IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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Des Moines, IA 50319-0083
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

**DEMAND LETTER**

December 22, 2015

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

**RE: I. NOTICE OF IMPOSITION OF CIVIL PENALTY – FINAL RECERTIFICATION MONITORING EVALUATION REPORT - PRAIRIE HILLS AT DES MOINES**
**II. Reduction of Civil Penalty**
**III. Informal Conference**
**IV. Conclusion**

Dear Mr. Regenwether:

**I. Final Recertification Monitoring Evaluation Report – Prairie Hills at Des Moines, Des Moines, IA**

Enclosed is the **Final Recertification Monitoring Evaluation Report ("Report")** issued 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 **December 14 & 15, 2015.** The Report notes Regulatory Insufficiencies in the area(s) of: Evaluation of Tenant, Service Plans, Nurse Review and Food Service.

**Prairie Hills at Des Moines** ("Program") is being assessed a **$1,500 civil penalty** pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC 67.17(1)(b).

Pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC rule 67.17(1)(b), the continued failure or refusal to comply within a prescribed time frame with regulatory requirements that have a direct relationship to the health, safety, or security of tenants may result in a civil penalty of up to $5,000.

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.

The factors to be considered in determining the amount of a civil penalty are contained within rule 481 IAC 67.17(3) and include:

(1) the frequency and length of time the regulatory insufficiency occurred;
(2) the past history of the program as it relates to the nature of the regulatory insufficiency;
(3) the culpability of the program as it relates to the reasons the regulatory insufficiency occurred;
(4) the extent of any harm to the tenants or the effect on the health, safety, or security of the tenants which resulted from the regulatory insufficiency;
(5) the relationship of the regulatory insufficiency to any other types of regulatory insufficiencies;
(6) the actions of the programs after the occurrence of the regulatory insufficiency;
(7) the accuracy and extent of records kept by the program which relate to the regulatory insufficiency and the availability of such records to DIA;
(8) the rights of tenants to make informed decisions; and
(9) whether the program made a good-faith effort to address a high-risk tenant's specific needs and whether the evidence substantiates this effort.

The determination of a **$1,500 civil penalty** is based upon repeated regulatory insufficiencies in the area(s) of: Service Plans, Nurse Review and Food Service. As the enclosed Report details, the Program previously received Regulatory Insufficiencies in the areas of Service Plans, Nurse Review and Food Service during a complaint investigation conducted in April, 2015.

## II. Reduction of Civil Penalty

If, within 30 days of the notice or service of this demand letter, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the civil penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to IAC rule 481–67.17(5). If you do not wish to request a formal hearing or wish to withdraw your request for formal hearing, please send a cover letter to the attention of **Rose Boccella** and remit the civil penalty assessed by check or money order to the **State of Iowa** in the amount of **nine hundred and seventy five dollars ($975)** within 30 days after the notice or service of this demand letter.

## III. Informal Conference

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.

## IV. Conclusion

The Program is being assessed a **$1,500 civil penalty** pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC 67.17(1)(b).

DIA may revisit the Program to confirm compliance in fulfilling the POC's corrective measures. If the Program wishes to appeal the final findings, the Program may do so as provided in IAC rule 481-67.14.

If you have any questions in regard to this letter and enclosed Report, please contact your Program Coordinator, Rose Boccella, at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**.

Sincerely,

*Jim Friberg*

Jim Friberg, Bureau Chief
Adult Services Bureau

Enclosure

cc: Jean Herrity, Legal Assistant
Disability Rights Iowa

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 _____ | 12/15/2015 |

| 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 |
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| A 000 | 481-67 Initial Comments<br><br>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.<br><br>General Population Program<br><br>Number of tenants without cognitive disorder: 43<br>Number of tenants with cognitive disorder: 3<br>Total Population of Program at time of on-site: 46<br><br>Dementia-Specific Program by Dedication<br><br>Number of tenants without cognitive disorder: 0<br>Number of tenants with cognitive disorder: 11<br>Total Population of Program at time of on-site: 11<br><br>TOTAL census of Assisted Living Program: 57<br><br>The following regulatory insufficiencies were cited during the recertification conducted to determine compliance with certification for an Assisted Living Program | A 000 | | |
| A 037 | 481-69.22(2) Evaluation of Tenant<br><br>481-69.22(231C) Evaluation of tenant.<br>69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant ' s functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant ' s continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or | A 037 | | |

