

✓ 12/22/20

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0229</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/05/2020</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PRAIRIE HILLS AT INDEPENDENCE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>505 ENTERPRISE DRIVE SW INDEPENDENCE, IA 50644</b>
--	--

(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	<p>Initial Comments</p> <p>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.</p> <p>General Population Number of tenants without cognitive disorder: 33 Number of tenants with cognitive disorder: 1</p> <p>Memory Care Unit Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 19 Total Census: 54</p> <p>There were no regulatory insufficiencies cited during the onsite infection control survey completed on 10/1/20 and 10/5/20.</p> <p>The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification for a Dedicated Dementia Specific Assisted Living Program.</p>	A 000		
A 149	<p>481-67.9(6) Staffing</p> <p>481-67.9(231B,231C,231D) Staffing. (6) Dependent adult abuse training. Program staff shall receive training relating to the identification and reporting of dependent adult abuse as required by Iowa Code section 235B.16.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the</p>	A 149	<p>Plan of Correction is attached</p> <p><i>[Signature]</i> 12/10/20</p>	

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:  <b>S0229</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/05/2020</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PRAIRIE HILLS AT INDEPENDENCE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>505 ENTERPRISE DRIVE SW INDEPENDENCE, IA 50644</b>
--	--

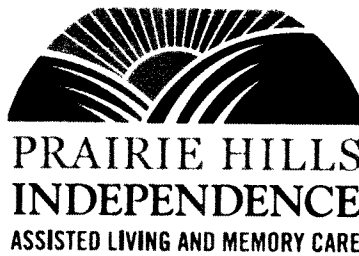
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 149	<p>Continued From page 1</p> <p>Program failed to complete the required dependent adult abuse training as required for 5 of 5 staff reviewed employed six months or greater. (Staff A, B, C, D and E). Findings follow:</p> <ol style="list-style-type: none"> <li>1. Record review on 10-1-20 of Staff A's training documents revealed Staff A was hired on 4-3-20. Staff A completed dependent adult training on 4-21-20; however, the training was not the required dependent adult abuse training provided by Iowa DHS.</li> <li>2. Record review on 10-1-20 of Staff B's training documents revealed Staff B was hired on 3-24-20. Staff B completed dependent adult abuse training on 3-27-20; however, the training was not the required dependent adult abuse training provided by Iowa DHS.</li> <li>3. Record review on 10-1-20 of Staff C's training documents revealed Staff C was hired on 10-3-19. Staff C completed dependent adult abuse training on 10-7-19; however, the training was not the required dependent adult abuse training provided by Iowa DHS.</li> <li>4. Record review on 10-1-20 of Staff D's training documents revealed Staff D was hired on 7-29-19. Staff D completed dependent adult abuse training on 8-1-19; however, the training was not the required dependent adult abuse training provided by Iowa DHS.</li> <li>5. Record review on 10-1-20 of Staff E's training documents revealed Staff E was hired on 1-1-20. Staff E completed dependent adult abuse training on 1-16-20; however, the training was not the required dependent adult abuse training provided by Iowa DHS.</li> </ol>	A 149		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0229</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/05/2020</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PRAIRIE HILLS AT INDEPENDENCE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>505 ENTERPRISE DRIVE SW INDEPENDENCE, IA 50644</b>
--	--

(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 149	<p>Continued From page 2</p> <p>6. Record review on 10-5-20 of the Program's Adult Abuse policy revealed all staff were required to complete two hours of mandatory dependent adult abuse training provided by Iowa DHS within 90 days of employment. One hour of additional training provided by DHS was also required every three years.</p> <p>7. When interviewed on 10-1-20 at 12:58 p.m. the Manager confirmed the training for the staff above was not the required online training.</p>	A 149		



✓ 12/22/20

**Identification #:** S0229

**Plan of Correction (POC) Submitted For:**

- Onsite infection control and Recertification Date: 10/1/2020 and 10/5/2020.

**A. Staffing** 481-67.9(6) *Dependent adult abuse training. Program staff shall receive training relating to the identification and reporting of dependent adult abuse as required*

**Program POC:**

**1. Elements detailing how insufficiency was corrected for residents:**

- a. Staff training reviewed to ensure Dependent Adult Abuse training is complete. All employees to complete by 12/23/2020 or will be removed from staff roster.

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

- a. The Program Director has reviewed current staff roster to ensure training is complete.
- b. The Program Director will ensure enrollment to Dependent Adult Abuse training happens upon hire.

**3. Measures taken to ensure problem does not recur:**

- a. The Program Director and or Community Representative will enroll new employee in DAA training upon hire for completion.

The Program will be in substantial compliance by December 23, 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*

✓ POC  
12/16/20