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 07/13/2017

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: 0 Total Population of Program at time of on-site: 46 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 26 Total Population of Program at time of on-site: 26 TOTAL census of Assisted Living Program: 72 The following regulatory insufficiencies were cited during the investigation of Complaints #68740-C, 68556-C, 68324-C, 68141-C and 68902-C.	A 000		
A 013	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on interview and record review the	A 013		

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

8/16/17

STATE FORM 6899 8E9L11 If continuation sheet 1 of 8

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FORM APPROVED DEPARTMENT OF INSPECTIONS AND APPEALS

A 013	Continued From page 1 Program failed to consistently ensure tenants received care, treatment and services that were adequate and appropriate. This affected 1 of 1 tenant with a fracture (Tenant #1). Finding follows: Record review on 6/22/17 revealed an Incident Report (IR) for Tenant #1 describing a fall on 6/1/17 in the tenant's apartment. The tenant reported slight pain in wrist and upper side near ribs as a result of the incident. Review of the IR and Nurse's notes revealed a discrepancy in which day the incident actually occurred. During an interview on 7/13/17 with Licensed Practical Nurse (LPN) D she said per her Nurse's Note the fall occurred on 5/30/17 but staff incorrectly dated the IR as 6/1/17. Review of Nurse's Notes revealed an entry dated 6/1/17 documenting the tenant ambulated with walker to LPN D's office. The tenant complained of pain in the left side near upper ribs. The area was tender when palpated. The tenant had no bruising, swelling or abnormalities. Pain medicaiton was given with relief noted. The tenant was told staff would continue to monitor and if there was any further pain she would contact the physician to see if he wanted x-rays completed. When interviewed on 6/22/17 at 9:45 a.m. Tenant #1's physician said when he saw Tenant #1 on 6/8/17 there was significant bruising on the left leg and reported pain with walking. The physician expressed concern regarding the bruising and lack of communication since Tenant #1 received assistance with showering. He felt staff should have reported the significant bruising to a nurse and that the Program should have	A 013	**481-67.3(2) Tenant Rights** 1. Nursing staff, RN or LPN, will complete a head to toe skin assessment of resident within 24 and again at 72 hours with a one week follow up of all Incident Reports. Implemented 08/03/17 2. Resident Specialist will complete a Skin/Shower report following assisting with resident showers. Completed Skin/Shower report forms will be returned to nursing daily. Nursing will follow up with Resident and Physician and provide intervention for any skin issues daily. Saturday and Sunday reports will be reviewed the following Monday. Implemented 08/03/17 3. All Resident Specialist will be In-serviced in completing the Incident reporting form appropriately, including and not limited to recording the correct date of the incident and notifying nursing of the incident. **All nursing staff to complete in-service by 08/11/17.**	

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A 013	Continued From page 2 reported the significant bruising to him. He also said the Program had not contacted him regarding Tenant #1's fall. Review of Nurse's Notes on 6/28/17 revealed a notation dated 6/8/17 documenting a call made to the physican's office to to discuss Tenant #1's possible fracture of the pelvis. This call was made after a family member of the tenant contacted the Program to discuss Tenant #1's pelvic issue. Review of Nurse's Notes on 7/3/17 revealed a notation on 6/9/17 that said the Program received paperwork from Tenant #1's appointment the previous day. New orders were received for Cephalexin for Urinary Tract Infection and Hydrocodone for pain due to a closed fracture of the pelvis and rib pain on the left side. Review of task sheets on 6/29/17 revealed Program staff had assisted Tenant #1 with showers on 6/4/17 and 6/6/17. When interviewed on 7/3/17 Licensed Practical Nurse (LPN) D confirmed the staff that assisted with Tenant #1's shower should have reported the bruising to Tenant #1's left leg and an IR should have been completed. According to LPN D she left a message at the physician's office regarding Tenant #1's fall on the day it occurred, but she never heard back. Tenant #1 fell on 5/30/17 as reported in Nurse's Notes by LPN D. Staff incorrectly noted the date of the incident as 6/1/17 as confirmed on 7/13/17 by LPN D. Tenant #1 saw a physician on 6/8/17 who referred the tenant to Emergency Room (ER). According to a nurse's note dated 6/9/17	A 013		

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A 013	Continued From page 3 the ER visit resulted in new orders for Cephalexin for Urinary Tract Infection and Hydrocodone for a closed fracture of the pubis. The Program failed to ensure care, treatment and services which were adequate when Tenant #1 who received an injury, reported pain and had significant bruising did not receive adequate care for nine days. The tenant went to a regularly scheduled physician appointment and received a diagnosis of a fractured pubis which went undiagnosed and untreated for nine days due to staff not reporting significant/unusual occurrences.	A 013		
A 059	481-67.9(4)b Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: b. Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s). This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure 2 of 5 staff reviewed received training by the Registered Nurse within 30 days of beginning employment (Staff A and B). Finding follows:	A 059		

