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 _____	C 10/07/2020

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: 41 Number of tenants with cognitive disorder: 3 Total census of Assisted Living Program: 44 There were no regulatory insufficiencies cited during the onsite infection control survey. The following regulatory insufficiencies were cited regarding the investigation of Complaint #91786-C: 231C.5 (1) Written occupancy agreement required. An assisted living program shall not operate in this state unless a written occupancy agreement, as prescribed in subsection 2, is executed between the assisted living program and each tenant or the tenant's legal representative, prior to the tenant's occupancy, and unless the assisted living program operates in accordance with the terms of the occupancy agreement. The assisted living program shall deliver to the tenant or the tenant's legal representative a complete copy of the occupancy agreement and all supporting documents and attachments and shall deliver, at least thirty days prior to any changes, a written copy of changes to the occupancy agreement if any changes to the copy originally delivered are subsequently made. This Requirement is not met as evidenced by:	A 000	Plan of Correction is attached 12/16/20	

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

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A 000	Continued From page 1 Based on interview and record review the Program failed to provide a written copy of the occupancy agreement (OA) at least 30 days prior to changes made for 3 of 3 tenants whose OA was reviewed (Tenants #1, #2 and #3) and potentially affected all tenants (census of 44). Findings follow: Review of Tenant #1, #2 and #3's files on 7-22-20 and 7-29-20 revealed a letter dated 6-12-20 reflecting an additional service fee of 2.5% was added to recurring monthly charges for operational support, personal protective equipment (PPE) and labor cost. The service fee would be implemented from 7-1-20 to 12-31-20. The additional fee could be paid in a lump sum instead of montly increments. Review of the tenants' July 2020 invoices reflected all three paid the lump sum in July (desigated as a COVID fee) in additional to the regualar room and board charge. When interviewed on 7-28-20 at 1:18 p.m. the Executive Director confirmed tenants recieved letters on either 6/11/20 or 6/12/20 for a 2.5% increase for July through December.	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.	A 013		

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A 013	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide adequate and appropriate cares and services for 4 of 4 tenants reviewed (Tenants #1, #2, #3 and #4). Findings follow: 1. Review of Tenant #1's file on 7-22-20 revealed the tenant was to be visually checked once a shift per the service plan dated 6-23-20. The Documentation Survey Report for June 2020 reflected visual checks were not documented as completed 16 times. The Documentation Survey Report for July 2020 reflected visual checks were not documented as completed three times from 7-1-20 to 7-22-20. 2. Review of Tenant #2's file on 7-22-20 revealed a Progress Note dated 5-12-20 reflecting the nurse assessed multiple areas of scabs on the tenant's arms. He had a history of picking at his arms, legs and a wound on his buttocks. On 5-13-20 an update was sent to the physician for a treatment for the "scattered scabbing " to his arms. On 5-27-20 an order was received for aquaphillic cream to affected areas three times per day as needed. The Service Plan dated 4-16-20 reflected staff assisted twice per week with showers, including getting in and out of the shower and ensuring he washed and dried thoroughly. Staff were to monitor Tenant #2's skin weekly and notify the nurse of any skin issues. There was scarring on his coccyx and staff were to assist with applying cream as needed. Tenant #2's May, June and July medication	A 013		

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A 013	Continued From page 3 administration records (MARs) reflected the order for aquaphillic ointment for skin impairment three times daily as needed to scabs on the arms, legs or other affected areas. The May, June and July MARs did not reflect staff administered the aquaphillic ointment. The MARs did not reflect a cream to be applied for the coccyx scarring as indicated on the service plan. Bathing records for May 2020 reflected six entries from 5-12-20 to 5-30-20 including one refusal. The June Documentation Survey Report did not reflect bathing tasks, despite it being listed on the service plan. Shower Sheets for June/July 2020 reflected the following: - On 6-3-20 the shower was completed, both arms were noted as "covered in skin bruising" and Tenant #2's bottom was sore - On 6-13-20 and 6-27-20 it was charted he refused bathing services. - On 7-6-20 it was noted there were scratches on both arms and a rash/scar tissue documented on the coccyx. - On 7-8-20 it was documented Tenant #2 refused bathing services. There was only one documented bath between 5-30-20 through 7-8-20, which occurred on 6-3-20. The July task sheets did not reflect bathing until 7-22-20. Only three Shower Sheets were provided for June despite bathing services scheduled twice per week. Progress Notes from 5-12-20 to 7-10-20 reflected Tenant #2 had urinary tract infections (UTIs) and received antibiotic treatment related to the UTIs. The June 2020 Documentation Survey Report reflected staff were to document each shift whether or not Tenant #2 displayed any abnormal behaviors indicating a UTI starting on 6-26-20.	A 013		

