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
	S0213	A. BUILDING: _____ B. WING _____	C 10/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS AT TIPTON	219 SOUTH CEDAR STREET TIPTON, IA 52772

(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: 22 Number of tenants with cognitive disorder: 4 Memory Care Unit Number of tenants without cognitive disorder: 5 Number of tenants with cognitive disorder: 15 Total Census of Assisted Living Program for People with Dementia: 46 The investigation of Complaint #85979-C resulted in the following regulatory insufficiencies.	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 Program failed to provide care, treatment and services that were adequate and appropriate	A 013	Plan of Correction is attached DDi	

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
	S0213	A. BUILDING: _____ B. WING _____	C 10/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS AT TIPTON	219 SOUTH CEDAR STREET TIPTON, IA 52772

(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 013	Continued From page 1 when a tenant was found on the floor. This pertained to 1 of 4 tenants reviewed (Tenant #2). Findings follow: Based on interview and record review the Program failed to provide care, treatment and services that were adequate and appropriate for 1 of 4 tenants reviewed (Tenant #2). Findings follow: Record review on 10-2-19 and 10-3-19 of Tenant #2's file revealed a diagnosis of frontotemporal dementia. Tenant #2 was staged at six on the GDS, which indicated severe cognitive decline. He resided in the dementia unit. A 30 day notice for transfer was given for Tenant #2 dated 9-17-19 due to exceeding level of care. An incident report dated 9-20-19 (5:45 p.m.) noted when staff walked into the apartment Tenant #2 was on the floor sitting by the edge of the bed. He would not stand up either by himself or with assistance. The on-call nurse was notified at 6:00 p.m. The report did not indicate when or how Tenant #2 was assisted from the floor. A Progress Note written by Nurse #2 regarding the incident noted staff found Tenant #2 on the floor during safety checks. Tenant #2 refused to get up on his own. He did not know how he got to the floor. The tenant refused to have his vitals taken and refused any assistance to stand up. His family was contacted regarding the fall and told staff not to call the fire department to assist him off the floor due to his "stubbornness." A Progress Note by Nurse #2 dated 9-21-19 (1:30 p.m.) noted staff called him and said Tenant #2 had not gotten up off the floor. Family was called	A 013		

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
	S0213	A. BUILDING: _____ B. WING _____	C 10/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS AT TIPTON	219 SOUTH CEDAR STREET TIPTON, IA 52772

(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 013	Continued From page 2 and informed that the tenant was still on the floor. Tenant #2's spouse laughed and said he was not to go to the hospital once the fire department helped him up. The nurse documented staff would call him back if the fire department needed to be called. Staff was going to attempt again to get him up first. When interviewed on 10-8-19 at 4:02 p.m. Staff B revealed on Friday evening (9-20-19) she delivered a supper tray to Tenant #2's apartment. He was sitting on the edge of the bed. When she returned to pick up the tray at 5:45 p.m. he was scooting on the floor in the area he was previously seated. He had not touched his supper. She brought over an ottoman to help him get off the floor but he was not able to get up. She believed he wanted to get up. She told other staff he was on the floor and staff tried two to three times for him to get up on his own. He also needed to be changed. She tried to let him rest and gave him a pillow. She called Nurse #2 and he said Tenant #2's family wanted to leave him on the floor. Checks were completed every hour and a pillow was put behind his back. She was not able to get him up and he slept there all night. He had blankets, pillows and was changed on the floor. Fluids were provided. When she came in at 6:00 a.m. the next day he was still on the floor. He slept there quite a while, ate breakfast and seemed content. When she brought him a lunch tray he seemed irritated and appeared to be uncomfortable. She called the Manager and was directed to call Nurse #2. Staff used the mechanical lift to get him up around 2:00 p.m. Tenant #2 was not happy about the use of the lift. She gave him a bear hug from behind and gently kept his arms at his sides as she did not want anyone to get hurt. He was still able to move	A 013		

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
	S0213	A. BUILDING: _____ B. WING _____	C 10/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS AT TIPTON	219 SOUTH CEDAR STREET TIPTON, IA 52772

