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 01/19/2023

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. Number of tenants without cognitive impairment: 28 Number of tenants with cognitive impairment: 11 Total census: 39 No regulatory insufficiencies were cited during the investigation of Complaint # 105855-C or Incident #107625-I. The following regulatory insufficiencies were cited during the investigation of Incident #109123-I and Complaint #109012-C.	A 000		
A 360	481-69.26(3) 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 interviews and record review, the Program failed to ensure service plans were updated as needed for 1 of 6 tenants reviewed (Tenant # 1). Findings include: 1. On 11/21/22 review of Tenant #1's record revealed an admission date of 10/26/20. Tenant #1 resided in the memory care area of the	A 360	The Plan of Correction is attached	

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

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 01/19/2023

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 360	Continued From page 1	A 360		

Program due to his diagnosis of dementia with Lewy bodies. Tenant #1 scored a 6 on the Global Deterioration Scale (GDS). He was admitted to hospice on 11/1/22.

On 11/21/22 review of an incident report for Tenant #1 dated 9/22/22 revealed he had been observed urinating in inappropriate places at times.

On 11/21/22 at 1:33 pm Staff A stated she had observed Tenant #1 urinating on the floor before.

On 11/28/22 at 10:30 am Staff C stated she had caught Tenant #1 several times before with his pants down in common areas urinating on the floor.

On 11/22/22 at 9:36 am Staff G stated Tenant # 1 was cued every 2 hours for toileting but urinated in places like the floor daily instead of using the toilet. Staff kept a close eye on him for his inappropriate urination but he was stubborn about going where he wanted. On 11/28/22 at 10:20 am, Staff G added Tenant #1 had returned from a hospitalization in the past few days in which he had received medication changes but he continued to urinate on the floor daily.

On 11/22/22 at 9:24 am Staff H stated Tenant #1 urinated in inappropriate areas on a daily basis. He also became agitated at times when redirected regarding incontinency issues in the past.

Tenant #1's service plan dated 11/1/22 included the assessed need of incontinence with a 2 hour toileting schedule. The service plan failed to detail Tenant #1's frequent incontinency in inappropriate areas including the floor in common areas. The

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 01/19/2023

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 360	Continued From page 2	A 360		

service plan also failed to address how staff were to handle this frequent behavior as staff indicated he could become agitated when approached or redirected with this behavior.

On 11/28/22 at 1:00 pm, the Director and the Regional RN confirmed the above findings.

2. Tenant #1's record revealed an incident report dated 11/9/22. Tenant #1 was discovered in Tenant # 2's apartment while Tenant #2 was lying in bed. Tenant #2's incontinency undergarment was off and Tenant #1 was pulling at her pubic hair. Tenant #2 was yelling out which alerted staff from across the hall.

On 11/21/22 at 1:33 pm, Staff A stated she worked in the memory care unit on the morning of 11/9/22 with Staff B. Staff A stated they had completed 7 am head checks on all tenants. When she checked in on Tenant #2 she was alone in bed. Between 7 am and 8 am, while Staff A and Staff B were assisting a tenant in an apartment across the hall, they heard Tenant #2 yell out. Staff A and Staff B immediately went to Tenant #2's apartment. Tenant #2 was laying on her bed with her nightgown on and her undergarment off. Tenant #1 was observed sitting on the edge of the bed pulling at Tenant #2's pubic hair. Tenant #2 was yelling "Ouch, that hurt!" They told Tenant #1 to stop and escorted him from the room to his own apartment with no issues. She called the nurse-on-call immediately who instructed her to keep the tenants separated. Staff A noted that this was the first time Tenant #1 had a concern with Tenant #2, but he had been sexually inappropriate in the past.

On 11/21/22 at 1:46 pm, Staff B stated she worked in the memory care unit on the morning of

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 01/19/2023

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 360	Continued From page 3	A 360		

11/9/22 with Staff A. She confirmed she and Staff A immediately went to Tenant #2's apartment after hearing her yell out and found Tenant #2 on her bed with her undergarments off. After they escorted Tenant #1 to his apartment, Staff B went and asked Tenant #2 if she was alright. Tenant #2 said she was fine and did not appear upset. Staff B stated the on-call nurse was called and so was hospice. The hospice nurse came in and assessed both tenants. No injuries were noted. Staff B stated that at 11:20 am, Tenant # 1 was sent to the Veterans Hospital in Iowa City for evaluation.

Further review of Tenant # 1's record on 1/17/23 revealed two more incident reports that contained inappropriate sexual behavior by Tenant #1 prior to the 11/9/22 incident. An incident report dated 10/28/22 revealed Tenant #1 was observed kissing a female tenant and touching her on her lower pelvic area outside of the clothing in the common area. A second incident report dated 10/19/22 revealed Tenant #1 was observed putting his hand down the back of a female tenant's pants. Tenant #1 was easily redirected.

Tenant #1's progress notes dated 10/28/22 revealed Staff K notified Tenant #1's nephew to discuss hormone injection therapy as a potential treatment for Tenant #1's sexual urges. The nephew agreed on treatment if the physician ordered it.

The tenant's service plan dated 11/1/22 had been updated after health, functional, and cognitive evaluations were completed and Tenant #1 was placed on hospice. The 11/1/22 service plan update did not contain any information regarding Tenant #1's recent increase of inappropriate sexual behaviors toward female tenants. As of

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 01/19/2023

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 360	Continued From page 4 the incident on 11/9/22, staff had no information or directives on what to watch for or how to address this behavior. On 1/17/23 at 2:00 pm the Clinical Risk and Compliance Manger confirmed the above finding.	A 360		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: S0213	DATE SURVEY COMPLETED: **01/17/2023**

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENTCIES (EACH DEFICIENCY SHOULD BE PRECEDE BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY	Identify what changes to the provider's systems and practices were made to ensure compliance with the specific statute(s). Include information about how the provider will maintain compliance in the future.	COMPLETION DATE
Tag #1	**Regulation and Reg Number: 481-69.26(3) 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. Based on interviews and record review, the Program failed to ensure service plans were updated as needed for 1 of 6 tenants reviewed (Tenant # 1).	A 360	Tenant #1's ISP was updated to reflect inappropriate urinary incontinence and interventions for staff. Tenant #1 was discharged from community on 12/13/2022.	New RN Healthcare Coordinator (HCC) will be trained on ISP requirements and timepoints of completion and updating. Direct care staff education on when/how to complete incident reports and staff to nurse communication form. Director and/or designee will monitor that solutions implemented are in place: weekly, monthly, as needed as determined by the Director/RN or designee to ensure compliance.	Implementation Date: 1/31/23 Completion Date: 02/10/2023 Responsible Party: Director and or designee

Community will be in compliance with this plan of correction by 02/10/2023

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.

✓ 3/31/23