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 02/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS OF 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 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: 26 Number of tenants with cognitive disorder: 10 Total census of Assisted Living Program for People with Dementia: 36 No regulatory insufficiencies were cited during the investigation of complaints #115815-C and Incident #115839-C The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program for People with Dementia.	A 000		
A 135	481-69.22(1) Evaluation of Tenant 69.22(1) Evaluation prior to occupancy. A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale (GDS) shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool.	A 135	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

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A 135	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to evaluate functional, cognitive, and health status prior to occupancy for 2 of 2 tenants recently admitted (Tenant #1 and Tenant #2). Findings follow: Record review of tenant files on 1/31/24 revealed the following: 1. Tenant #1 was admitted on 9/5/23. No functional, cognitive, or health assessments completed prior to occupancy could be located. 2. Tenant #2 was admitted on 9/12/23. No functional, cognitive, or health assessments completed prior to occupancy could be located. On 1/31/24 at 12:10 p.m. the Area Director of Operations confirmed these findings.	A 135		
A 140	481-69.22(2) Evaluation of Tenant 69.22(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse 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 evaluate functional, cognitive, and health status within 30 days of occupancy for	A 140		

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A 140	Continued From page 2 2 of 2 tenants recently admitted (Tenant #1 and Tenant #2). Findings follow: Record review of tenant files on 1/31/24 revealed the following: 1. Tenant #1 was admitted on 9/5/23. No functional, cognitive or health assessments completed within 30 days of occupancy could be located. 2. Tenant #2 was admitted on 9/12/23. No functional, cognitive or health assessments completed within 30 days of occupancy could be located. On 1/31/24 at 12:10 p.m. the Area Director of Operations confirmed these findings.	A 140		
A 350	481-69.26(1) Service Plans 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update service plans based on the required evaluations for 2 of 2 tenants recently admitted (Tenant #1 and Tenant #2). Findings follow:	A 350		

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A 350	Continued From page 3 Record review of tenant files on 1/31/24 revealed the following: 1. Tenant #1 was admitted on 9/5/23. No functional, cognitive, or health assessments completed prior to, and within 30 days of, occupancy could be located. The service plan failed to be based on the required assessments. 2. Tenant #2 was admitted on 9/12/23. No functional, cognitive, or health assessments completed prior to, and within 30 days of, occupancy could be located. The service plan failed to be based on the required assessments. On 1/31/24 at 12:10 p.m. Area Director of Operations confirmed these findings.	A 350		
A 430	481-69.27(1)c Nurse Review 69.27(1) If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse: c. To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status; This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to assess and document the	A 430		

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A 430	Continued From page 4 health status of each tenant who received personal or health-related care at least every 90 days. This pertained to 4 of 4 tenants reviewed (Tenant #1, Tenant #2, Tenant #3 and Tenant #4). Findings follow: Record review of tenant files on 1/31/24 revealed the following: 1. No nurse review completed at least every 90 days for Tenant #1 could be located. 2. No nurse review completed at least every 90 days for Tenant #2 could be located. 3. No nurse review completed at least every 90 days for Tenant #3 could be located. 4. No nurse review completed at least every 90 days for Tenant #4 could be located. On 1/31/24 at 12:10 p.m. the Director of Nursing confirmed these findings.	A 430		
A 555	481-69.30(3)a Dementia Specific Education for Personnel 69.30(3) Dementia-specific continuing education a Except as otherwise provided in this subrule, all personnel employed by or contracting with a dementia-specific program shall receive a minimum of two hours of dementia-specific continuing education annually.	A 555		

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A 555	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide 8 hours of dementia specific training within 30 days of employment. This pertained to 3 of 3 staff employed less than 12 months. (Staff A, Staff B, and Staff C). Findings follow: Record review of staff files on 1/29/24 revealed the following: 1. Staff A was hired 5/14/23 and no dementia training completed in the first 30 days of employment could be located. 2. Staff B was hired 12/12/23 and no dementia training completed in the first 30 days of employment could be located. 3. Staff C was hired 9/11/23 and no dementia training completed in the first 30 days of employment could be located. The Executive Director confirmed these findings on 1/29/24 at 4:47 p.m.	A 555		
A 556	481-69.30(3)b Dementia-Specific Education for Personnel 69.30(3) Dementia-specific continuing education b. Direct-contact personnel employed by or contracting with a dementia-specific program or employed by a contracting agency providing staff to a dementia-specific program shall receive a minimum of eight hours of dementia-specific continuing education annually.	A 556		

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A 556	Continued From page 6 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide 8 hours of dementia training annually. This pertained to 2 of 2 staff employed more than 13 months (Staff D and Staff E). Findings follow: Record review of staff files on 1/29/24 revealed the following: 1. Staff D was hired 9/20/22 and no annual dementia training completed in 2023 could be located. 2. Staff E was hired 8/29/22 and no annual dementia training completed in 2023 could be located. The Executive Director confirmed these findings on 1/29/24 at 4:47 p.m.	A 556		

PRAIRIE HILLS
ASSISTED LIVING AND MEMORY CARE

3-8-2024

Iowa Department of Inspections, Appeals & Licensing
Attn: Deb Dixon
6200 Park Ave. STE 100
Des Moines, Iowa 50321

Dear Ms. Dixon,

On behalf of Prairie Hills at Tipton in Tipton, Iowa, I respectfully submit our plan of correction for your approval. This response is specific to the Inspection report for the onsite visit on 1/29/2024-2/1/2024. Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of insufficiencies. The plan is prepared and/or executed solely because it is required by the provision of the state law.