(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 013	Continued From page 3 around. She said he was combative with the lift previously and she had only used the mechanical lift twice successfully with Tenant #2. Once Tenant #2 was off the floor, he sat in the recliner and fell asleep. A bony part of Tenant #2's ankle that had been reddened went away. When interviewed on 10-8-19 at 9:56 a.m. Nurse #2 revealed he provided on-call assistance for the building as the Program did not have a nurse full-time. Staff contacted him and reported they found Tenant #2 on the floor (regarding the 9-20-19 incident report). Tenant #2's family was called and his spouse said being on the floor was what the tenant did and to leave him there. The spouse said not to call the fire department as he would get up on his own. Nurse #2 repeated to staff what Tenant #2's spouse had said. The next day at 1:30 p.m. he received a telephone call and staff said the tenant was still on the floor. Nurse #2 called his wife who agreed the fire department needed to be called if he would not get up. The tenant's wife did not want him going to the hospital via ambulance. Nurse #2 instructed staff to notify him if EMS was called and he did not receive any calls. He said he would have expected a telephone call after one to two (hourly checks) if a tenant was still on the floor. Nurse #2 did not receive any calls overnight regarding Tenant #2. He did not receive a telephone call until the next afternoon. On 10-8-19 at 10:30 a.m. the Manager revealed on 9-20-19 staff had called Nurse #2 about Tenant #2 as they had not realized she was in the building. Nurse #2 then called the Manager and informed her of the conversation regarding Tenant #2's incident. The Manager was also in the building on Saturday morning (9-21-19) and	A 013		

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
	S0213	A. BUILDING: _____ B. WING _____	C 10/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS AT TIPTON	219 SOUTH CEDAR STREET TIPTON, IA 52772

(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 013	Continued From page 4 she was not made aware of any issue with Tenant #2. Staff called the Manager at the end of first shift on 9-21-19 and reported Tenant #2 was still on the floor (she had not put it together that it was the same incident from the day prior). She directed them to call the nurse on-call. She received a message from staff that Tenant #2 had been assisted up at 2:18 p.m. She was made aware on 10-7-19 that it was the same incident with Tenant #2 (9-20-19 and 9-21-19). She had not received any other calls from staff regarding Tenant #2 and she had been in the building and spoken with two staff. Tenant #2's file contained a Durable General Power of Attorney (POA) document (non-healthcare) that indicated his spouse was the Attorney-in-Fact. On 10-4-19 Tenant #2's PCP indicated he was unable to make his own medical decisions. Comprehensive Assessments were dated 7-9-19 and 9-17-19. The assessments reflected Tenant #2's ability to transfer from the floor. The assessment dated 7-9-19 indicated Tenant #2 had demonstrated the ability to get up from the floor independently. The assessment dated 9-17-19 indicated Tenant #2 required assistance to get up from the floor. A mechanical lift was to be used by two staff with a full body mechanical lift sling. The service plan dated 9-18-19 reflected Tenant #2 needed to be escorted to and from activities and/or the dining room when he was agreeable to leaving his apartment. Tenant #2 was independent with ambulation. He had a history of falls and preferred to have both shoes on when out of bed. There were eight visual checks	A 013		

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
	S0213	A. BUILDING: _____ B. WING _____	C 10/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS AT TIPTON	219 SOUTH CEDAR STREET TIPTON, IA 52772

(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 013	Continued From page 5 per shift. The service plan reflected Tenant #2 preferred to eat in his apartment. The service plan also reflected Tenant #2 might prefer to sit/lay on the floor at times. Staff were to notify the nurse if Tenant #2 was not observed getting onto the floor intentionally, with tenant complaints of pain or safety concerns. The service plan prior to 9-18-19 was dated 7-9-19 and did not reflect Tenant #2 might sit or lay on the floor at times. In summary Tenant #2, who had severe cognitive decline and resided in the dementia unit, had a documented history of unwitnessed incidents when he was found on the floor. Tenant #2 frequently refused or was not able to follow staffs' guidance to get up from the floor. However, the tenant remained on the floor in his apartment for approximately 20 hours during the incident on 9-20-19 and 9-21-19. Nurse #2 stated he would have expected staff to notify him again after 1 or 2 hourly checks if the tenant was still on the floor. He was not notified again until 1:30 p.m. on 9-21-19. Tenant #2's spouse/POA had requested at times that he be left to get up on his own and not to call for outside lift assistance. There was no back-up plan in place regarding what staff were to do during prolonged times on the floor.	A 013		
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	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
	S0213	A. BUILDING: _____ B. WING _____	C 10/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS AT TIPTON	219 SOUTH CEDAR STREET TIPTON, IA 52772

