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
	S0229	A. BUILDING: _____ B. WING _____	C 03/24/2022

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

(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. General Population Number of tenants without cognitive disorder: 36 Number of tenants with cognitive disorder: 1 Memory Care Unit Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 15 Total Census: 53 There were no regulatory insufficiencies cited during the investigation of Complaint #95689-C or Complaint #98840-C. The following regulatory insufficiency was cited during the investigation of Complaint #97995-C.	A 000		
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 as needed	A 350	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 350	Continued From page 1	A 350		

for 1 of 3 current (Tenant #1) and 2 of 8 discharged (Tenant C1 and Tenant C2) tenants reviewed. Findings follow:

1) Record review on 3/23/22 revealed Tenant #1 had a Comprehensive Assessment dated 12/16/21. According to the assessment, Tenant #1 was incontinent of bladder but independent with toileting. Tenant #1 was noted to have uncontrollable urine incontinence. She would not allow reminders to use the restroom or staff assistance with changing her incontinence products. She did not allow housekeeping staff in to regularly clean her apartment.

Tenant #1's service plan, dated 3/9/22, noted Tenant #1 was incontinent of bladder. Staff were to remind her to use the restroom.

On 3/22/22 at 1:00 PM, Staff A reported staff reminded Tenant #1 to use the restroom, but Tenant #1 refused their assistance. Tenant #1's apartment had a strong odor of urine which permeated into the hall. The program recently replaced the chair Tenant #1 sat in as it was soaked in urine.

On 3/22/22 at 1:25 PM, Staff B confirmed Tenant #1 sat in a chair in her apartment, often on a blanket, and urinated directly on it. Tenant #1's apartment had a strong odor of urine.

On 3/23/22 at 12:30 PM, the Clinical Educator and Development Manager stated the program struggled to get Tenant #1 to urinate in the bathroom. They used a variety of cleansers in her apartment to minimize the odor.

Tenant #1's service plan did not identify interventions staff could use to assist them in

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A 350	Continued From page 2 getting Tenant #1 to urinate in the toilet. 2) Tenant C1 had a service plan dated 7/13/21 which indicated she preferred to shower once weekly in the morning. Staff were to provide standby and hands on assistance as needed with hard to reach areas. Staff were to wash her hair and ensure appropriate hygiene cares were completed. She had a service plan review on 8/31/21 which did not make any change related to bathing. Tenant C1's service plan was changed in the area of bathing on 10/20/21 to add staff could provide hands on assistance with bed baths as needed. A hospice aide could also provide assistance with bathing as needed. Staff completed documentation survey reports for Tenant C1 which identified when she received bathing assistance from staff. The report also noted when Tenant C1 refused bathing assistance. In 5/2021 and 6/2021 Tenant C1 received weekly showers with staff assistance. In July 2021 Tenant C1 received three showers (on 7/7, 7/17 and 7/21) and refused a shower six times. In August 2021 Tenant C1 received three showers (on 8/21, 8/25 and 8/28). She refused a shower five times. In September 2021 she received all of her weekly showers. In October 2021 Tenant C1 received showers on 10/2 and 10/6 and refused showers three times. It should be noted in October 2021, Tenant C1 was also receiving bathing assistance from a hospice aide. Tenant C1's service plan was not updated to address her shower refusals or to give staff interventions to assist in getting Tenant C1 to take a shower. 3) Tenant C2 had service plans dated 5/25/21 and 8/16/21 in which it was noted he refused to	A 350		

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A 350	Continued From page 3	A 350		

bathe. Interventions listed to assist staff to get Tenant C2 into the shower included to to approach him with a different staff member if the first staff member's attempt failed, or to come back and try again in thirty minutes. Tenant C2 was to receive showers twice weekly.

A review of the documentation survey report revealed in May 2021, Tenant C2 received two showers (5/2 and 5/19) and refused showers seven times. In June, 2021, Tenant C2 received four showers (6/10, 6/16, 6/20 and 6/23) and refused six showers. In July, Tenant C2 received four showers (7/4, 7/6, 7/13 and 7/23) and refused five showers. Tenant C2 took one shower in August (8/18/21). In September, he received three showers (9/3, 9/8 and 9/12).

Staff met to update his service plan on 9/14/21. Tenant C2's interventions remained the same, but his plan changed to increase his bathing opportunities from twice a week to three days a week. Tenant C2 did not bathe the rest of the month in September. He refused to bathe in October and November of 2021 when given the opportunity. Tenant C2 did not bathe in December and was discharged from the program on 12/24/21.

On 3/23/22 at 3:00 PM, the Clinical Educator reported meeting with Tenant C2 and his daughter to discuss his refusals to bathe. They could not determine the reason he would not take a shower. They decided to increase his shower days in September, 2021 with the hope more opportunities to shower would increase the likelihood he bathe.

The Director, Health Care Coordinator, LPN and Clinical Educator confirmed these findings on

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A 350	Continued From page 4 3/24/22 at 11:30 AM.	A 350		

505 ENTERPRISE DR
INDEPENDENCE, IA 50644

PRAIRIE HILLS
INDEPENDENCE
ASSISTED LIVING AND MEMORY CARE

PHONE: 319-334-2000
PRAIRIEHILLSLIVING.COM

Complaint #: 95689-C, #97995-C and #98840-C

Plan of Correction (POC) Submitted For:

- Investigation Date: March 22nd through March 24th, 2022.

A. 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 05/25/2022, for recent change in services or new diagnosis. Comprehensive assessment completed if noted.

b. Education to be provided to staff by 05/25/2022, 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 05/25/2022, 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 May 25th, 2022.

Sincerely,
Monique Eldridge, Director
Prairie Hills at Independence
505 Enterprise Dr, SW
Independence, Ia 50644
directorindy@prairiehillsliving.com
319-334-2000

ok 5/6/22

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.