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 10/25/2018

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	Initial Comments Assisted Living Programs for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. General Population Number of tenants without cognitive disorder: 28 Number of tenants with cognitive disorder: 4 Memory Care Unit Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 14 Total Census of Assisted Living Program for People with Dementia: 47 The following regulatory insufficiencies were identified during the investigation of Complaint #79106-C.	A 000		
A 003	481-67.2 Program policies and procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse.	A 003	Plan of Correction is attached DD	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

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A 003	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to follow its policy regarding the communication of occurrences that differed from normal health, functional, and cognitive status for 1 of 2 tenants reviewed who refused cares (Tenant #5). Findings follow: Record review on 10-25-18 of Tenant #5's Documentation Survey Report for September and the first two days of October 2018 revealed entries when Tenant #5 refused assistance with dressing/undressing and bathing. September 2018 documentation reflected 7 of 30 entries when the task of assistance with dressing/undressing was completed on the day shift and 17 of 30 entries when the task of assistance with dressing/undressing was completed on the evening shift. The documentation for September 2018 reflected the tenant was to shower with assistance on Mondays and Thursdays and as needed. There were two entries of "RR" (refusal), one as "NA" (not applicable) and four entries regarding the acceptance of the task for the scheduled bathing on evenings. October 2018 documentation reflected refusals for dressing/undressing on first shift and "NA" on the evening shift for the two days Tenant #5 was present in the Program. The documentation for October 2018 reflected a scheduled shower for Monday 10-1-18 was charted as "NA." Review of Tenant #5's file on 10-25-18 revealed she resided in the memory unit. She was hospitalized on 10-2-18 and subsequently	A 003		

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A 003	Continued From page 2 discharged from the Program on 10-8-18. The Program's policy and procedure regarding Other Resident Occurrences indicated staff would use the RN Communication Form to communicate to the nurse in writing any occurrences that differed from the tenant's normal health, functional, and cognitive status. Staff Documentation/Communication to RN Sheets for Tenant #5 were completed six times between 9-7-18 to 9-30-18 regarding refusals of cares. No Staff Documentation/Communication to RN Sheets for October regarding refusal of cares could be located. When interviewed on 10-25-18 at 2:45 p.m. the Healthcare Coordinator confirmed there were no Staff Documentation/Communication to RN sheets for October for Tenant #5.	A 003		
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 that reflected identified needs for 3 of 6 tenants reviewed (Tenants #2, #3, and #5). Findings follow:	A 089		

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A 089	Continued From page 3 1. Review on 10-25-18 of Tenant #2's file revealed a diagnosis of a non-pressure chronic ulcer of the buttock limited to breakdown of the skin. Physician Fax documents indicated the following: a. On 8-31-18 it was noted staff reported open areas on the right buttock and an order for Mepilex dressing to the area every three days and as needed was obtained. b. On 9-7-18 it was noted staff reported the open areas on the buttocks were healed and an order to discontinue the Mepilex was received. c. On 9-13-18 it was noted Tenant #2 refused to be changed during the day and had scratch like sores on her coccyx. An order was received for a protectant cream with Lanolin twice daily or as needed. Continued record review revealed the tenant's service plan dated 8-30-18 noted two red areas on her right buttock and right thigh. The service plan reflected the Mepilex dressing to the area to be changed every three days and as needed. The service plan did not reflect the discontinuation of the Mepilex dressing or the initiation of the protectant cream. 2. Review on 10-25-18 of Tenant #3's file revealed Progress Notes indicated the following: a. On 9-1-18 it was noted staff heard Tenant #3 tell another tenant at lunch, "You better shut your mouth or I will shut it for you." Staff intervened and the situation was deescalated. Frequent checks were completed at lunch time to ensure safety. b. On 9-30-18 it was noted Tenant #3 was eating supper and talking with another tenant. The other tenant asked Tenant #3 questions and	A 089		

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A 089	Continued From page 4 Tenant #3 became tired of answering them. Tenant #3 felt like the other tenant was "egging him on." Tenant #3 stood up and went around the table and acted like he was going to hit the other tenant. Staff intervened and walked Tenant #3 back to his apartment. c. On 10-22-18 it was noted staff asked Tenant #3 if he wanted a shower and he refused and said he had one in the morning. He then verbally threatened staff and called staff a name. Staff exited the apartment. d. On 10-23-18 it was noted a change of condition (evaluations and service plan) was completed for history of verbal aggression. Continued record review revealed the service plan, updated on 10-23-18, reflected Tenant #3 had a history of verbal aggression at times. If it occurred staff was to provide redirection and contact the nurse immediately. The service plan was updated with a significant change related to the verbal aggression; however, did not provide interventions on the service plan specific to Tenant #3's behavior. 3. Review of Tenant #5's file revealed Progress Notes indicated the following: a. On 8-6-18 (90 day review) it was noted Tenant #5 often refused assistance with bathing. A family member came in to assist with bathing. b. On 10-2-18 it was noted a change of condition (evaluations and service plan) was completed as staff reported Tenant #5 continued to refuse bathing and hygiene assistance. Review on 10-25-18 of Tenant #5's Documentation Survey Report for September and the first two days of October 2018 revealed entries when Tenant #5 refused assistance with	A 089		

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A 089	Continued From page 5 dressing/undressing and bathing. September 2018 documentation reflected 7 of 30 entries when the task of assistance with dressing/undressing was completed on the day shift and 17 of 30 entries when the task of assistance with dressing/undressing was completed on the evening shift. October 2018 documentation reflected the two days Tenant #5 was present in the Program were documented as refusals for dressing/undressing on first shift and "NA" on the evening shift. When interviewed on 10-25-18 at 2:11 p.m. Staff A confirmed Tenant #5 refused showers and to change clothes. When interviewed on 10-25-18 at 2:40 p.m. Staff B confirmed Tenant #5 refused showers and to change clothes. Further record review revealed Tenant #5's service plans were dated 5-8-18 and 10-2-18. The bathing assistance from Tenant #5's family member was not added to the service plan until 10-2-18, despite the assistance being indicated in the 90 day nurse review dated 8-6-18. The 10-2-18 service plan was revised to encourage Tenant #5 to change clothing and to notify nursing if there were any concerns. The service plan did not reflect the dressing/undressing refusals or interventions related to the refusals.	A 089		

11/26/18

Complaint Intake #: 79106

Plan of Correction (POC) Submitted For:
- Investigation Date: October 24-25, 2018

A. 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

Program POC:
1. Elements detailing how insufficiency was corrected for residents:
a. Service plans all updated with interventions and correct documentation by 11/20/2018.

2. Actions program taking to protect tenants in similar situations:

a. Program RN to review proper service plan documentation with each review and as needed.

3. Measures taken to ensure problem does not recur:
a. Program Nurse to review service plans after each COC assessment completed.

B. 481—67.2(231B,231C,231D) Program policies and procedures, including those for incident reports

Program POC:
1. **Elements detailing how insufficiency was corrected for residents:**
   a. Staff received training on 11/2/18 to complete documentation on residents refusing cares.

2. **Actions program taking to protect tenants in similar situations:**
   a. The program has provided training on 11/2/18 with staff to ensure that the nurse is notified by written documentation with each resident refusing care.
   b. The program has reviewed correct documentation for incident reports at staff training on 11/2/18.
   c. The Policy for communication was reviewed at staff meeting on 11/2/18.
   d. The Program will continue to provide ongoing training with any new hires and as needed.
   e.

3. Measures taken to ensure problem does not recur:
a. The Program Nurse will review reports daily for one month and randomly thereafter. This will indicate if residents are refusing care.

✓ DDixon 11/21/18