(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 6 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop service plans that reflected the identified needs of 4 of 4 tenants reviewed (Tenants #1, #2, #3 and #4). Findings follow: 1. Review of Tenant #1's file on 10-2-19 and 10-3-19 revealed he resided in the dementia unit and received hospice services. Incident reports indicated the following: - On 8-20-19 it was noted Tenant #1 was found on his knees near the bed on the floor. He sustained an abrasion on the front of the right knee and limped slightly on his right leg when ambulating with the walker. - On 9-2-19 it was noted Tenant #1 was found lying on the floor with his blanket wrapped around his feet. There were skin tears on the right and left elbows. - On 9-15-19 it was noted Tenant #1 was found on the floor during rounds. Blood was observed on his right ring finger and head. Tenant #1 was transferred to the hospital via ambulance. - On 9-22-19 it was noted Tenant #1 was found on the floor by the bed when staff walked into the apartment. There were no injuries noted. The tenant's service plan dated 9-20-19 reflected he was mobile with a walker or could choose to use the wheelchair provided by hospice. Tenant #1 required assistance of one person for transfers/prior to ambulation. If unsteady staff were to provide occasional assistance of two people as needed with a gait belt. The service plan did not reflect Tenant #1's falls or interventions related to the falls.	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
	S0213	A. BUILDING: _____ B. WING _____	C 10/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS AT TIPTON	219 SOUTH CEDAR STREET TIPTON, IA 52772

(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 7 2. Review of Tenant #2's file on 10-2-19 and 10-3-19 revealed he resided in the dementia unit. A 30 day notice for transfer was given to Tenant #2 dated 9-17-19 due to level of care needs. Incident reports indicated the following: - On 8-6-19 it was noted Tenant #2 was found on the floor with his foot sticking out of the door. He refused any attempt to stand up and just wanted to stay there and laid down on the floor. The incident report did not indicate when or how Tenant #2 was assisted off of the floor. - On 8-13-19 it was noted staff reported while trying to get Tenant #2 ready for a shower he became agitated and started swinging at two staff. Staff continued to try to help him undress and to try to get him in the shower. He told staff "I am going to kick your teeth in" and "I am going to take a knife and stab you!" - On 9-11-19 it was noted Tenant #2 was asked to sit down so staff could remove compression stockings. As staff started to remove the stockings he grabbed staff by the hair and would not let go. He then started to hit staff with a shoe and rolled up magazine. - On 9-20-19 (5:45 p.m.) it was noted when staff walked into the apartment Tenant #2 was on the floor sitting by the edge of the bed. He would not stand up with or without assistance. The on-call nurse was notified at 6:00 p.m. The report did not indicate when or how Tenant #2 was assisted from the floor. - On 9-27-19 it was noted staff completed hourly safety checks and found Tenant #2 lying on the floor appearing to be sleeping with his recliner turned on the side. When awoken Tenant #2 could not report if he had fallen. He moved about the floor with no issues. Tenant #2 refused vitals after multiple attempts. Tenant #2's spouse was called and said it happened often	A 089		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0213	A. BUILDING: _____ B. WING _____	C 10/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS AT TIPTON	219 SOUTH CEDAR STREET TIPTON, IA 52772

(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 8 and to leave him on the floor and he would eventually get up on his own. The spouse did not want him sent out for an evaluation. Staff gave him a pillow. The report did not indicate when or how Tenant #2 was assisted from the floor. A progress note dated 9-9-19 reflected staff observed Tenant #2 lie down on the floor in front of the mini-refrigerator/kitchenette. Tenant #2 was incontinent of bowel movement (BM) and had it on his hands, face and clothes. He refused to get off the floor after several cues. The mechanical lift was attempted without success. Tenant #2's spouse was notified and said she would come to the Program to attempt to get him up. She arrived and brought him a slice of blueberry pie. After the Manager and spouse spoke to him for 15 minutes he agreed to attempt to get up. Tenant #2 was able to get up from the floor using a chair assistance. Tenant #2's service plan dated 9-18-19 reflected staff were to perform eight visual checks per shift. The service plan also reflected Tenant #2 might prefer to sit/lay on the floor at times. Staff were to notify the nurse if Tenant #2 was not observed getting onto the floor intentionally, or of any tenant complaints of pain or safety concerns. The service plan did not reflect Tenant #2's physical behaviors at times towards staff or bowel incontinence. The service plan did not provide directives to staff if Tenant #2 refused to get up off the floor. 3. On 10-2-19 and 10-3-19 review of Tenant #3's file revealed she resided in the dementia unit. Incident reports revealed the following: - On 8-13-19 it was noted Tenant #3 got very	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
	S0213	A. BUILDING: _____ B. WING _____	C 10/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS AT TIPTON	219 SOUTH CEDAR STREET TIPTON, IA 52772