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| A 037 | Continued From page 1<br>human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record review, evaluations were not completed with a change of condition.<br><br>1. Tenant #1, a 90 year-old, was admitted on 3-30-15 and had diagnoses of: dementia, history of cerebrovascular accident, hypertension, and history of renal failure. On 5-5-15 Tenant #1 was staged at six on the global deterioration scale (GDS) which indicated severe cognitive decline. Tenant #1 resided in the dementia unit.<br><br>A review of the physician orders revealed Tenant #1 was to receive 81 milligrams of aspirin daily for the prevention of a transient ischemic attack. The aspirin would act as a blood thinner.<br><br>An incident report dated 12-6-15 and timed 6:15 p.m. documented Tenant #1 fell and immediately afterwards a bump "the size of a tennis ball" developed on the back of Tenant #1's head. It was bleeding "a little." The incident report also documented Tenant #1 seemed more confused.<br><br>According to the incident report, the Licensed Practical Nurse was contacted. In an interview with the LPN on 12-14-15, he stated he had been contacted on the evening of the fall The LPN wanted Tenant #1 evaluated at the hospital, but the family did not want Tenant #1 transferred.<br><br>According to the incident report, Tenant #1 was | A 037 | | |

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| A 037 | Continued From page 2<br>sent to the emergency room the next day. Tenant #1 was observed to have a large bruise.<br><br>Evaluations of function, cognition, and health were not completed with a change of condition, a fall resulting in a tennis ball size bump to the head in a tenant on aspirin, reported confusion, and eventual transport to the emergency room for further evaluation.<br><br>2. Tenant #2, a 78 year-old, was admitted on 5-29-15 and had diagnoses of: diabetes, cancer, and hypertension.<br><br>According to the hospice team care plan, Tenant #2 was admitted into hospice on 10-30-15 for cancer of the colon with metastasis to the liver and bone.<br><br>Nurse's notes dated 11-21-15 documented Tenant #2 had a fever of 104.2 degrees. An order was received for an antibiotic and Tenant #2 was started on oxygen; standard disease-related clinical interventions.<br><br>Evaluations of function, cognition, and health were not completed with a change of condition.<br><br>3. Tenant #4, an 89 year-old, was admitted on 9-10-15 and had diagnoses of: atrial fibrillation, peripheral vascular disease, arthritis, and macular degeneration.<br><br>According to evaluations completed on 9-1-15, prior to admission, Tenant #4 was independent with mobility and transfers. Nurse's notes dated 9-21-15 and 9-22-15 documented Tenant #4 had declined and had a visit from a hospice nurse. Tenant #4 was not eating and not able to feed self. Tenant #4 was weak. Notes documented | A 037 | | |

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| A 037 | Continued From page 3<br>Tenant #4 may have had a urinary infection but also had declined due to the disease process. Staff assisted Tenant #4 to walk to the bathroom.<br><br>Tenant #4 was transferred to a higher level of care at 5:00 p.m. on 9-21-15. Nurse's notes dated 9-22-15 documented the family did not terminate the rental contract at the time Tenant #4 transferred. The family wanted to see how Tenant #4 progressed before terminating the contract.<br><br>Evaluations of function, cognition, and health were not completed with a significant change of condition. | A 037 | | |
| A 083 | 481-69.26(1) Service Plans<br><br>481-69 26(231C) Service plans.<br>69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record reviews, service plans were not updated with changes to meet the specific service needs of individual tenants.<br><br>1. Tenant #2, a 78 year-old, was admitted on 5-29-15 and had diagnoses of: diabetes, cancer, | A 083 | | |

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| A 083 | Continued From page 4<br>and hypertension.<br><br>According to the hospice team care plan, Tenant #2 was admitted into hospice on 10-30-15 for cancer of the colon with metastasis to the liver and bone.<br><br>In an interview with the Licensed Practical Nurse (LPN) on 12-15-15, he stated Tenant #2 stopped chemotherapy and was admitted into hospice. Tenant #2 had a port in the left chest for chemotherapy administration according to the 9-24-15 service plan, which the LPN stated had been removed.<br><br>According to the hospice team care plan, Tenant #2 received hospice nurse visits at least weekly beginning 10-30-15 and a hospice aide began visits 11-22-15 to provide bathing and personal care services.<br><br>The hospice team care plan also identified Tenant #2 used a hospital bed and began the use of oxygen as needed for shortness of breath on 11-21-15.<br><br>The service plan dated 9-24-15 was current at the time of the admission into hospice and was not updated until 12-14-15. The service plan of 9-24-15 was not updated with Tenant #2's admission into hospice on 10-30-15, assistance from Tenant #2 by a hospice aide on 11-22-15, the use of a hospital bed, removal of the port and discontinuation of chemotherapy, and the use of oxygen on 11-21-15 and direction to the staff to aid in the determination of the need for oxygen as needed for shortness of breath.<br><br>Tenant #2's service plan was not updated with changes and did not meet the specific service | A 083 | | |

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| A 083 | Continued From page 5<br>needs of Tenant #2.<br><br>2. Tenant #4, an 89 year-old, was admitted on 9-10-15 and had diagnoses of: atrial fibrillation, peripheral vascular disease, arthritis, and macular degeneration.<br><br>According to evaluations completed on 9-1-15, prior to admission, Tenant #4 was independent with mobility and transfers. Nurse's notes dated 9-21-15 and 9-22-15 documented Tenant #4 had declined and had a visit from a hospice nurse. Tenant #4 was not eating and not able to feed self. Tenant #4 was weak. Notes documented Tenant #4 may have had a urinary infection but also had declined due to the disease process. Staff was assisting Tenant #4 to walk to the bathroom.<br><br>The service plan dated 9-10-15 was not updated with a change of condition to include the inability to feed self, assistance with toileting including assistance with ambulation to the bathroom. The service plan was not updated with changes and did not meet the specific service needs of Tenant #4, | A 083 | | |
| A 096 | 481-69.27(3) Nurse Review<br><br>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:<br>69.27(3) To assess and document the health status of each tenant, to make recommendations | A 096 | | |

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| A 096 | Continued From page 6<br>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<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record review, nurse reviews were not completed with changes of condition to assess and document the health status of tenants and to monitor progress related to previous recommendations.<br><br>1. Tenant #1, a 90 year-old, was admitted on 3-30-15 and had diagnoses of: dementia, history of cerebrovascular accident, hypertension, and history of renal failure. On 5-5-15 Tenant #1 was staged at six on the global deterioration scale (GDS) which indicated severe cognitive decline. Tenant #1 resided in the dementia unit.<br><br>A physician's order noted 10-10-15 ordered an antibiotic for a urinary infection.<br><br>A nurse review was not completed following the completion of the antibiotic to assess and document Tenant #1's health status and to monitor Tenant #1's progress following the completion of the antibiotic.<br><br>2. Tenant #2, a 78 year-old, was admitted on 5-29-15 and had diagnoses of: diabetes, cancer, and hypertension.<br><br>According to the hospice team care plan, Tenant #2 was admitted into hospice on 10-30-15 for cancer of the colon with metastasis to the liver and bone.<br><br>In an interview with the Licensed Practical Nurse | A 096 | | |

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| A 096 | Continued From page 7<br>(LPN) on 12-15-15, he stated Tenant #2 stopped chemotherapy and was admitted into hospice. Tenant #2 had a port in the left chest for chemotherapy administration according to the 9-24-15 service plan, which the LPN stated had been removed.<br><br>The service plan dated 9-24-15 documented the chemotherapy was being used palliatively for pain control.<br><br>A nurse review was not completed with the admission into hospice to assess and document the health status of Tenant #2, and to monitor progress following the discontinuation of chemotherapy.<br><br>3. Tenant #3, an 84 year-old, was admitted on 7-30-15 and had diagnoses of: cerebrovascular accident, diabetes, asthma, and gout.<br><br>According to the entrance form completed by the Program, Tenant #3 was hospitalized for a fractured lower extremity. In an interview with the Administrator on 12-15-15, he stated Tenant #3 made a twisting motion and did not use the walker. Tenant #3 "shattered" an ankle and fractured the tibia/fibula. The incident may have occurred on 9-3-15, although the Administrator was not clear on the specific date of the incident. Tenant #3 had not returned to the Program at the time of the onsite visit.<br><br>There was no incident report to document the event.<br><br>A nurse review was not completed with a change of condition to assess and document the health status of Tenant #3 following a fall with injury, and to make recommendations and referrals with a | A 096 | | |

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| A 096 | Continued From page 8<br>change in health status.<br><br>4. Tenant #4, an 89 year-old, was admitted on 9-10-15 and had diagnoses of: atrial fibrillation, peripheral vascular disease, arthritis, and macular degeneration.<br><br>An incident report dated 9-14-15 and completed by a resident assistant documented Tenant #4 had a bleeding toe wound that required cleansing and bandaging.<br><br>A nurse review was not completed to assess and document the toe wound.<br><br>5. Tenant #5, an 85 year-old, was admitted on 11-17-15 and had diagnoses of: diabetes and heart disease.<br><br>Incident reports documented the following:<br>11-22-15: Tenant #4 fell and had a reddened elbow<br>12-3-15: Tenant #4 tripped and fell resulting in a skin tear<br>12-9-15 at 3:00 a.m.: Tenant #4 rolled out of bed<br>12-9-15 at 11:50 p.m.: Tenant #4 slid out of chair<br>12-11-15: Tenant #4 slid from bed to floor while trying to get up to go to the bathroom<br><br>On 12-9-15 a fax was sent to the physician requesting an order for physical therapy, which the physician approved.<br><br>A nurse review was not completed following four falls within two weeks and a new order for physical therapy to assess and document Tenant #4's health status. | A 096 | | |

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| A 104 | Continued From page 9 | A 104 | | |
| A 104 | 481-69.28(5) Food Service<br><br>481-69.28(231C) Food service.<br>69.28(5) Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have annual in-service training on food protection.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on staff file review and interview, personnel responsible for food service did not have an orientation on safe food handling or an annual inservice on food protection.<br><br>1. Staff A was hired as a server on 8-1-15. The staff file contained documentation of a food safety update dated 1-15-14.<br><br>2. Staff B was hired as a server on 6-5-14. According to the Administrator, Staff B also worked as a resident assistant. The staff file contained documentation of a food safety update dated 6-6-14.<br><br>3. Staff C was hired as a resident assistant on 5-23-14 The staff file contained documentation of a food safety update dated 6-4-14.<br><br>In interviews with the Administrator on 12-14-15, he confirmed all three staff members would serve food. The Administrator also confirmed there was no documentation Staff A, B, and C had received food safety or protection training in 2015. | A 104 | | |

Prairie Hills at Des Moines
5815 SE 27th Street Des Moines, IA 50320

January 7, 2016

Department of Inspections and Appeals
Health Facilities Division
321 East 12th Street
Des Moines, IA 50319-0083

Re: Plan of Correction / Demand Letter

481-69.22 Evaluation of Tenant

1. Prairie Hills will complete a chart review to ensure assessments completed and to determine any changes to service and continued eligibility.
2. Prairie Hills new RN has been trained on Evaluating residents as well as when evaluation is required (30 Day, Significant Change).
3. Quarterly Quality Assurance checks, utilizing random sampling, will be completed by Executive Director / Healthcare Coordinator to ensure compliance
4. Assessment review to be completed by January 21, 2016 along with Quality Assurance checks ongoing completed by Healthcare Coordinator / Executive Director.

481-69.26(1) Service Plans

1. Prairie Hills will complete chart audit to ensure Service Plans match the assessment and address any updates needed.
2. Prairie Hills new RN (hired 12-2-15) has been educated on Service Plans / Change of Conditions to ensure the specific needs of the individual resident are met.
3. Quarterly Quality Assurance checks, utilizing random sampling, will be completed by Executive Director / Healthcare Coordinator to ensure compliance
4. Service Plan Audit to be completed by January 21, 2016 along with Quality Assurance checks ongoing.

481-69.27(3) Nurse Review

1. Prairie Hills will complete chart audit to ensure Nurse reviews and follow up is completed
2. Two week follow ups on all Nurse Reviews shall be completed by RN / LPN and tracking through the use of a calendar.
3. Quality Assurance Quarterly Review, utilizing random sample, will be completed by Healthcare Coordinator and Executive Director to ensure compliance.
4. Random Sample QA review will be completed by Healthcare Coordinator / Executive Director by January 21, 2016.

481-69.28 (231C)

1. Prairie Hills will complete all staff training on Food Safety at scheduled staff meeting on 1-15-16.

2. Food Safety Training will be scheduled annually with all staff (Every November).
3. Culinary Coordinator and Executive Director to review new hires quarterly to ensure completion of training.
4. Full staff training to be completed by January 15, 2016 and annual training ongoing.

Sincerely,

Scott L. Regenwether
Executive Director

Enclosure