Regulatory Insufficiency 481.69.22 (1) Evaluation of Tenant

1. Elements detailing how insufficiency was corrected:
    - Registered Nurse for the community at the time of the insufficiency is no longer employed with the community.
    - Registered Nurse for the community has been educated and trained and will complete the cognitive screening tool prior to occupancy.
2. What measures will be taken to ensure this does not reoccur:
    - Registered nurse for the community will make sure that all of the necessary assessments are completed prior to occupancy.
3. Measures taken to make sure the problem does not reoccur:
    - Registered Nurse will monitor the assessments prior to occupancy to make sure they are completed.
4. The date the regulatory insufficiency will be completed:
    - Training and education will be completed by 3-15-2024.

Regulatory Insufficiency 481.69.22 (2) Evaluation of Tenant

1. Elements detailing how insufficiency was corrected:
    - Registered Nurse for the community at the time of the insufficiency is no longer employed with the community.
    - Nurse for the community has been educated and trained and will evaluate each tenant's functional, cognitive and health status within 30 days of occupancy.
2. What measures will be taken to ensure this does not reoccur:
    - Nurse for the community will make sure that all of the necessary assessments are completed timely.

3. Measures taken to make sure the problem does not reoccur:
    - Nurse will monitor the time frame that assessments are due, and complete them in a time.

4. The date the regulatory insufficiency will be completed:
    - Training and education will be completed by 3-15-2024.

Regulatory Insufficiency 481-69.26 (1) Service Plans

1. Elements detailing how insufficiency was corrected:
    - Registered Nurse for the community at the time of the insufficiency is no longer employed with the community.
    - Registered Nurse for the community has been educated and trained and will identify the individualized needs and preferences and service plans will be developed and will be updated annually or as necessary.
2. What measures will be taken to ensure this does not reoccur:
    - Nurse for the community will identify the individualized needs and preferences and service plans will be developed and will be updated annually or as changed if necessary.
3. Measures taken to make sure the problem does not reoccur:
    - Nurse will monitor the service plans and ensure that they are completed.
4. The date the regulatory insufficiency will be completed:
    - Training and education will be completed by 3-15-2024.

Regulatory Insufficiency 481-69.27 (1)c Nurse Review

1. Elements detailing how insufficiency was corrected:
    - Registered Nurse for the community at the time of the insufficiency is no longer employed with the community.
    - Nurse for the community has been educated and trained and will access and document the health status of each resident, to make referrals and recommendations as appropriate, and to previous recommendations at least every 90 days and whenever there is a change in the resident's health status.
2. What measures will be taken to ensure this does not reoccur:
    - Nurse for the community will conduct 90 day nurse reviews as appropriate.
3. Measures taken to make sure the problem does not reoccur:
    - Nurse will monitor the review schedule and ensure that they are completed at 90 days or when necessary.
4. The date the regulatory insufficiency will be completed:
    - Training and education will be completed by 3-15-2024.

PRAIRIE HILLS
ASSISTED LIVING AND MEMORY CARE

Regulatory Insufficiency 481.69.30 (3)a Dementia Specific Education for Personnel

1. Elements detailing how the insufficiency was corrected:
   - All staff that was out of compliance for Dementia training within 30 days of hire have completed the 8 hours of training.
2. What measures will be taken to ensure that this will not reoccur:
   - All new staff will complete all of the required 8 hours of Dementia training within 30 days of hire.
3. How will this be monitored to ensure compliance:
   - Executive Director will audit the training and ensure that the 8 hours of Dementia training will be completed within 30 days of hire.

4. The date the regulatory compliance will be corrected:
   - 3-8-2024

Regulatory Insufficiency 481.69.30 (3)b Dementia Specific Education for Personnel

5. Elements detailing how the insufficiency was corrected:
   - All staff that was out of compliance for annual Dementia training within have completed the necessary training.
6. What measures will be taken to ensure that this will not reoccur:
   - All staff will be assigned and complete all of the required 8 hours of Dementia training annually.
7. How will this be monitored to ensure compliance:
   - Executive Director will audit the training and ensure that the 8 hours of Dementia training will be completed annually.

8. The date the regulatory compliance will be corrected:
   - 3-8-2024

Thank you,

Tracy Sherzer
Executive Director
Prairie Hills at Tipton

✓ 6/27/24

219 S. Cedar Street Tipton, Iowa 52772
563-886-1584