(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 9 angry, yelled at staff and got into the staff's face. Staff went into another tenant's apartment but Tenant #3 followed staff and yelled and shoved. Staff attempted to redirect Tenant #3 to go back to her apartment. Staff walked down the hall and Tenant #3 continued to yell and pushed staff up against the wall. Staff was able to get away and ran into another tenant's apartment and pushed the pendant for assistance. Another staff person came and was able to redirect Tenant #3. - On 8-14-19 it was noted staff turned up the radio and Tenant #3 got mad and said not to touch the radio as she had just turned it down. Tenant #3 grabbed staff by the right arm and attempted to make her sit down forcefully on the couch. Staff asked several times to let her go. After the fourth time the staff was able to get free and went to another tenant's apartment. Tenant #3 was sent to a hospital for evaluation via ambulance. A progress note dated 8-14-19 indicated the hospital was given further details regarding Tenant #3's state of mind including thoughts that staff was going to "kill her," increased agitation towards staff, delusions and increased paranoia since another tenant died a couple months ago. Tenant #3's service plan dated 9-18-19 reflected staff were to offer reassurance and provide distraction if the tenant expressed paranoia/frustration. If agitated, interventions included removing other tenants, decreasing stimulus and giving the tenant space. The service plan did not reflect Tenant #3's physical behaviors towards staff and delusions and increased agitation towards staff related to the death of another tenant.	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
	S0213	A. BUILDING: _____ B. WING _____	C 10/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS AT TIPTON	219 SOUTH CEDAR STREET TIPTON, IA 52772

(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 10 4. On 10-3-19 and 10-7-19 review of Tenant #4's file revealed she resided in the dementia unit. A fax to the primary care provider (PCP) dated 8-14-19 reflected an order was received dated 8-15-19 to hold Lisinopril for systolic blood pressure readings below 120. The tenant's service plan dated 8-7-19 reflected to hold Lisinopril if the systolic blood pressure was below 110/as ordered by the PCP. The service plan was not updated to reflect the systolic blood pressure parameter (120) as ordered by the PCP on 8-15-19. 5. When interviewed on 10-8-19 at approximately 3:30 p.m. the Clinical Quality Manager revealed the current service plans were provided for the tenants indicated.	A 089		

1/1/20

PRAIRIE HILLS
ASSISTED LIVING AND MEMORY CARE

October 28th, 2019

Complaint Survey:
Prairie Hills of Tipton complaint completed 10/08/2019

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 10/08/2019 complaint survey, with the **Final Survey Results, Prairie Hills of Tipton, Tipton, 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.

481-67.3(2) Tenant Rights
A013
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.

1. **Elements detailing how the program will correct the regulatory insufficiency**.
    a. Tenant #2 no longer resides at the community.
    b. Staff in-service addressing tenant rights to be conducted on 11/01/2019; all staff training to be completed by 11/15/2019.

2. **What measures will be taken to ensure the problem does not recur?**

1/3/20

a. HCC, Manager or designee will complete training with staff by 11/15/2019 regarding tenant rights, following service plans, and documentation of incident reports with HCC/Manager.

3. **How the program plans to monitor performance to ensure compliance.**
   a. HCC, Manager or designee will review paper incident report to electronic incident report within 72 hours for completeness and accuracy 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 will be corrected by 11/15/19.

<u>Service Plans</u>

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. Tenant #1 and #2 no longer reside at the community.

   b. Tenant #3's service plan updated on 10/29/2019 to reflect behaviors, delusions, and agitation.

   c. Tenant #4's service plan was updated on 10/16/2019 to reflect systolic blood pressure parameters.

   d. All current and new resident service plans will be reviewed.

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.**
   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 11/15/2019.

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,

Amy McAtee
Manager