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
	S0277	A. BUILDING: _____ B. WING _____	06/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS SENIOR LIVING	2903 F AVENUE NW CEDAR RAPIDS, IA 52405

(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	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. Number of tenants without cognitive disorder: 43 Number of tenants with cognitive disorder: 0 TOTAL census of Assisted Living Program: 43 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000		
A 061	481-67.9(4)d 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: d. Certified and noncertified staff shall receive training regarding service plan tasks (e.g., wound care, pain management, rehabilitation needs and hospice care) in accordance with medical or nursing directives and the acuity of the tenants' health, cognitive or functional status. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure staff received nurse delegated training for a nephrostomy tube site dressing change. This pertained to 4 of 4 staff	A 061	Plan of Correction is attached. DJ — 7/6/18	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

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
	S0277	A. BUILDING: _____ B. WING _____	06/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS SENIOR LIVING	2903 F AVENUE NW CEDAR RAPIDS, IA 52405

(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 061	Continued From page 1 reviewed that completed the dressing change (Staff A, B, C and D). Findings follow: When interviewed on 6-5-18 at 2:30 p.m. the Director of Nursing (DON) revealed Tenant #6 had a nephrostomy tube and staff completed a dry dressing change to the tube site, twice per week on second shift. Staff applied a 4 x 4 dressing at the tube site. Staff A, B, C and D worked second shift. Record review revealed Tenant #6 had a diagnosis of nephrostomy tube. Physician's Orders reflected an order to change the nephrostomy tubing dressing every evening. The order indicated to use a split sponge 4 x 4 gauze with a small amount of tape to secure, daily at 8:00 p.m. A new order received 5-30-18 reflected a change in the frequency of the nephrostomy tube dressing change, from every night to twice per week (Tuesday and Friday) at bedtime. Continued record review revealed Tenant #6's service plan dated 3-1-18 reflected the nephrostomy tube and a dressing change nightly completed by staff. The service plan updated on 5-30-18 reflected a change in frequency from a daily dressing change to a dressing change twice per week (Tuesday and Friday) to the tube site. April and May 2018 medication administration records (MARS) reflected staff documented the completion of the nephrostomy tube dressing change daily at 8:00 p.m. Review of a Caregiver Key and April and May MARs indicated Staff A, B, C and D had initialed for the completion of Tenant #6's dressing change. Further record review revealed Staff A, B, C and	A 061		

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
	S0277	A. BUILDING: _____ B. WING _____	06/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS SENIOR LIVING	2903 F AVENUE NW CEDAR RAPIDS, IA 52405

(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 061	Continued From page 2 D's files lacked documented nurse delegated training for the nephrostomy tube site dressing change. When interviewed on 6-5-18 at 2:30 p.m. the DON confirmed nurse delegated training was not completed for the nephrostomy tube site dressing change.	A 061		
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 interview and record review the Program failed to develop service plans to reflect tenants' identified needs. This pertained to 2 of 6 tenants reviewed (Tenants #4 and #5). Findings follow: 1. Record review of Tenant #4's file revealed a diagnosis of anxiety. Tenant #4 was staged at a three on the Global Deterioration Scale, which indicated mild cognitive decline. Record review revealed the Health and Functionality evaluation dated 6-5-18 reflected Tenant #4 often stated, " I am dying, I'm (his/her age) you know." Tenant #4 was redirected to other topics easily. Tenant #4 stated things of that nature for many months per family and staff.	A 089		

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
	S0277	A. BUILDING: _____ B. WING _____	06/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS SENIOR LIVING	2903 F AVENUE NW CEDAR RAPIDS, IA 52405

(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 089	Continued From page 3 There were no concerns of any "imminent predictable issues." Continued record review revealed Tenant #4's service plan dated 6-5-18 failed to reflect the comments often made by Tenant #4 regarding dying and interventions related to the behavior. 2. Record review of Tenant #5's file revealed a diagnosis of diabetes mellitus type II. Continued record review revealed Tenant #5's service plan, dated 4-9-18, reflected Tenant #5 was diabetic and independent with blood glucose monitoring four times per day prior to insulin administration. The service plan also reflected Tenant #5 received physical therapy (PT), occupational therapy, and skilled nursing services from an outside provider. Charting Notes indicated the following: a. On 4-5-18 (entry for 4-4-18) it was noted Tenant #5's family reported to staff Tenant #5 was confused and had a blood glucose reading of 50. Tenant #5 was diaphoretic and shaky. Tenant #5 was given orange juice and candy and after approximately 15 minutes was no longer shaky. Tenant #5's blood glucose was re-checked with assistance from Tenant #5's family and the reading was 78. b. On 4-12-18 it was noted staff called the prior evening and reported Tenant #5 was hypoglycemic, confused and diaphoretic. Staff had checked on Tenant #5 as he/she had not come out for a meal. Staff found Tenant #5 laying across the bed and he/she was confused when he/she was awoken. Staff checked Tenant #5's blood glucose and it was 30. Staff notified the	A 089		

