IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 53809-C

August 18, 2015

Ms. Cheri Schultz, Executive Director
Prairie Hills at Cedar Rapids
2903 F Avenue NW
Cedar Rapids, IA 52405

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

Dear Ms. Schultz:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of August 12, 2015, 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.

Based on tenant observations, staff interviews, a review of tenant files, review of medication administration records, review of narcotic records, incident reports, medication error reports, observation of a medication pass and review of program policies and procedures the following was found:

1. Allegation: Level of Care
   Findings: Not substantiated
   Comments: Tenant observations indicated no concerns with any tenants exceeding level of care for an assisted living program. Staff who worked all three shifts at the program were interviewed and stated there were no tenants that exceeded level of care or were a routine two person assist. The Executive Director and Nurse were interviewed and stated there were no tenants who exceeded level of care or were a routine two person assist.

2. Allegation: Policy and Procedure
   Findings: Not substantiated
   Comments: Review of the program's policy on Incident/Event/Crisis Reporting and Communication Policy indicated the program followed their policy for documentation of falls, other unusual occurrences and medication errors. A review of three months of incident reports and medication error reports was completed. The program followed their policy as indicated. Staff interviews indicated staff had not been directed to not complete incident reports when needed.

3. Allegation: Medication Management
   Findings: Not substantiated
   Comments: A review of four tenant files, review of medication administration records and review of narcotic records did not reveal any evidence of use of white out correction fluid. All narcotic records were accurate and any errors were corrected appropriately. Staff interviews indicated no staff had used or been directed to use white out correction fluid on any documents, no staff had been directed to re-write narcotic records and no staff were directed to not complete medication error reports. Staff interviewed stated they had not found expired medications and medication orders, dosage and directions on the medication administration records (MARs) were always correct and matched the order as written. Observation of a medication pass indicated all medication dosages administered matched the orders on the MARs with the dosage of medication in the bubble packs.

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
	S0277	A. BUILDING: _____ B. WING _____	C 08/12/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS AT CEDAR RAPIDS	2903 F AVENUE NW CEDAR RAPIDS, IA 52405

(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: 49 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 50 TOTAL census of Assisted Living Program: 50 No regulatory insufficiencies were cited during the Complaint Investigation #53809-C.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE