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
	S0243	A. BUILDING: _____ B. WING _____	C 11/29/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS AT CLINTON	1701 13TH AVENUE NORTH CLINTON, IA 52732

(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: 59 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 60 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 3 Number of tenants with cognitive disorder: 9 Total Population of Program at time of on-site: 12 TOTAL census of Assisted Living Program: 72 No regulatory insufficiencies were cited regarding the investigation of Incident #64132-I. The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program.	A 000		
A 121	481-67.19(3)c Record Checks 481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks. 67.19(3)c If a person considered for employment has been convicted of a crime. If a person being considered for employment in a program has been convicted of a crime under a	A 121		

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A 121	Continued From page 1 law of any state, the department of public safety shall notify the program that upon the request of the program the department of human services will perform an evaluation to determine whether the crime warrants prohibition of the person's employment in the program. This REQUIREMENT is not met as evidenced by: Based on record review the Program failed to have an evaluation from the Department of Human Services (DHS) completed prior to hire to determine whether the crime warranted prohibition of employment for one of seven staff reviewed (Staff A). Findings follow: Staff A was hired on 6-23-16. Review of the employee's file revealed a background check was completed for a criminal history and the abuse registries on 6/13/16. The criminal history check indicated further research was required. According to the Iowa Record Check Request Form S dated 6-15-16 at 8:57 a.m., a record was found. An evaluation by DHS to determine if employment was prohibited for Staff A was not completed. According to a written statement from the Program's Business Office Manager, Staff A's timecard was not able to be printed from the system as he no longer worked at the program and was no longer in the system. According to the statement, Staff A's first day of work was 6-23-16.	A 121	Record Checks POC: If a criminal record is found when completing background checks on possible employment of a candidate, Prairie Hills will ensure the correct steps are taken to receive the proper DHS approval for the candidate to begin work. If the report indicates further research is needed, Prairie Hills will conduct the record check evaluation and submit to the Iowa Department of Human Services for approval. The candidate for employment will not be offered employment until Prairie Hills receives the approval of the Iowa Department of Human Services that employment is prohibited. These steps were effective immediately after the recertification visit was completed and are an ongoing practice at Prairie Hills.	

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A 089	Continued From page 2 A 089. 481-69.26(4)a Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance. This REQUIREMENT is not met as evidenced by: Based on record review a[redacted]view the Program failed to develop service plans that reflected the identified needs of the tenants for two of seven tenant files reviewed (Tenants #4 and #5). Findings follow: 1. Review of Tenant #4's file revealed the following: a. Nurse's Notes dated 11-22-16 indicated a new order was received to start Lotrimin Ointment to buttocks twice daily until healed then change to as needed. Nurse's Notes dated 11-23-16 indicated a new order was received to apply Baza cream to the area on buttock and cover with Mepilex dressing daily. Lotrimin Ointment was changed to be utilized as needed. b. Review of Tenant #4's November 2016 medication administration records (MARs) indicated staff documented the completion of this treatment as ordered. c. The service plan dated 10-31-16 reflected staff administered medications to Tenant #4. The service plan did not reflect the open area on Tenant #4's buttocks or the treatment of the area. An interview with the Nurse on 11-29-16 at the	A 089 A 089	Care Plans: Resident #4- A nurse review was completed and care plan was updated. The care plan was updated to reflect the resident's skin issue on her buttock and the appropriate treatment needed per doctor's order. Going forward the RN will update care plans with new treatment orders as received by physician and care plan any skin issues as they arise.	

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A 089	Continued From page 3 time of the exit meeting revealed the treatment for Tenant #4 was for a small open area. 2. Review of Tenant #5's file revealed the following: a. Tenant #5 resided in the dementia unit and had a Global Deterioration Score of five, which indicated moderately severe cognitive decline. b. A Quarterly Nursing Summary dated 10-17-16 indicated Tenant #5 resided in the dementia unit and usually ate meals in the dining room in the dementia unit; however, joined his/her spouse and ate in the dining room in the general population area for the evenng meal. c. According to a fax to the physician dated 11-10-16, Tenant #5 had some increased redness on the buttocks due to wearing protective undergarments and being incontinent at times. Baza cream/barrier cream was ordered twice daily until healed. d. Review of Tenant #5's November 2016 MARs indicated staff documented the completion of the application of Baza cream to the buttocks as ordered. e. The service plan dated 10-17-16 indicated Tenant #5's spouse lived in the general population and visited him/her often. The service plan did not indicate Tenant #5 ate the evening meal with their spouse in the general population dining room or included any staffing accommodations to ensure safety while in the general population. In addition, the service plan did not reflect the redness on Tenant #5's buttocks or the treatment of the area. An interview with the Nurse on 11-29-16 at the time of the exit meeting revealed Tenant #5 ate the evening meal in the dining room in the	A 089	Resident #5- A nurse review was completed and the care plan was updated to reflect the area on the resident's buttock and the appropriate treatment for the area immediately following the recertification visit. The care plan also reflects the resident eating meals with [redacted] spouse in the common dining area though he resides in memory care. The care plan gives the staff specific instruction to accompany the resident to the dining room to join [redacted] for evening meals. Going forward the RN will update care plans with new treatment orders as received by physician and care plan any skin issues as they arise. The RN will ensure care plans are specific to each resident's needs.	

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A 089	Continued From page 4 general population with his/her spouse. Observation on 11-28-16 at the time of the evening meal revealed Tenant #5 ate his/her meal in the general population dining room.	A 089	Dementia Specific Training: New employees will receive 8 hours of dementia training within the 30 day time frame required by the State of Iowa and then annually thereafter. Prairie Hills will follow up in 3 weeks of employment date to ensure Dementia training is completed within the 30day time frame.	
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. This REQUIREMENT is not met as evidenced by: Based on record review and interview the Program failed to have staff complete eight hours of dementia-specific education and training within 30 days of employment for three of seven staff reviewed (Staff A, D and G). Findings follow: Staff A was hired on 6-23-16. Staff A did not have any dementia-specific training completed within 30 days of employment. Staff D was hired on on 9-27-16. Staff D did not have any dementia-specific training completed within 30 days of employment. Staff G was hired on 1-18-16. Staff G had 1 hour of dementia-specific training completed on 3-23-16 and 10 hours of dementia-specific training dated 9-19-16; however, none of the	A 121		

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A 121	Continued From page 5 training was completed within 30 days of employment. An interview with the Nurse on 11-28-16 at 5:32 p.m. revealed all three staff had worked in the dementia unit and general population.	A 121		

12-29-16 HC Christiansen RN BSN
Heather Christiansen RN BSN
Executive Director