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A 013	Continued From page 4 There were five entries without documentation from 6-26-20 to 6-30-20. The document also indicated to complete eight visual checks per shift. In June there were over 20 entries that were not documented. 3. Review of Tenant #3's June 2020 Documentation Survey Report reflected visual checks completed once per shift were not documented over 10 times. The July Documentation Survey Report reflected more than five times visual checks were not documented as completed from 7-1-20 to 7-21-20. 4. On 7-22-20 at approximately 3:35 p.m. Staff A completed COVID-19 screenings for tenants. Tenant #4 voiced to Staff A no one came in on third shift to complete COVID-19 screenings. Review of Tenant #4's file revealed the June 2020 Documentation Survey Report reflected eight times COVID-19 screening was not documented as completed per program policy, including six times on the night shift. 5. On 10-7-20 at 3:01 p.m. at the Assistant Healthcare Coordinator confirmed not all of the shower sheets could be located for Tenant #2. The omissions on the Documentation Survey Reports for Tenants #1, #3 and #4 could be attributed to hospitalizations, not needing the scheduled service or possibly not wanting to be woken up at night. She confirmed there were five omissions regarding the behavior monitoring for UTIs for Tenant #2.	A 013		
A 037	481-69.22(2) Evaluation of Tenant	A 037		

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A 037	Continued From page 5 481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete evaluations as needed with significant change for 2 of 3 tenants reviewed who received personal and health-related care (Tenants #2 and #3). Findings follow: 1. Review on 7-22-20 of Tenant #2's file revealed cognitive, health and functional evaluations were completed on 4-16-20 and on 7-21-20. The Health and Functionality evaluation dated 4-16-20 was completed as a change of condition due to hospice services being discontinued. Tenant #2 needed assistance with bathing. A home health agency (HHA) would assist with Tenant #2 a catheter; however, it was not yet	A 037		

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A 037	Continued From page 6 determined if they would provide showers or other cares. The evaluation reflected Tenant #2 needed moderate assistance with bathing, twice per week. The evaluation also reflected Tenant #2 had scarring on the coccyx and staff assisted with application of a cream as needed. Charting Notes dated 4-29-20 and 5-6-20 indicated a HHA staff completed Tenant #2's bath. Progress Notes dated 5-12-20 reflected the nurse assessed multiple areas of scabs on Tenant #2's arms. Tenant #2 had a history of picking at his arms, legs and a wound on his buttocks. On 5-13-20 an update was sent to the physician for a treatment for the "scattered scabbing" to his arms. On 5-27-20 an order was received for aquaphillic cream to affected areas three times per day as needed. Progress Notes from 5-12-20 to 7-10-20 reflect Tenant #2 had urinary tract infections (UTIs) and received antibiotic treatment related to the UTIs. Progress Notes dated 6-25-20 reflected Tenant #2 was independent with dressing, undressing, grooming, and transfers. Staff assisted with bathing due to Coronavirus and minimizing the HHA staff coming in twice a week for bathing. Record review revealed Shower Sheets for June 2020 reflected the following: - On 6-3-20 the shower was completed, both arms were noted as "covered in skin bruising" and the tenant had a sore bottom. - On 6-13-20 and 6-27-20 it was charted Tenant #2 refused bathing services. - On 7-6-20 it was noted there were scratches on both arms and a rash/scar tissue documented on	A 037		

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A 037	Continued From page 7 the coccyx. - On 7-8-20 it was documented that Tenant #2 refused bathing services. Change of condition evaluations prior to 7-21-20 regarding changing bathing services, skin issues related to picking, or UTIs were not completed. 2. Review of Tenant #3's file on 7-22-20 revealed Progress Notes indicating the following: - On 5-26-20 and 5-27-20 it was noted Tenant #3 had redness/yeast noted under the left breast. Orders were received to cleanse under the left breast with warm soap and water, apply Zeasorb AF powder topically for seven days. After seven days, the order changes to complete the treatments as needed for redness or yeast under bilateral breasts, abdominal folds or groin folds. - On 7-8-20 it was noted occupational therapy (OT) planned two more visits before discharging the tenant from therapy - On 7-13-20 it was noted Tenant #2 had a dry patch on her inner left ankle. Aquaphillic was ordered daily at bedtime to bilateral lower extremities. - On 7-22-20 it was noted Tenant #3 reported physical therapy (PT) ended the prior week. Continued record review revealed the last evaluations were completed on 6-12-20. No evaluations regarding the discontinuation of therapies or skin issues and treatment were completed. 3. When interviewed on 10-7-20 at 3:01 p.m. the Assistant Healthcare Coordinator confirmed there were no additional comprehensive evaluations completed for Tenant #2 from 4-16-20 to 7-21-20. There was a 90 day review completed on	A 037		

