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 05/23/2024

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: 45 Number of tenants with cognitive impairment: 13 Total census: 58 The following regulatory insufficiencies were cited related to the investigation of Complaint #116345-C:	A 000		
A 145	481-69.22(3) Evaluation of Tenant 69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. 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. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete evaluations as needed with significant change for 2 of 2	A 145	The Plan of Correction is attached	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — Monique Eldridge — TITLE: Executive Director — (X6) DATE: 8.21.2024

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A 145	Continued From page 1 discharged tenants reviewed (Tenant C1 and Tenant C2). Findings follow: 1. Review of Tenant C1's file on 5/23/24 file revealed a Global Deterioration Scale (GDS)cognitive evaluation, was completed on 2/8/24 and 3/5/24 for a change of condition. Functional evaluations were also completed on 2/8/24 and 3/5/24; however, an evaluation that assessed Tenant C1's health status was not completed with significant change on 2/8/24 or 3/5/24. Further review revealed Progress Notes indicating the following: - On 1/6/24 Tenant C1 became very agitated. She was hitting, yelling and used profanity towards staff. Tenant C1 refused medications and meals. She closed herself in other tenants' apartments and blocked the door so staff could not enter. She made paranoid statements. - On 1/7/24 (late entry) it was noted Tenant C1 was agitated again on Saturday night til early morning. The nurse on-call was notified her behaviors escalated including pacing, yelling and agitation towards staff. Staff called the nurse on-call again when she started entering other tenants' apartments. She tried to wake other tenants and staff intervened. She became upset with another tenant and attempted to hit them. Staff intervened and tried to redirect her without success. She had repetitive delusions and refused as needed Seroquel. She was hitting walls, threw things and refused all interventions. She had verbal behaviors towards staff and threatened to hit staff. Tenant C1's hospice nurse was called and she arrived to the Program at 3:40 a.m. to attempt to de-escalate the behavior and to monitor her. - On 1/10/24 Tenant C1 continued to have	A 145		

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A 145	Continued From page 2	A 145		

behaviors and refused to take medications. Staff was able to get morning medications administered at 1:30 p.m. She attempted to leave the memory care unit and alarms sounded. Tenant C1 was also going into other tenants' apartments. It was noted redirection of Tenant C1 was difficult.

- On 1/10/24 a new order was received to increase Seroquel to 25 milligram (mg) twice daily.
- On 1/19/24 Tenant C1 was observed sitting in the hallway on the floor with her pants on her head. She had a bump on the back of her head.
- On 1/23/24 Tenant C1 walked out of her apartment and into the common area wearing her bra and underwear. She was redirected back to her apartment and she started swinging her arms and was very agitated.
- On 1/31/24 (late entry) staff notified the nurse on-call regarding Tenant C1's aggressive behavior towards staff. Tenant C1 was kicking, biting, scratching, and hitting staff when they attempted to give her evening medications. Staff had an injury due to the aggression.
- On 2/4/24 Tenant C1 fell that morning and complained of pain in the left hip.
- On 2/5/24 it was noted Tenant C1 had multiple falls over the weekend and continued to complain of pain. It took two staff for an observed transfer and a third staff. Hospice and the nurse discussed if a higher level of care was needed.
- On 2/8/24 a change of condition was completed related to falls, decrease in physical and cognitive function and increase in services. Tenant C1 was not ambulating much and when she was up, she required the assistance of one to two staff for safety. A meeting was set up with her family to discuss the possible need for a higher level of care.
- On 2/9/24 it was discussed with Tenant C1's

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A 145	Continued From page 3 family the possible need for transfer to another facility due to care needs. - On 2/22/24 staff voiced concerns regarding Tenant C1 swallowing pills. An order was requested to change lorazepam tablets to Intensol and to crush medications. - On 2/23/24 new orders were received to crush medications and to change the current lorazepam order to lorazepam Intensol 1 mg, every four hours and every two hours as needed. - On 3/1/24 Tenant C1 appeared to have an increase in pain. The hospice nurse obtained a verbal order for morphine 0.25 milliliters, scheduled every four hours and as needed every two hours. - On 3/5/24 a change of condition was completed related to Tenant C1 transitioning to end of life. She was not getting out of bed, and did not have any oral intake or swallowing. All oral medications were discontinued. Tenant C1 had two falls last evening, it appeared her pain needs were not managed, and there were medication changes with morphine and lorazepam. Further record review revealed evaluations were completed on 1/3/24 (30 day), 2/8/24 (change of condition) and 3/5/24 (change of condition). However, significant changes occurred prior to the 2/8/24 update and evaluations were not completed when the changes occurred, including behaviors, increased transfer assistance, falls and hip pain. There were also changes prior to the 3/5/24 update and evaluations were not completed when the changes occurred including changes to crushed and liquid medications and increased pain. 2. Review of Tenant C2's file on 5/23/24 revealed a GDS was completed on 2/12/24. Functional evaluations were completed on 2/12/24 and	A 145		

