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 03/08/2023

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. Number of tenants without cognitive impairment: 36 Number of tenants with cognitive impairment: 15 Total census: 51 No regulatory insufficiencies were cited during the investigation of Incident #110892-I. The following regulatory insufficiencies were cited during the investigation of Complaint #111347-C and the recertification visit conducted to determine compliance with certification of an Assisted Living Program for People with Dementia.	A 000	The Plan of Correction is attached.	
A 160	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure tenants received care, treatment and services which were adequate and appropriate. This affected 1 of 1 tenant hospitalized during the on-site visit (Tenant	A 160		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Monique Aldridge | TITLE: Director | (X6) DATE: 4-6-2023

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A 160	Continued From page 1 #1). Finding follows: Record review on 3/6/23 revealed Tenant #1 had been hospitalized on 2/26/23 for COVID and Atrial Fibrillation (A-fib). Review of Tenant #1's Progress Notes dated 2/26/23 revealed an entry by the Licensed Practical Nurse (LPN). According to the note staff called the on call LPN at approximately 1:00 a.m. on 2/26/23 and stated Tenant #1 had a hard time walking, could not complete sentences and repeated she felt like she was having a stroke. The LPN directed staff to send Tenant #1 to the local emergency room for evaluation/treatment. When interviewed on 3/7/23 at 10:23 a.m. Staff D said when the Emergency Medical Technicians (EMTs) arrived she could not locate the "red folder" which contained emergency medical information for Tenant #1. When interviewed on 3/6/23 at 10:37 p.m. Staff E confirmed when EMTs arrived she nor Staff D could not locate the "red folder" with emergency medical information for Tenant #1. When interviewed on 3/7/23 at 9:50 a.m. the LPN said staff called at approximately 2:00 a.m. and reported she heard Tenant #1 moaning and Tenant #1 could not speak. Staff took vitals (blood pressure 197/86, heart rate/pulse 105, oxygen saturation 93% on room air, respirations 18 and temperature 98 degrees) so she directed staff to send Tenant #1 to the Emergency Room (ER). She also confirmed the "red folder" with important medical information could not be located by staff who called her. When interviewed on 3/8/23 at 10:00 a.m. the Health Care Coordinator confirmed the Program	A 160		

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A 160	Continued From page 2 failed to ensure the staff had/knew where to find the Tenant #1's "red folder" with important medical information to be given to the EMTs.	A 160		
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 Registered Nurse (RN) failed to consistently assess tenants with a significant change of condition. This pertained 1 of 1 tenant hospitalized during the on-site visit (Tenant #1). Finding follows: Review of a staff documentation/communication form to the nurse dated 2/26/23 at 2:00 a.m. revealed Staff D noted Tenant #1 said she thought she was having a stroke and complained of a "funny feeling on left side of her head." Staff documented at 10:30 p.m. Tenant #1's vitals were blood pressure 186/94, heart rate/pulse 115, oxygen saturation 94% on room air, respirations 18 and temperature of 98 degrees and noted Tenant #1 complained of dizziness. It took two	A 430		

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A 430	Continued From page 3 staff to put her to bed because of weakness. Staff called the Program's on-call LPN who advised staff to monitor Tenant #1 and if a changed occurred call her back. At 2:00 a.m. Staff D heard Tenant #1 moaning very loud and when she went in to the apartment Tenant #1 could not speak. Staff took vitals which were blood pressure 197/86, heart rate/pulse 105, oxygen saturation 93% on room air, respirations 18 and temperature 98 degrees. They called the LPN who directed staff to send Tenant #1 to the hospital. Tenant #1 left by ambulance at 2:20 a.m. and had not returned by 6:00 a.m. when staff left their shift. Review of Tenant #1's file on 3/6/23 revealed she was hospitalized on 2/26/23 for COVID and Atrial Fibrillation. Progress Notes revealed the following: - on 2/26/23 at 10:53 a.m. an entry by the Licensed Practical Nurse (LPN) documented staff had called her at approximately 1:00 a.m. on 2/26/23 as she was the on call nurse and stated Tenant #1 had a hard time walking, could not complete sentences and repeated she felt like she was having a stroke. The LPN directed staff to send Tenant #1 to the local emergency room for evaluation/treatment. Staff called the LPN at 6:00 a.m. and said the tenant was being kept for observation due to having COVID. The LPN called the hospital at 10:45 a.m. and was told the tenant was being held for COVID and UTI (urinary tract infection). The hospital nurse stated her blood sugars were getting better and the tenant was getting around better. - on 2/27/23 at 9:04 a.m. the LPN noted she called the hospital and was told the tenant was being transferred to Allen Hospital in Waterloo as she experienced a Myocardial Infarction (MI). The tenant would go straight to the cath lab at Allen	A 430		

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A 430	Continued From page 4 - on 2/27/23 at 10:18 a.m. the Health Care Coordinator (HCC) documented Allen Hospital had called for a medication list. He was also notified the tenant would be admitted to ICU. - on 2/28/23 at 12:16 p.m. a call was received from the social worker at Allen. The tenant did not have an MI according to tests completed. She was currently on a heparin drip. There was a possibility she would have a cardiac cath and stents placed. Her troponin continued to rise and she would be moved to a cardiac floor when a bed was available. Additional progress notes released the tenant remained in the hospital and did receive a cardiac catheter. She suffered a change of condition on 3/2/23 and now had a dobhoff (feeding) tube. On 3/6/23 it was noted the hospital's OT/PT was recommending a skilled nursing placement When interviewed on 3/7/23 at 10:23 a.m. Staff D confirmed she wrote the staff documentation/communication note dated 2/26/23 (above) at 2:00 a.m. and had spoken to the LPN both times. When interviewed on 3/7/23 at 9:50 a.m. the LPN said she received a call from staff at 10:30 p.m. who reported Tenant #1's vitals (blood pressure 186/94, heart rate/pulse 115, oxygen saturation 94% on room air, respirations 18 and temperature of 98 degrees) and told them to monitor Tenant #1 and let her know of any changes. According to the LPN staff called at 2:00 a.m. and reported she heard Tenant #1 moaning and she could not speak. The tenant's vitals were blood pressure 197/86, heart rate/pulse 105, oxygen saturation 93% on room air, respirations 18 and temperature 98 degrees, so she directed staff to send Tenant #1 to the Emergency Room (ER).	A 430		