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A 059	Continued From page 4 Review of employee files revealed Staff A began employment on 1/26/17. Staff B began employment on 4/17/17. Neither staff had documentation to confirm a Nurse had completed training. When interviewed on 6/21/17 at 2:00 p.m. Licensed Practical Nurse (LPN) D and the Administrator confirmed this finding.	A 059	**481-67.9(4) b Staffing** The Executive Director will maintain an Orientation, Skills Delegation, and Medication Delegation checklist for all employees. The checklist will be monitored monthly for compliance. Any staff found to be in non-compliance will not be allowed to provide resident care until compliance is obtained. **Implementation date 8/07/17**	
A 033	481-69.21(3) Occupancy Agreement 481-69.21(231C) Occupancy agreement. 69.21(3) The occupancy agreement shall be reviewed and updated as necessary to reflect any change in services or financial arrangements. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to review and update the Occupancy Agreement (OA) as needed to incorporate changes to criteria for admission/retention. This potentially affected all tenants of the Program (Tenants #1-#72). Finding follows: Record review on 6/19/17 revealed neither the Program OA or supporting documents included all criteria for admission/retention of tenants. When interviewed on 6/22/17 at 1:00 p.m. the Administrator confirmed the Program failed to update tenant OAs when program rules changed to include additional admission/retention criteria.	A 033	**481-69.21(3) Occupancy Agreement** All residents with an older version of the Occupancy Agreement will be provided the current Occupancy Agreement which is up to date with current admission/retention criteria. Signatures by Resident/POA and Executive Director will be obtained. **To be completed by 08/31/17**	

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A 077	Continued From page 5	A 077		
A 077	481-69.25(1)o Tenant Documents 481-69.25(231C) Tenant documents. 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: o. Incident reports involving the tenant, including but not limited to those related to medication errors, accidents, falls, and elopements (such reports shall be maintained by the program but need not be included in the tenant's medical record) This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete incident reports (IR) when bruising was noted after a tenant fall. This affected 1 of 1 tenant with a fractured bone (Tenant #1). Record review revealed on 7/3/17 an Incident Report for Tenant #1 describing a fall on 6/1/17 in the tenant's apartment. The tenant reported slight pain in wrist and upper side near ribs as a result of the fall. While staff dated the IR as 6/1/17 the actual fall occurred on 5/30/17 as confirmed by review of nurse's notes and during an interview with Licensed Practical Nurse (LPN) D on 7/13/17. The incident report completed on the day of the fall did not reveal any bruising. When interviewed on 6/22/17 at 9:45 a.m. Tenant #1's physician said when he saw Tenant #1 on 6/8/17 he/she had significant bruising on the left leg and reported pain with walking. The physician expressed concern regarding the bruising and lack of communication since Tenant	A 077	**481-69.25(1)o Tenant Documentation** 1. Nursing staff, RN or LPN, will complete a head to toe skin assessment of resident within 24 and again at 72 hours with a one week follow up of all Incident Reports. Implemented 08/03/17 2. Resident Specialist will complete a Skin/Shower report following assisting with resident showers. Completed Skin/Shower report forms will be returned to nursing daily. Nursing will follow up with Resident and Physician and provide intervention for any skin issues daily. Saturday and Sunday reports will be reviewed the following Monday. Implemented 08/03/17 3. All Resident Specialist will be In-serviced in completing the Incident reporting form appropriately, including and not limited to recording the correct date of the incident and notifying nursing of the incident. **All nursing staff to complete in-service by 08/11/17.**	

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A 077	Continued From page 6 #1 received assistance with showering. Review of task sheets on 6/29/17 revealed Program staff had assisted Tenant #1 with showers on 6/4/17 and 6/6/17. When interviewed on 7/3/17 LPN D confirmed the staff that assisted with Tenant #1's shower should have reported the bruising to Tenant #1's left leg and an IR should have been completed.	A 077		
A 094	481-69.27(1)a Nurse Review 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: 69.27(1)a To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure a Registered Nurse completed a nurse review with a significant change in condition. This affected 1	A 094		

FORM APPROVED DEPARTMENT OF INSPECTIONS AND APPEALS

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A 094	Continued From page 7 of 1 tenants diagnosed with a pelvic fracture (Tenant #1). Findings follow: Record review on 6/21/17 revealed a Nurse's note on 6/8/17 stating the Program's Licensed Practical Nurse (LPN) D received a call from Tenant #1's granddaughter to discuss a possible pelvic fracture. A note on 6/9/17 stated paperwork was received from the appointment the day prior with new orders for hydrocodone. Record review revealed no nurse review had been completed as of 6/22/17.	A 094	**481-69.27(1)a Nurse Review** The care team; Wellness Coordinator (RN), LPN, Memory Care Coordination and Executive Director and AED will meet daily and review all Incident Reports, Infection Control, Change of Condition, Stop and Watch Reports and High-Risk Residents and any other communication regarding the resident's health issues. RN, and LPN will provide inventions including a change of condition care plan, as needed to address any issues. Documentation of this meeting will be included in the Morning Stand Up Report Manual. **Implemented 08/03/2017**	

Patti Hayes, CDP, Executive Director
8/7/17