the boot to the right foot but did not give staff	A 092		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0299	A. BUILDING: _____ B. WING	C 04/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS AT DES MOINES	5815 SE 27TH STREET DES MOINES, IA 50320

(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
A092	Continued From page 15 direction on the use of the boot. The service plan did not identify skin redness and changes to skin reportable to the nurse. The service plan was not individualized to meet the needs of Tenant #7. The service plan identified spontaneous activities Tenant #7 enjoyed but did not identify planned activities based on Tenant #7's abilities and interests.	A092		
A096	481-69.27(3) Nurse Review 481-69.27(231C) Nurse review. If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation: 69.27(3) To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status This REQUIREMENT is not met as evidenced by: During the course of the investigation, the following was noted: Based on record review, a nurse review was not completed with a change of condition to assess and document the health status of each tenant and to monitor progress related to previous recommendations. 1. Tenant #1, an 82 year-old, was admitted on	A096		

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	S0299	A. BUILDING: _____ B. WING	C 04/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS AT DES MOINES	5815 SE 27TH STREET DES MOINES, IA 50320

(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 096	Continued From page 16 2-10-12 and had diagnoses of: dementia, asthma, hypertension, psychosis, depression, and vitamin deficiencies. On 3-27-15 Tenant #1 was staged at six on the global deterioration scale (GDS) which indicated severe cognitive decline. Tenant #1 resided in the dementia unit. Nurse's notes dated 4-8-15 documented Tenant #1 was started on an antibiotic for bronchitis. A nurse review was not completed with a change of condition to assess and document the health status of Tenant #1 with a change of health status. The nurse's note of 4-8-15 documented the antibiotic was to be given for seven days. A review of the medication administration record for April 2015 documented the antibiotic was given for only six days of the seven days as Tenant #1 refused the medication on 4-13-15. A nurse review was not completed after seven days to monitor progress related to the completion of the antibiotic. The nurse review did not include a review to ensure the antibiotic was administered consistent with the order. 2. Tenant #7, an 87 year-old, was admitted on 4-9-15 and had diagnoses of: partial Achilles tendon rupture, weakness, vascular dementia, hypertension, and coronary artery disease. On 4-6-15 Tenant #7 was staged at four on the GDS which indicated moderate cognitive decline. Tenant #7 resided in the dementia unit. A nurse's note dated 4-20-15 at times 2:28 p.m. documented the LPN contacted the family to bring in a partial side rail to assist Tenant #7 when getting up. On 4-29-15 at 8:57 a.m. a partial rail was observed attached to Tenant #7's bed.	A096		

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	S0299	A. BUILDING: _____ B. WING	C 04/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS AT DES MOINES	5815 SE 27TH STREET DES MOINES, IA 50320

(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 096	Continued From page 17 A nurse review was not completed to assess and document Tenant #7's health status with the addition of the partial rail to Tenant #7's bed to determine Tenant #7's ability to use the partial rail safely.	A 096		
A 111	481-69.28(6)d Food Service 481-69.28(231C) Food service. 69.28(6) Programs engaged in the preparation and service of meals and snacks shall meet the standards of state and local health laws and ordinances pertaining to the preparation and service of food and shall be licensed pursuant to Iowa Code chapter 137F. The department will not require the program to be licensed as a food establishment if the program limits food activities to the following: d. Appropriately trained staff may prepare in the program ' s kitchen individual quantities of tenant-requested menu-substitution food items that require limited or no preparation, such as peanut butter or cheese sandwiches or a single-service can of soup. The food items necessary to prepare the menu substitution may be stored in the program ' s kitchen. These food items may not be cooked in the program ' s kitchen but may be reheated in a microwave. A two- or four-slice toaster may be used for tenant-requested menu-substitution items, but no bare-hand contact is permitted. This REQUIREMENT is not met as evidenced by: During the course of the investigation, the following was noted: Based on observation and interview, the Program	A 111		

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	S0299	A. BUILDING ___ B. WING	C 04/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS AT DES MOINES	5815 SE 27TH STREET DES MOINES, IA 50320

(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 111	Continued From page 18 did not meet the standards of health laws pertaining to the service of food. 1. On 4-28-15 at 11:47 a.m. Staff C was observed leaving a tenant's apartment, walking to the cart containing the noon meal, got food off the cart and gave the food to a tenant. Hands were not observed to be washed prior to assisting with the serving of food. 2. The monitor entered the dementia unit at 8:35 a.m. on 4-29-15. On the dining room table sat two trays. Each tray contained a plate with bread, later determined to be trench toast, and strips of bacon. The plates were covered with a plate cover. There was no heat source for the food. According to Staff E, the breakfast trays had been delivered, but not all the tenants were awake and ready to eat. At 9:10 a.m., the trays were still sitting on the dining room table. The Program was asked to take the temperature of the food. The Dietary Manager found the temperature of the bacon to be 82.8 degrees Fahrenheit, and the trench toast at 92.9 degrees. The Dietary Manager stated the holding temperature was 165 degrees.	A 111		
A 154	481-69.35(1)b Structural Requirements 481-69.35(231C) Structural requirements. 69.35(1) General requirements. b. The buildings and grounds shall be well-maintained, clean, safe and sanitary. This REQUIREMENT is not met as evidenced by: Complaint #52391-C alleged the fence outside	A 154		

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	60299	A. BUILDING:——— B. WING	C 04/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS AT DES MOINES	5816 SE 27TH STREET DES MOINES, IA 60320

(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 154	Continued From page 19 the dementia unit was in a state of disrepair. Based on observation and interview, the grounds were not safe. 1 On 4-28-15 at 9:30 a.m. the courtyard of the dementia unit was toured with Maintenance. Two sections of the wooden fence were observed to be flat on the ground. Each section was several feet wide. One section was within the perimeter of the fencing and one was out. Nails were observed to be exposed with nail points exposed and extending upward in both sections In an interview with Maintenance he reported the fence had been damaged for about three weeks. Attempts were made to secure the fence. Maintenance stated the Program had sought bids for fence repair, but no final decision had been made. Maintenance was asked to removed the downed sections of fencing with the exposed nails. Maintenance immediately removed the hazard at the monitor's request.	A 154		