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
	S0243	A. BUILDING: _____ B. WING _____	12/04/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS AT CLINTON	1701 13TH AVENUE NORTH CLINTON, IA 52732

(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: 26 Number of tenants with cognitive disorder: 8 Memory Care Unit Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 8 TOTAL Census of Assisted Living Program for People with Dementia: 42 The recertification visit conducted to determine compliance with certification for a Dedicated Dementia Specific Assisted Living Program resulted in the following regulatory insufficiency.	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 interview and record review the Program failed to develop service plans that reflected the tenants' identified needs and preferences for assistance. This pertained to 3	A 089	Plan of Correction is attached PD	

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 of 4 tenants reviewed (Tenants #1, #3, and #4). Findings follow: 1. Review on 12-3-18 of Tenant #1's file revealed diagnoses including chronic obstructive pulmonary disease and nausea. Progress Notes indicated the following: a. On 11-9-18 it was noted Tenant #1's spouse took him to the doctor related to a cough and antibiotics were prescribed. An order was received for Doxycycline Monohydrate tablet 100 milligram (mg), one tablet orally twice daily until 11-19-18 for bronchitis. b. On 11-20-18 it was noted the antibiotic was completed for the upper respiratory infection (URI). c. On 11-21-18 it was noted changes with Tenant #1's Zofran were received and it was to be given every six hours. Tenant #1 complained of nausea "quite a bit." Tenant #1's service plan did not reflect nausea and treatment or the URI and treatment. 2. Review on 12-3-18 of Tenant #3's file revealed Tenant #3 was staged at a six on the Global Deterioration Scale (GDS), which indicated severe cognitive decline. Tenant #3 received hospice services and had a waiver of administrative rule for level of care approved from the Department. Progress Notes indicated the following: a. On 9-7-18 it was noted Tenant #3 had occasional periods of apnea lasting 35 to 40 seconds in length. b. On 10-23-18 it was noted oral care was provided daily for Tenant #3. c. On 11-13-18 it was noted Tenant #3 had occasional periods of apnea lasting 8 to 10	A 089		

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A 089	Continued From page 2 seconds in length. An Order Summary Report dated 11-28-18 reflected Nitrostat tablet, 0.4 mg sublingually as needed for chest pain. It also reflected Aspercreme with Lidocaine cream 4% was to be applied topically two times per day for back pain. Tenant #3's service plan did not reflect the daily oral cares provided, periods of apnea, Aspercreme with Lidocaine cream and back pain or the Nitroglycerin for chest pain. 3. Review on 12-3-18 of Tenant #4's file revealed Tenant #4 was staged at five on the GDS, which indicated moderately severe cognitive decline. Tenant #4 received hospice services and had a waiver of administrative rule for level of care approved from the Department. Progress Notes indicated the following: a. On 10-1-18 it was noted Tenant #4 did not transfer well and required assist of one and sometimes assist of two to transfer. b. On 10-18-18 it was noted Tenant #4 was unable to stand and pivot transfer into a chair. c. On 11-1-18 it was noted a medical supply company delivered a hospital bed and over-the-bed table. d. On 11-13-18 it was noted Tenant #4 required an assist of one and occasionally an assist of two for transferring. e. On 11-14-18 it was noted staff reported Tenant #4 had some difficulty swallowing some of her medications. f. On 11-29-18 it was noted orders were received to discontinue two medications. Tenant #4 was weak, non-ambulatory and would stand to transfer with a one assist most of the time. She	A 089		

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A 089	Continued From page 3 ocassionally needed two staff to assist with transfers. Tenant #4's service plan did not reflect the hospital bed and over-the-bed table, difficulty swallowing medications and transfer assistance needed. 4. When interviewed on 12-4-18 at 11:30 a.m. the Healthcare Coordinator confirmed the above findings.	A 089		

✓ 1/17/19

January 11, 2019

Recertification Survey:
Prairie Hills of Clinton recertification visit 12/4/18 for

Iowa Department of Inspection & Appeals
Deb Dixon
Program Coordinator
Adult Services Bureau
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083

To Whom It May Concern,

Please consider this our plan of correction for the regulatory insufficiency cited during 12/4/18 recertification survey, with the **Final Survey Results, Prairie Hills of Clinton, Clinton, IA** completed by the Department of Inspection and Appeals (DIA) in accordance with the Code of Iowa, section 231C and Iowa Administrative Code, chapter 481-69, pertaining to regulatory insufficiency in the area of service plans.

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

1. **Elements detailing how the program will correct the regulatory insufficiency.**
   a. Resident 1 missing nausea and URI/treatment on ISP – corrected 12/7/18

   b. Resident 3 missing daily oral care, periods of apnea, Aspercreme with Lidocaine cream 4% for back pain and nitroglycerin on ISP. Corrected 12/5/18

   c. Resident 4 missing hospital bed, over-bed table, difficulty swallowing meds and how to transfer missing on ISP. – corrected 12/7/18

2. **What measures will be taken to ensure the problem does not recur?**
   a. HCC and or designee will ensure the residents service plan is current and specific to the individual upon admission, with any change of condition assessment, 90-day assessments, and/or annually by completing an ISP review with each assessment.

3. **How the program plans to monitor performance to ensure compliance.**

✓ DD 1/17/19

a. HCC or designee will review a random sample of ISPs for accuracy and specified for individualized needs monthly for three months and then as scheduled by the Program Manager or designee.

4. **Date by which the regulatory insufficiency will be corrected?**
    a. Regulatory Insufficiency by 1/20/2019.

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

Thank you for your time and consideration in correcting these important matters.

Sincerely,

Kristin Trotter
Manager