

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0213	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/19/2026
NAME OF PROVIDER OR SUPPLIER PRAIRIE HILLS AT TIPTON		STREET ADDRESS, CITY, STATE, ZIP CODE 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. Tenants without cognitive impairment: 34 Tenants with cognitive impairment: 12 Total census: 46 There were no regulatory insufficiencies cited during the investigation of Complaint #131363-C. The following regulatory insufficiency was cited during the investigation of Complaint #130428-C.	A 000	see attached POC 2/23/26	
A 175	481-67.3(5) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67/3(5) To receive from the manager and staff of the program a reasonable response to all requests. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to address an ongoing problem raised by 1 of 4 current tenants reviewed (Tenant #4). Finding follows: Record review on 2/19/26 revealed a Lease signed by Tenant #4's Power of Attorney on 3/01/25, which noted tenants should enjoy basic individual rights. These rights included the right to respect and to receive a reasonable response to all requests. During a tour of the building on 2/18/26 at 11:08 a.m. a television could be heard clearly from the	A 175		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 175	Continued From page 1 hallway outside apartments 306, 307, 308 and 309. When walking through the rest of the building, sounds could not be heard in the hall through any closed doors. When interviewed on 2/18/26 at 11:10 a.m., Tenant #4, who resided in apartment 306, reported concerns with other tenants' television volume. A television could be heard through the wall which he reported belonged to the tenant living in apartment 308. Tenant #4 indicated the volume of his neighbor's television during the interview was very low compared to the sound most every afternoon and evening. The volume frequently kept him up at night, requiring him to ask staff to intervene on his behalf with the tenant living in apartment 308 almost every night. Tenant #4 reported he discussed this issue with the Executive Director and Ombudsman in April, 2025. He subsequently shared his frustration with the Executive Director four or five additional times but the issue was not resolved. When interviewed on 2/18/26 at 11:45 a.m., Tenant #5 reported she visited Tenant #4 in his apartment. She described the neighbor's television as "so loud" it was hard to hear anything when she was in the apartment. Tenant #5 witnessed Tenant #4 ask staff to help with the problem. When interviewed on 2/18/26 at 9:15 a.m. Staff A reported the television in apartment 308 was kept loud and could be heard all the way down the hallway. Tenant #4 would ask her to speak with Tenant #6, who lived in apartment 308, about the volume of her television. When interviewed on 2/18/26 at 11:57 a.m. Staff B indicated each time she worked Tenant #4	A 175			

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A 175	Continued From page 2 would ask her to assist with the volume of Tenant #6's television. Staff B worked full-time. Tenant #6 would crank up her television pretty loud because she was hard of hearing. She could hear Tenant #6's television when in Tenant #4's apartment. Staff C reported Tenant #4 paged her for assistance due to concerns with the volume on Tenant #6's television. Staff C was able to hear Tenant #6's television all the way down the hall. She would then enter Tenant #6's apartment and ask her to turn down the volume. There were times Tenant #6 was asleep and Staff C would turn the television off. The Director of Health and Wellness (DHW) indicated she was aware staff were frequently asked by Tenant #4 to turn down Tenant #6's television. She did not know if Tenant #4 had made an official complaint about this recently. The DHW reported at one point they attempted to have Tenant #6 use Bluetooth headphones when listening to her television so the volume was not an issue, but did not know what happened with the headphones. The Executive Director and the Health and Wellness Director were interviewed on 2/19/26 at 1:10 p.m. They reported they had not received a recent complaint from Tenant #4 about the volume of his neighbor's television but confirmed it would be troubling to have to repeatedly ask staff to handle this issue. The Executive Director was going to explore options on how to address the situation with the television.	A 175			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: Prairie Hills Tipton- S0213	DATE SURVEY COMPLETED: 2/19/26
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Tag #	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED 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 A175	Regulation and Reg Number 481-67.3(5) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67/3(5) To receive from the manager and staff of the program a reasonable response to all requests. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to address an ongoing problem raised by 1 of 4 current tenants reviewed (Tenant #4). Finding follows: Record review on 2/19/26 revealed a Lease signed by Tenant #4's Power of Attorney on 3/01/25, which noted tenants should enjoy basic individual rights. These rights included the right to respect and to receive a reasonable response to all requests. During a tour of the building on 2/18/26 at 11:08 a.m. a television could be heard clearly	Tag # A175	What initial correction was made? ED and DHW verbally educated all staff on proper communication protocols with management regarding resident complaints during the week of 2/23/26. During the Clinical Inservice on 3/25/26, staff were educated by DHW regarding proper communication protocols with management regarding resident complaints and to assess for inappropriate noises daily in the hallways. The ED also instructed Tenant #4 and Tenant #5 on how to report complaints and concerns for management to address. On 2/23/26, the ED and BOM assessed Tenant #6's TV volume and observed that no noise was audible from the hallway. A meeting was held on 3/9/26 with the	How will we ensure and maintain compliance going forward? During the month of April, all staff will be provided with individual education pertaining to reporting resident complaints with signed acknowledgement for their employee files. At the next Resident Meeting (scheduled for 5/7/26) all residents will be provided with education pertaining to how to file grievances and submit complaints. ED or a designated member of the management team will audit noise levels in all hallways, once a week for the next 6 weeks to ensure compliance. ED or a designated member of the management team will audit all tenant requests for reasonable response with each occurrence for the next 6 weeks.	Implementation Date: 2/23/26 Completion Date: Ongoing Responsible Party: ED and/or Designee Management Team

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.

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