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A 037	Continued From page 8 6-14-20. There were no additional comprehensive evaluations completed for Tenant #3 from 6-12-20 to 7-22-20.	A 037		
A 085	481-69.26(3) Service Plans 481-69.26(231C) Service plans. 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update service plans as needed with significant change for 2 of 3 tenants reviewed who received personal and health-related care (Tenants #2 and #3). Findings follow: Based on interview and record review the Program failed to update service plans as needed with significant change for 2 of 3 tenants reviewed who received personal and health-related care (Tenants #2 and #3). Findings follow: 1. Review on 7-22-20 of Tenant #2's file revealed service plans dated 4-16-20 and 7-22-20. The Health and Functionality evaluation dated 4-16-20 was completed as a change of condition due to Hospice services being discontinued. Tenant #2 needed assistance with bathing. A	A 085		

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A 085	Continued From page 9 home health agency (HHA) would assist with Tenant #2 a catheter; however, it was not yet determined if they would provide showers or other cares. The evaluation reflected Tenant #2 needed moderate assistance with bathing, twice per week. The Care Plan dated 4-16-20 reflected Tenant #2 received hospice services (despite the evaluation indicating hospice services were discontinued). It also reflected staff assisted twice per week with showers, including getting in and out of the shower and ensuring thorough washing and drying. The service plan also reflected Tenant #2 had scarring on the coccyx and staff assisted with application of a cream as needed. Charting Notes dated 4-29-20 and 5-6-20 indicated a HHA staff completed Tenant #2's bath. Progress Notes dated 5-12-20 reflected the nurse assessed multiple areas of scabs on Tenant #2's arms. Tenant #2 had a history of picking at his arms, legs and a wound on his buttocks. On 5-13-20 an update was sent to the physician for a treatment for the "scattered scabbing" to his arms. On 5-27-20 an order was received for aquaphillic cream to affected areas three times per day as needed. Progress Notes from 5-12-20 to 7-10-20 reflect Tenant #2 had urinary tract infections (UTIs) and received antibiotic treatment related to the UTIs. Progress Notes dated 6-25-20 reflected Tenant #2 was independent with dressing, undressing, grooming, transfers and staff assisted with bathing due to Coronavirus and minimizing the HHA staff that had been coming in twice a week	A 085		

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A 085	Continued From page 10 for bathing. Record review revealed Shower Sheets for June 2020 reflected the following: - On 6-3-20 the shower was completed, both arms were noted as "covered in skin bruising" and the tenant had a sore bottom. - On 6-13-20 and 6-27-20 it was charted Tenant #2 refused bathing services. - On 7-6-20 it was noted there were scratches on both arms and a rash/scar tissue documented on the coccyx. - On 7-8-20 it was documented that Tenant #2 refused bathing services. An updated service plan prior to 7-22-20 regarding changing bathing services, skin issues related to picking, or UTIs could not be located. The current service plan still reflected hospice services which were discontinued in April 2020. 2. Review of Tenant #3's file on 7-22-20 revealed Progress Notes indicating the following: - On 5-26-20 and 5-27-20 it was noted Tenant #3 had redness/yeast noted under the left breast. Orders were received to cleanse under the left breast with warm soap and water, apply Zeasorb AF powder topically for seven days. After seven days, the order changes to complete the treatments as needed for redness or yeast under bilateral breasts, abdominal folds or groin folds. - On 7-8-20 it was noted occupational therapy (OT) planned two more visits before discharging the tenant from therapy - On 7-13-20 it was noted Tenant #2 had a dry patch on her inner left ankle. Aquaphillic was ordered daily at bedtime to bilateral lower extremities. - On 7-22-20 it was noted Tenant #3 reported physical therapy (PT) ended the prior week.	A 085		