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A 145	Continued From page 4 3/1/24; however, an evaluation that assessed health status was not completed with significant change on 2/12/24 or 3/1/24. Further review revealed Progress Notes indicating the following: - On 12/7/23 staff reported a red rash on Tenant C2's bilateral lower extremities (BLE). - On 12/14/23 it was noted Tenant C2's primary care provider (PCP) was at the building during rounds. A new order was received for Mepilex to open area on lower extremities and to change every three days. It indicated to allow for healing and to prevent friction with compression stockings. An Assisted Living Visit document with an encounter date of 12/14/23 indicated Tenant C1 was seen by her PCP. She had a dime size open area on her left posterior calf and she noted she had one on her right anterior calf. The document indicated she had significant edema earlier in December. It was noted the PCP would ask staff to start apply Mepilex on both of the areas. The tenant's December 2023, January 2024 and February 2024 MARs reflected to apply Mepilex to open areas on the lower extremities every three days. It had a start date of 12/15/23 and was discontinued on 2/29/24. Staff initialed for the completion of the ordered treatment. Further review revealed evaluations were not completed with significant change with the open areas on Tenant C2's BLE and ordered treatment of the wounds. 3. When interviewed on 5/23/24 at 3:43 p.m. the Director of Health and Wellness confirmed all of the requested evaluations for the tenants	A 145		

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A 145	Continued From page 5 reviewed were provided.	A 145		
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 for 2 of 2 discharged (Tenant C1 and Tenant C2) tenants reviewed. Findings follow: 1. Review Tenant C1's file on 5/23/24 revealed Progress Notes indicating the following: - On 1/6/24 Tenant C1 became very agitated. She was hitting, yelling and used profanity towards staff. Tenant C1 refused medications and meals. She closed herself in other tenants' apartments and blocked the door so staff could not enter. She made paranoid statements. - On 1/7/24 (late entry) it was noted Tenant C1 was agitated again on Saturday night til early morning. The nurse on-call was notified her behaviors escalated including pacing, yelling and agitation towards staff. Staff called the nurse on-call again when she started entering other tenants' apartments. She tried to wake other	A 350		

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A 350	Continued From page 6 tenants and staff intervened. She became upset with another tenant and attempted to hit them. Staff intervened and tried to redirect her without success. She had repetitive delusions and refused as needed Seroquel. She was hitting walls, threw things and refused all interventions. She had verbal behaviors towards staff and threatened to hit staff. Tenant C1's hospice nurse was called and she arrived to the Program at 3:40 a.m. to attempt to de-escalate the behavior and to monitor her. - On 1/10/24 Tenant C1 continued to have behaviors and refused to take medications. Staff was able to get morning medications administered at 1:30 p.m. She attempted to leave the memory care unit and alarms sounded. Tenant C1 was also going into other tenants' apartments. It was noted redirection of Tenant C1 was difficult. - On 1/10/24 a new order was received to increase Seroquel to 25 milligram (mg) twice daily. - On 1/19/24 Tenant C1 was observed sitting in the hallway on the floor with her pants on her head. She had a bump on the back of her head. - On 1/23/24 Tenant C1 walked out of her apartment and into the common area wearing her bra and underwear. She was redirected back to her apartment and she started swinging her arms and was very agitated. - On 1/31/24 (late entry) staff notified the nurse on-call regarding Tenant C1's aggressive behavior towards staff. Tenant C1 was kicking, biting, scratching, and hitting staff when they attempted to give her evening medications. Staff had an injury due to the aggression. - On 2/4/24 Tenant C1 fell that morning and complained of pain in the left hip. - On 2/5/24 it was noted Tenant C1 had multiple falls over the weekend and continued to complain	A 350		

