9/18/17

PRINTED: 08/29/2017
FORM APPROVED

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
	S0229	A. BUILDING: _____ B. WING _____	C 08/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS AT INDEPENDENCE	505 ENTERPRISE DRIVE SW INDEPENDENCE, IA 50644

(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: 31 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 33 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 9 Total Population of Program at time of on-site: 9 TOTAL census of Assisted Living Program: 42 No regulatory insufficiencies were cited regarding the investigation of Incident #69213-I. The following regulatory insufficiency was cited during the investigation of Complaint #69621-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	A 013	See attached Plan of Correction	

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

✓ DO 9/14/17

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A 013	Continued From page 1 by: Based on observation and interviews, the Program failed to ensure tenants received care, treatment and services which were adequate and appropriate potentially affecting all 33 of the tenants residing in the general population. Findings include: 1. On 8-10-17 at 9:00 a.m. during the entrance meeting, the monitor observed the community cat (Garfield) enter the private dining room, jump up on top of the large dining room table and walk around. When the cat left this table, he walked over to another table in the room, jumped up and sat on that table. A community meeting was held on 8-14-17 at 2:45 p.m. with 17 tenants. The tenants stated the cat had a bowel movement by the west entrance on Friday morning and a visitor stepped in it. This happened again on Sunday morning. They stated it was a problem in the mornings during breakfast, as the food servers had to stop serving breakfast to take care of cleaning up the mess the cat had made. They reported the cat had been observed jumping up on the kitchen serving counter where open food was sitting. This had gone on for some time. The tenants stated the cat did not shed. On 8-14-17 at 12:08 p.m., Tenant #3 stated Garfield had been pooping in the hallways and recently a visitor stepped in it. Tenant #3 reported the cat had gotten out the door on two occasions but came back. Tenant #3 stated cat hair had not been seen anywhere. On 8-10-17 at 11:06 a.m. Staff A stated one time, about a month ago, she saw the cat in the dining	A 013		

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A 013	Continued From page 2 room on a table where no one usually sat. It was about 6:15 a.m., before meals. She had never seen the cat in the kitchen but heard other staff say he went in the kitchen if the door was left open. On 8-10-17 at 1:10 p.m. Staff B stated sometimes the cat sat on the serving counter but hadn't done it as much recently. On 8-14-17 at 1:40 p.m. the Business Office Coordinator (BOC) stated she had not seen the cat on top of dining room tables or in the kitchen but had been told that day the cat had been on top of tables the prior week. She stated she was not aware the cat had bowel movements in the halls but it was reported last week that the cat had thrown up in the hallway. The housekeeper told her she had cleaned it up. On 8-14-17 at 3:25 p.m. the Executive Director (ED) stated the cat was rarely in the dining room. She had not seen him there. On 8-16-17 at 8:30 a.m. the Resident Handbook was reviewed. The pet information included was in reference to pets owned by the tenants. It indicated tenants were to refrain from having pets in the dining area. On 8-16-17 at 8:45 a.m. the ED was interviewed and stated it was her understanding pets were not to be in the dining room or in the kitchen. She stated the Pet Policy referenced that cats were not to be in the dining area. 2. In addition to the issues regarding the community cat, interviews revealed one staff	A 013		

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A 013	Continued From page 3 member had been observed on several occasions using unsanitary practices while cooking in the kitchen. On 8-10-17 at 11:06 a.m. Staff A stated about four months ago she saw Staff C stick her bare fingers in frosting in order to taste it. Staff A stated "You're going to wash your hands, right?" Staff C responded yes and thanked Staff A for reminding her. Staff A stated she heard at Thanksgiving, Staff C had licked her fingers after getting tenants' food on them and did not wash her hands. On 8-10-17 at 1:10 p.m. Staff B stated she had witnessed Staff C put her fingers in cake batter and soup and then lick them. Staff C also wiped up the drips between cupcakes in the baking pan with her bare fingers before putting the pan in the oven. Another time she witnessed Staff C put her fingers in chocolate chip cookie dough saying she was tasting it. Staff C sometimes didn't use measuring spoons but added pinches of ingredients with her bare fingers. On 8-14-17 at 1:40 p.m. the BOC stated she had seen Staff C stick her fingers in frosting and then lick her fingers. The BOC told Staff C she had to wash her hands and remake the batch of frosting. On 8-16-17 at 8:45 a.m. the ED stated she had not witnessed Staff C stick her bare fingers in food and then lick them but multiple people had reported it so she spoke to Staff C about it.	A 013		

9/18/17

September 12, 2017

Department of Inspections and Appeals
Attn: Deb Dixon
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319

Dear Ms. Dixon:

On behalf of Prairie Hills Assisted Living in Independence, IA, I respectfully submit our Plan of Correction for your approval. Our response is specific to the Monitoring Report for the onsite visit on August 10-16, 2017. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of state law.

Tenant Rights:

1. Elements detailing how the Program will correct each regulatory insufficiency.
    - Dietary staff will clean each table prior to each meal.
    - A spray bottle of water is available for staff to use if cat gets close to serving counter and kitchen door.
    - Kitchen staff will be educated for safe serve food and infection control.
2. What measures will be taken to ensure the problem does not recur.
    - If cat is seen on tables or countertop, cat will be re-homed.
    - Dietary manager will educate staff for safe serve food and infection control.
    - Dietary manager will educate staff when to wash hands.
    - Dietary manager will educate staff when to use gloves.
3. How the Program plans to monitor performance to ensure compliance.
    - The dietary manager will audit servers and cooks for compliance with washing tables and hand washing monthly.
    - Executive Director will audit staff twice a year for compliance of cat in dining room.
4. The date by which the regulatory insufficiency will be corrected.
    - This regulatory insufficiency will be corrected by October 10, 2017.

9/19/17

If you have any questions regarding this plan of correction, please feel free to contact me at 319-334-2000. Thank you.

Sincerely,

Tammy Rasmussen

Tammy Rasmussen
Executive Director