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
	S0277	A. BUILDING: _____ B. WING _____	06/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS SENIOR LIVING	2903 F AVENUE NW CEDAR RAPIDS, IA 52405

(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 089	Continued From page 4 nurse on call and staff was directed to give him/her orange juice and to re-check the blood glucose. At the first re-check his/her blood glucose reading was 38. More orange juice (with sugar added) was given to Tenant #5 and a re-check of his/her blood glucose was completed with a reading of 86. It was noted the blood glucose reading of 86 occurred approximately one hour after the initial blood glucose check and the symptoms had resolved. Tenant #5 was checked about two hours after the initial check and his/her blood glucose was 131. On 4-12-18 the Director of Nursing (DON) assessed Tenant #5 and he/she was wake, alert and oriented to person, place and time. His/her blood glucose was 46 at 12:00 p.m. Tenant #5 confirmed he/she took two glucose tablets and also took insulin. c. On 4-30-18 it was noted Tenant #5 had been receiving PT and nursing services with an outside provider. Discontinuation of services was planned on 5-10-18. Additional review of Tenant #5's service plan revealed the service plan failed to reflect Tenant #5's hypoglycemic episodes or the discontinuation of services from the outside provider. 3. When interviewed on 6-6-18 at 2:13 p.m. the DON revealed Tenant's #4 comments about dying and Tenant #5's hypoglycemic episodes were reflected on the evaluations; however, due to an error, the issues did not appear on the service plans.	A 089		

PRAIRIE Hills
A DIAL RETIREMENT COMMUNITY CEDAR RAPIDS

✓ 7/11/18

July 5, 2018

Plan of correction for Prairie Hills at Cedar Rapids in response to DIA recertification on 6/4/18 to 6/6/18.

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 deficiencies. The plan of correction is prepared is prepared and/or executed solely because it is required by the provisions of state law.

1) The following RI was cited as not being met:
A 061 481-67.9(231C, 231D) Staffing. 67.9(4) Nurse Delegation Procedures.
Based on interview and record review the Program failed to ensure staff received nurse delegated training for a nephrostomy tube site dressing.

   1. The Program obtained delegation on 7/5/18 for "Procedure for a Nephrostomy Tube Dressing Change" and will correct this RI by 7/20/18. All staff will be delegated on nephrostomy tube dressing changes by 7/20/18.
   2. Nephrostomy Tube Dressing Change delegation has been added to care staff delegation packets. All newly hired caregiver staff will be delegated on this upon completion of their 30 day delegations.
   3. The program will monitor performance and compliance by the DON assuring care staff are delegated on nephrostomy tube dressing changes.
   4. This RI will be corrected by 7/20/18 and all current care staff performing this delegation will be delegated on nephrostomy tube dressing changes.

2) The following RI was cited as not being met:
A 089 481-69.26 (231C) Service Plans.
Based on interview and record review the Program failed to develop service plans to reflect tenants identified needs.

   1. DON had further training/education by Regional Nurse.
   2. DON educated on where tenant information is to be documented on his/her service plan.
   3. The Program will monitor performance and compliance by reviewing service plans at the time of all change of conditions and annual reviews. The Program will audit four random resident charts monthly for 6 months.

✓DD 7/6/18

PRAIRIE Hills
A DIAL RETIREMENT COMMUNITY CEDAR RAPIDS

Cont.

4. This RI was corrected on 6/26/18 and all tenant service plans have been updated to reflect tenants identified needs.

Please let me know if you have any questions.

Thank you,

Cheri Schultz

Cheri Schultz RN, BSN
Senior Executive Director

Prairie Hills at Cedar Rapids
2903-F Ave. N.W.
Cedar Rapids, Iowa 52405
Office 319-390-7700
Cell 319-350-9121
Fax 319-390-3347
Cheri.Schultz@PrairieHillsCR.com

A Dial Retirement Community

Love The Way You Live!