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A 085	Continued From page 11 The tenant's current service plan dated 6-12-20 included PT and OT services. The service plan did not reflect the skin issues and treatments or discontinuation of therapies. 3. The Assistant Healthcare Coordinator confirmed these findings on 10-7-20 at 3:01 p.m.	A 085		

2903 F AVE. NW
CEDAR RAPIDS, IA 52405

PRAIRIE HILLS
CEDAR RAPIDS
ASSISTED LIVING COMMUNITY

PHONE: 319-390-7700
PRAIRIEHILLSCR.COM

Complaint #: 91786-C

12/22/20

Plan of Correction (POC) Submitted For:

- Investigation Date: July 21, 2020 through 10/7/2020.

A. Written Occupancy Agreement *231C.5 (1) An assisted living program shall not operate in this state unless a written occupancy agreement, as prescribed in subsection 2, is executed between the assisted living program and each tenant or the tenant's legal representative, prior to the tenant's occupancy and unless the assisted living program operates in accordance with the terms of the occupancy agreement. The assisted living program shall deliver to the tenant or the tenant's legal representative a complete copy of the occupancy agreement and all supporting documents and attachments and shall deliver, at least thirty days prior to any changes, a written copy of changes to the occupancy agreement if any changes to the copy originally delivered are subsequently made.*

Program POC:

1. Elements detailing how insufficiency was corrected for residents:

a. Tenant occupancy agreements were reviewed and up to date signature obtained.

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

a. The Program Director has reviewed current resident occupancy agreements for up to date signature and completion.

3. Measures taken to ensure problem does not recur:

a. The Program Director and or Community Representative will complete all move in paperwork prior to move in with appropriate dates and times.

b. Changes to Occupancy Agreement will be delivered to Residents at least 30 days prior to any changes taking effect.

B. Tenant Rights *481-67.3 (2) 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.*

Program POC:

1. Elements detailing how insufficiency was corrected for residents:

12/14/20

service plan.
b. Education provided to staff to notify concerns of resident services with Communication to RN document.

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

a. The Program RN to provide training to all staff by 12/15/2020, to ensure that nurse is notified with any change in service needs.

b. The Program RN will review individual service plan and tasks during each comprehensive assessment and 90-day review to ensure needs match.

c. The Program RN will review medication managed residents each month to ensure compliance.

d. The Program RN and Director will continue to provide ongoing training regarding resident services with staff, new hires and as needed.

3. Measures taken to ensure problem does not recur:

a. The Program RN will continue to monitor documentation reports/tasks to ensure matches Individualized service plan.

C. Evaluation of Tenant *481-69.22 (2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed.*

Program POC:

1. Elements detailing how insufficiency was corrected for residents:

a. All Tenants to be reviewed for recent change in services or new diagnosis by 12/15/2020. Comprehensive assessment completed if noted.

b. Education to be provided to staff by 12/15/2020, to notify program RN or director of concerns with resident services with verbal notification or Communication to RN document.

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

a. The Program RN providing training by 12/15/2020 with staff to ensure that nurse is notified with any change in service needs.

b. The Program RN will review individual service plan and tasks during each comprehensive assessment and 90-day review to ensure needs match.

resident services with staff, new hires and as needed.

3. Measures taken to ensure problem does not recur:

a. The Program RN will continue to monitor documentation reports/tasks to ensure matches Individualized service plan.

D. Service Plans *481-69.26 (3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually.*

Program POC:

1. Elements detailing how insufficiency was corrected for residents:

a. All Tenants to be reviewed by 12/15/2020, for recent change in services or new diagnosis. Comprehensive assessment completed if noted.

b. Education to be provided to staff by 12/15/2020, to notify program RN or director of concerns with resident services with verbal notification or Communication to RN document.

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

a. The Program RN will provide training by 12/15/2020, with staff to ensure that nurse is notified with any change in service needs. Communication to RN and Incident report guideline education provided to staff.

b. The Program RN will review individual service plan and tasks during each comprehensive assessment and 90-day review to ensure needs match.

c. The Program RN and Director will continue to provide ongoing training regarding resident services with staff, new hires and as needed.

3. Measures taken to ensure problem does not recur:

a. The Program RN will continue to monitor documentation reports/tasks to ensure matches Individualized service plan.

The Program will be in substantial compliance by December 22, 2020.

Disclaimer for POC

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the program 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.