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A 430	Continued From page 5 There was no indication the RN was contacted in order to do an assessment of this change of condition after the LPN was contacted at 10:30 p.m. Further record review revealed Tenant #1's diagnoses included hypertension, dementia with a global deterioration scale score of 5 and diabetes. When interviewed on 3/8/23 at 10:00 a.m. the HCC said the on-call nurses generally advised staff over the phone and usually did not come to the Program to assess tenants. She also said in hindsight based on the first set of vitals reported to the LPN, she would have likely sent Tenant #1 to the ER. The HCC said she became aware of the hospitalization 2/27/23 when she returned to work after the weekend. In addition, she confirmed the tenant had diabetes. Her primary care provider (PCP) felt the diabetes was well controlled with he medications and there was no order to do blood testing. She confirmed it would be reasonable to have checked the tenant's blood sugars based on her symptoms.	A 430		
A 545	481-69.30(1) Dementia Specific Education for Personnel 69.30(1) All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. This REQUIREMENT is not met as evidenced by:	A 545		

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A 545	Continued From page 6 Based on interview and record review the Program failed to ensure eight hours of dementia-specific training was provided within 30 days of employment for 1 of 1 staff reviewed hired in 2022 (Staff C). Findings follow: Record review on 3/8/23 revealed the Program hired Staff C on 4/1/22. Review of dementia-specific training documentation revealed Staff C completed two and 1/2 hours of dementia-specific training on 3/6/23 and one hour on 3/7/23. When interviewed on 3/8/23 at 11:50 a.m. the Director confirmed she had provided all dementia- specific training for Staff C.	A 545		
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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure eight hours of dementia-specific education annually was provided to 1 of 2 staff reviewed employed longer than 1 year (Staff B). Findings follow:	A 556		

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A 556	Continued From page 7 Record review on 3/7/23 revealed Staff B completed was hired on 12/2/21. Training records revealed she only received two hours of dementia-specific training during 2022. When interviewed on 3/8/23 at 4:00 p.m. p.m. the Director confirmed she had provided all dementia-specific training documentation for Staff B.	A 556		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: S0229	DATE SURVEY COMPLETED: 03/08/2023

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 481-67.3 Tenant rights.** All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. Based on interview and record review the Program failed to consistently ensure tenants received care, treatment and services which were adequate and appropriate. This affected 1 of 1 tenant hospitalized during the on-site visit (Tenant #1).	Tag # A 160	Nursing audited current emergency folders to ensure each resident had a red emergency folder completed and available for staff, completed on 02/27/23.	HCC and AHCC will utilize admission checklist to ensure emergency folders are created timely and available for staff. Director and/or designee will complete weekly, monthly, as needed as determined by the Director to ensure compliance.	Implementation Date:03/08/23 Completion Date: Ongoing Responsible Party: Director and/or designee
Tag #2	**Regulation and Reg Number 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. Based on interview and record review the Program Registered Nurse (RN) failed to consistently assess tenants with a significant change of condition. This	Tag # A 430	LPN educated on timely notification to RN with signing of new job description and duties.	LPN will notify the RN when she is made aware of a potential change in condition of any resident or other applicable issues. Director and/or designee will monitor that RN notification of resident change of condition was done during coordinator meetings.	Implementation Date: 03/08/23 Completion Date: Ongoing Responsible Party: Director and/or designee

	pertained 1 of 1 tenant hospitalized during the on-site visit (Tenant #1).				
Tag #3	**Regulation and Reg Number 481-69.30(1) Dementia Specific Education for Personnel** 69.30(1) All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. Based on interview and record review the Program failed to ensure eight hours of dementia-specific training was provided within 30 days of employment for 1 of 1 staff reviewed hired in 2022 (Staff C).	Tag # A 545	Audit of current staff completed to ensure all staff are in compliance on 3/10/23. Staff C completed the initial 8-hour dementia training on 3/25/23.	All new hires will complete the required 8 hours of dementia specific training within 30 days of hire, this includes a 2-hour independent dementia case study. Director and/or designee will monitor that the orientation checklist is utilized for all new hires monthly, as needed, as determined by the Director or designee to ensure compliance.	Implementation Date: 3/08/23 Completion Date: Ongoing Responsible Party: Director and/or designee
Tag #4	**Regulation and Reg Number 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. Based on interview and record review the Program failed to ensure eight hours of dementia-specific education annually was provided to 1 of 2 staff reviewed employed longer than 1 year (Staff B).	Tag # A 556	Audit of current staff completed to ensure all staff are in compliance on 3/10/23. Staff B annual training was completed on 3/17/23. All staff reeducated on 3/17/2023 related to the requirement to have dementia training completed annually.	All current staff will have the annual dementia 8-hour training completed by 4/23/23. Director and/or designee will audit annual training to ensure timely completion monthly, as needed, as determined by the Director or designee to ensure compliance.	Implementation Date: 3/17/2023 Completion Date: Ongoing Responsible Party: Director and/or designee

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.

Compliance Date: 4/28/2023

✓ 4/6/23