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A 350	Continued From page 7 of pain. It took two staff for an observed transfer and a third staff. Hospice and the nurse discussed if a higher level of care was needed. - On 2/8/24 a change of condition was completed related to falls, decrease in physical and cognitive function and increase in services. Tenant C1 was not ambulating much and when she was up, she required the assistance of one to two staff for safety. A meeting was set up with her family to discuss the possible need for a higher level of care. - On 2/9/24 it was discussed with Tenant C1's family the possible need for transfer to another facility due to care needs. - On 2/22/24 staff voiced concerns regarding Tenant C1 swallowing pills. An order was requested to change lorazepam tablets to Intensol and to crush medications. - On 2/23/24 new orders were received to crush medications and to change the current lorazepam order to lorazepam Intensol 1 mg, every four hours and every two hours as needed. - On 3/1/24 Tenant C1 appeared to have an increase in pain. The hospice nurse obtained a verbal order for morphine 0.25 milliters, scheduled every four hours and as needed every two hours. - On 3/5/24 a change of condition was completed related to Tenant C1 transitioning to end of life. She was not getting out of bed, and did not have any oral intake or swallowing. All oral medications were discontinued. Tenant C1 had two falls last evening, it appeared her pain needs were not managed, and there were medication changes with morphine and lorazepam. Tenant C1's service plan was updated on 1/3/24 (30 day), 2/8/24 (change of condition), and 3/5/24 (change of condition). Significant changes occurred prior to the 2/8/24 update including	A 350		

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A 350	Continued From page 8 behaviors, increased transfer assistance, falls and hip pain. There were also changes prior to the 3/5/24 update changes to crushed and liquid medications and increased pain. The service plan dated 2/8/24 also did not reflect Tenant C1's transfers and mobility needs, including needing two staff for transfers at times. 2. Review of Tenant C2's file on 5/23/24 revealed Progress Notes indicating the following: - On 12/7/23 staff reported a red rash on Tenant C2's bilateral lower extremities (BLE). - On 12/14/23 it was noted Tenant C2's primary care provider (PCP) was at the building during rounds. A new order was received for Mepilex to open area on lower extremities and to change every three days. It indicated to allow for healing and to prevent friction with compression stockings. The tenant's December 2023, January 2024 and February 2024 MARs reflected to apply Mepilex to open areas on the lower extremities every three days. It had a start date of 12/15/23 and was discontinued on 2/29/24. Staff initialed for the completion of the ordered treatment. The tenant's service plans were dated 9/19/23 and 2/12/24. The service plan was not updated to reflect Tenant C2's open areas on the BLE and ordered treatment of the wound. 3. When interviewed on 5/23/24 at 3:43 p.m. the Director of Health and Wellness confirmed all of the requested service plans for the tenants reviewed were provided.	A 350		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: S0229	DATE SURVEY COMPLETED: 05/23/2024

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** 481-69.22 (3) Evaluation of Tentant Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed and with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. 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. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change.	**Tag #** A 145	**What initial correction was made?** All tenants to be reviewed by 09/12/2024, for recent changes in services or new diagnosis by the programs Director of Health & Wellness, RN and Assistant Director of Health & Wellness, LPN. Audit tool in place to ensure that all tenants have been reviewed. Comprehensive assessment completed if noted. Education to be provided to staff by 09/12/2024, to notify program Director of Health & Wellness, RN, or designee; of concerns with tenant services with verbal notification and/or communication to the Director of Health & Wellness document.	**How will we ensure and maintain compliance going forward?** The Director of Health & Wellness, RN and/or designee; will continue to monitor tenant documentation reports and/or tasks to ensure that it matches the individualized service plan.	**Implementation Date:** 08/16/2024 **Completion Date:** On-going **Responsible Party: Director and/or designee**
Tag #2	**Regulation and Reg Number** 481-69.26(1) Service Plans	**Tag #** A 350	**What initial correction was made?** All tenants to be reviewed by 09/12/2024, for recent changes in services or new	**How will we ensure and maintain compliance going forward?**	**Implementation Date:** 08/16/2024

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: 9/12/2024**

	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.		diagnosis by the programs Director of Health & Wellness, RN and Assistant Director of Health & Wellness, LPN. Audit tool in place to ensure that all tenants have been reviewed. Comprehensive assessment completed if noted. Education to be provided to staff by 09/12/2024, to notify program Director of Health & Wellness, RN or designee; of concerns with tenant services with verbal notification and/or communication to the Director of Health & Wellness document.	The Director of Health & Wellness or designee; will continue to monitor tenant documentation reports and/or tasks to ensure that it matches the individualized service plan.	**Completion Date:** On-going **Responsible Party: Director and/or designee**
Tag #3	**Regulation and Reg Number**	**Tag #**	**What initial correction was made?**	**How will we ensure and maintain compliance going forward?**	**Implementation Date:** **Completion Date:** **Responsible Party:**
Tag #4	**Regulation and Reg Number**	**Tag #**	**What initial correction was made?**	**How will we ensure and maintain compliance going forward?**	**Implementation Date:** **Completion Date:** **Responsible Party:**

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: 9/12/2024**