IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

June 30, 2015

Complaint Intake #: 52699-C

Amy Wehde, Executive Director
Prairie Hills at Tipton
219 South Cedar Street
Tipton, IA 52772

RE: Final Complaint Investigation & Recertification Monitoring Evaluation Report – Prairie Hills at Tipton, Tipton, IA

Dear Ms. Wehde:

Enclosed is the **Final Recertification Monitoring Evaluation 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 a survey by DIA on **June 22 & 23, 2015.** The following allegation was investigated in regards to complaint investigation #52699-C.

Allegation: Service Plans
Comments: Based on observations, interviews, and record reviews a concern in the area of service plans could not be substantiated. The Program developed and updated service plans based on tenant evaluations and changes of condition.

The Report notes Regulatory Insufficiencies in the area(s) of: Dementia Specific Education for Program Personnel 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.

The review of the recertification documents you submitted has been completed and the documents are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Also enclosed you will find the Assisted Living Program Certificate **S0213** with effective dates of **July 1, 2015** through **June 30, 2017**.

If you have any questions in regard to this 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
	S0213	A. BUILDING: _____ B. WING _____	C 06/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS AT TIPTON	219 SOUTH CEDAR STREET TIPTON, IA 52772

(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. General Population Program Number of tenants without cognitive disorder: 27 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 27 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 5 Total Population of Program at time of on-site: 5 TOTAL census of Assisted Living Program: 32 No regulatory insufficiencies were cited during the investigation of Complaint #52699-C. The following regulatory insufficiencies were cited during the Recertification conducted to determine compliance with certification for an Assisted Living Program.	A 000		
A 121	481-69.30(1) Dementia Specific Education for Personnel 481-69.30(231C) Dementia-specific education for program personnel. 69.30(1) All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable.	A 121		

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

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 121	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on a review of staff files, policy and procedures and a staff interview, the Program did not ensure staff received a minimum of eight hours of dementia-specific education within 30 days of employment. (Recertification) 1. The Program hired Staff A on 10-11-14. Review of training records showed Staff A did not complete any dementia-specific education within 30 days of employment. Staff B was hired by the Program on 12-10-14 and completed one hour of training on 12-11-14 and 12-22-14. Staff A and B did not receive a minimum of eight hours of dementia-specific education and training within 30 days of employment. 2. The Program's Dementia Specific Assisted Living Program Training Policy, undated, included the following statement, eight hours of dementia-specific education training will be provided for all staff within 30 days of employment. 3. On 6-23-15, the Executive Director confirmed Staff A and B had not received the required eight hours of training within 30 days of their employment.	A 121		
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.	A 154		

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 154	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on a walk-through of the dementia specific Program, items were observed unsecured. (Recertification) 1. On 6-22-15 at 11:40 a.m., a bottle of Equate Classic Scent Dry Skin lotion was observed on the top of an unsecured shelving unit. In addition, a bottle of Luck Kitchen Citrus Antibacterial hand soap sat on a sink near a common area where a tenant watched television. Both products included a warning to keep out of the reach of children. The Program failed to keep the building safe for tenants with dementia. 2. The Program's policy on Chemicals, undated, included the following: poisonous, hazardous or otherwise dangerous materials are stored in locked storage areas. When working with confused tenants, it is important to remember even laundry detergent and simple household supplies can be considered toxic substances. 3. On 6-23-15 at 1:20 p.m. the Executive Director acknowledged the chemicals should have been stored in a locked storage area.	A 154		

PRAIRIE HILLS
Senior Living Communities

July 9, 2015

To: Rose Boccella Program Coordinator Adult Services Bureau
From: Amy Wehde RN Executive Director
RE: Plan of Corrections for Regulatory Insufficiencies

Prefix Tag A 121
All staff will complete dementia-specific training of 8 hours within 30 days of employment. Training and new hire checklists will be implemented immediately as of 6/23/2015. Current staff will have dementia specific training completed by 7/20/2015. Business office manager will check for compliance on a weekly basis of all new hires up to day 30,other facility staff will double check process for accuracy and to ensure completeness of dementia specific training. Executive Director will perform final review prior to 30 days of employment of new staff and ongoing annual dementia specific training. Spreadsheet will be developed to accurately track staff's dementia specific training to ensure compliance.

Prefix Tag A 154
Immediate walk through by Executive Director on 6/23/15 after DIA's exit interview and removal of Equate Lotion and Luck hand sanitizer was conducted. Executive Director will communicate and review policy regarding Chemicals and proper storage by 7/20/15 especially in regards to Memory Care Unit. Current employees will sign and date Chemical Policy after instruction /review given by 7/20/15. New employees will review sign and date the policy for Chemicals after instruction/training given effective 7/9/15. Staff will sign off daily that all areas of Memory Care are Safe in regards chemicals effective 7/9/15.

Please contact me with any question you may have in regards to this plan.

Thank you,

Amy Wehde RN
Executive Director