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 _____	C 01/26/2017

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
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: 46 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 47 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 10 Number of tenants with cognitive disorder: 16 Total Population of Program at time of on-site: 26 TOTAL census of Assisted Living Program: 73 The following regulatory insufficiency was cited during the investigation of Complaint #63876-C and Complaint #64099-C.	A 000		
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 reviews, the Program failed to individualize service plans to indicate identified needs and preferences for assistance for 3 of 5 tenants reviewed (Tenants #1, #2, #3). Findings	A 089	See attached Plan of Correction DD – 2/16/17	

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

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A 089	Continued From page 1 include. 1. Record review revealed Tenant #1 had six falls between 11-8-16 and 1-6-17. Tenant #1's service plan was not updated to indicate fall prevention interventions. According to a physician order dated 12-2-16, Tenant #1 was to have physical therapy (PT) for strengthening and endurance. PT services were discontinued on 1-13-17. Tenant #1's service plan was not updated to indicate the initiation or discontinuation of PT services. 2. Tenant #2's Quarterly Nursing Assessment dated 12-10-16 indicated Tenant #2 wore an arm and leg brace at different times throughout the night and day, requiring assistance to apply and remove them. The service plan indicated Tenant #2 had a brace for the right hand/wrist. Staff were to assist with application but the tenant removed it independently at night. Tenant #2's service plan was not updated to reflect a leg brace or need for staff assistance to apply and remove both braces. According to Occupational Therapy (OT) documentation, Tenant #2 was admitted on 10-28-16 for the assessment of a splint fit. A discharge summary from OT dated 12-16-16 included information regarding splint fitting and retrograde massage as well as instructions for appropriate application and removal, wear schedule and precautions. Tenant #2's service plan did not indicate the initiation or discontinuation of OT services, or the instructions for staff in appropriate application and removal of the hand splint. 3. Tenant #3's service plan dated 10-19-16 indicated Tenant #3 received home health nursing services for a pressure area. According to a home health discharge note dated 11-14-16,	A 089		

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A 089	Continued From page 2 Tenant #3 was discharged from skilled nursing as the stage II pressure ulcer on left gluteal fold had healed. Tenant #3's service plan was not updated to indicate the discontinuation of home health nursing services.	A 089		

2/17/17

February 14, 2016

Dear Deb Dixon,

Enclosed, please find the Plan of Correction for Regulatory Insufficiencies from Prairie Hills of Des Moines complaint visit on January 24-26, 2017.

1. Complaint #64099
    a. All items added to ISP on January 26, 2017.
    b. Program's registered nurse will indicate fall prevention interventions, discontinuation of services, and proper instructions for staff application of services on all tenant's ISP.
    c. Through the program's quality assurance program, the registered nurse will review all ISP's quarterly for proper documentation.
    d. January 26, 2017.

Sincerely,

Bruce Boehm
Senior Executive Director
Symphony Senior Living

DOX 2/9/17