

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

March 30, 2016

Complaint/Incident Intake #: 58911-I

Ms. Tammy Rasmussen, Director
Prairie Hills at Independence
505 Enterprise Drive SW
Independence, IA 50644

**RE: Final Incident Investigation & Recertification Monitoring Evaluation
Report – Prairie Hills at Independence, Independence, IA**

Dear Ms. Rasmussen:

Enclosed is the **Final Incident Investigation & 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. The following was investigated in reference to #58911-I:

Based on tenant file reviews, review of incident reports, staff interviews and management interviews the following was found:

1. Allegation: Service Plans

Comments: Review of tenant files, incident reports and staff interviews indicated there was contact between two tenants resulting in a fall with injury. Both tenants involved resided in the memory care unit. No concerns with Service Plans were identified.

Findings: Not substantiated

No Regulatory Insufficiencies were found during this evaluation.

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.

Enclosed you will find the Assisted Living Program Certificate S0229 with effective dates of **February 15, 2016** through **February 14, 2018**.

If you have any questions in regard to this certification, 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: S0229	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/24/2016
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NAME OF PROVIDER OR SUPPLIER PRAIRIE HILLS AT INDEPENDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 505 ENTERPRISE DRIVE SW INDEPENDENCE, IA 50644
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(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: 40 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 41 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 9 Total Population of Program at time of on-site: 10 TOTAL census of Assisted Living Program: 51 No regulatory insufficiencies were cited during the Recertification and investigation of Incident #58911-I.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE