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8/13/25

PRINTED: 07/22/2025
FORM APPROVED

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 07/08/2025

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 disorder: 37 Number of tenants with cognitive disorder: 14 Total census: 51 There were no regulatory insufficiencies cited related to the investigation of Complaint #126501-C. The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification of a Dedicated Dementia Specific Assisted Living Program:	A 000	See Attached POC 8/19/25	
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 to reflect	A 350		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Monique Eldridge TITLE: Executive Director (X6) DATE: 8.4.2025

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A 350	Continued From page 1 the service needs of the tenants. This pertained to 3 of 6 tenants reviewed (Tenants #3, #4 and #5). Findings follow: 1. Review of Tenant #3's file on 7/7/25 revealed Progress Notes indicating the following: - On 1/9/25 Tenant #3 had an open area to the left posterior calf. The wound clinic was contacted to see if the bordered dressing should continue to be applied or if she should be seen. - On 1/9/25 the wound clinic staff called back and said to apply Silvadene cream to the open area on the posterior calf and cover with border dressing daily. An appointment with the wound clinic was scheduled. - On 1/9/25 nursing staff assisted with her dressing on her right posterior calf and drainage was noted on the bandage. - On 1/17/25 a note from the wound clinic provided new orders for all wounds on the bilateral lower extremities (BLE), including to cleanse with normal saline or soap and water and apply DermaCol to wound beds and cover with borders. - On 2/14/25 Tenant #3 was admitted to hospice on 2/5/25 and was no longer being seen in the wound clinic. - On 3/6/25 hospice was there and the dressing to right pretibial was discontinued as the area was healed. - On 4/10/25 the building was evacuated for a fire alarm, Tenant #3 lost her balance and fell on the sidewalk. She obtained a significant skin tear to the left posterior forearm. A non-adherent pad was placed and wrapped with Kerlix. - On 4/14/25 the hospice nurse was at the building and changed the dressing to the left forearm. An order was received to keep it clean and dry, apply Tegaderm and hospice would change the dressing when they were in the	A 350		

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A 350	Continued From page 2 building. - On 5/12/25 hospice was there and the left leg and great left toe were assessed for dressing orders. - On 5/17/25 staff reported Tenant #3 had a skin tear on her hand. A dressing was applied. - On 5/18/25 the nurse received a call from staff that Tenant #3's steri-strips applied to her skin tear on the left hand came off due to bleeding. Staff was advised to apply a new dressing and contact hospice to come in and evaluate. - On 5/19/25 a follow up was completed with hospice as a visit was not made over the weekend. The hospice nurse visited today and the area on Tenant #3's hand was dressed with Mepilex. The hospice nurse ordered supplies for the great toe, left leg and right hand. - On 6/9/25 the nurse assessed the area on the left lower leg. It had a foul odor and drainage was noted. The dressing order was currently every three days and it was removed and assessed on day two. Hospice was contacted to see if a revision or orders was needed. - On 6/12/25 a new verbal order was received for the lower left leg, to add silver alginate to the wound bed. - On 6/26/25 a new order was received to discontinue silver alginate, cleanse wound, pat dry and cover with Mepilex. - On 6/30/25 an order was obtained to change the dressing to as needed as the area was healed. The Service Plan Report reflected Tenant #3 had a reoccurring open area to the anterior aspect of the left shin. It also indicated she was seen in the wound clinic as needed for skin issues that "wax and wane." The service plan was not updated to reflect the various areas of affected skin and treatment as indicated above or when the areas	A 350		

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A 350	Continued From page 3 were healed. Additionally, the service plan did not reflect who provided the treatment of the wounds (hospice or program staff). 2. On 7/8/25 review of Tenant #4's file revealed Progress Notes indicating the following: - On 4/4/225 a topical cream treatment was completed but a red area remained. Tenant #4 said it had improved but was still itchy. - On 4/4/25 the PCP was contacted regarding the rash and an order was received for hydrocortisone acetate 1% twice daily for seven days. - On 4/8/25 the rash appeared to be worsening. It was recommended she be seen and had an appointment that day. - On 4/8/25 Tenant #4 returned from her appointment and had a new order for prednisone 10 milligram (mg) taper dose and triamcinolone cream twice daily as needed. - On 4/17/25 Tenant #4 was seen by her PCP and the visit note indicated the rash was resolved with prednisone. - On 5/5/25 Tenant #4 had a reoccurring rash on her back. It improved during treatment but did not completely resolve. - On 5/6/26 an order was received to schedule triamcinolone cream twice daily to rash on her back. - On 5/16/25 it was noted to look into a dermatology referral for the rash as it continued to be an issue. - On 6/23/25 Tenant #4 refused to use her front wheeled walker and gait belt and hid the gait belt from staff. It was noted staff were to continue to use the gait belt for all transfers. - On 6/26/25 Tenant #4 continued to refuse to use the gait belt and to have staff present with all transfers. - On 6/26/25 Tenant #4 was discharged from	A 350		

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A 350	Continued From page 4 occupational therapy (OT) on 6/25/25 due to non-compliance. The Service Plan Report reflected Tenant #4 had a reluctance to accept care and that she was in agreement to try the front wheeled walker to improve stability. The service plan did not reflect the use of the gait belt or the discontinuation of OT services. Additionally, the service plan was not updated to reflect the on-going rash and treatment. 3. Review of Tenant #5's file on 7/8/25 revealed the following Progress Note: - On 6/18/25 a toileting task was updated to have stand by assistance every two hours and also to ensure his bathroom was clean after each toileting. Staff were told to remove soiled protective undergarments from his garbage and staff should remove his garbage after each toileting. The Service Plan Detail reflected Tenant #5 had increased urinary incontinence, his family brought in protective undergarments and a urinal at bedside for use at night. Additional housekeeping was also added weekly. The service plan did not reflect the toileting assistance every two hours and to remove soiled protective undergarments from his apartment as noted above. 4. When interviewed on 7/8/25 at 1:30 p.m. the Assistant Director of Health and Wellness confirmed all service plans were provided for the tenants reviewed.	A 350		

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Tag #1	**Regulation and Reg Number** 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.	**Tag #** A 350	**What initial correction was made?** All tenants Individualized Service Plan (ISP) to be reviewed by the Director of Health & Wellness, RN and/or designee by 08/19/25 for recent changes in services. The ISP will be updated to reflect the service needs of the tenant by the programs Director of Health & Wellness, RN. This review and record to be entered into Extended Care Professional (ECP). Audit tool in place to ensure that all tenants have been reviewed.	**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:** 08/19/25 **Completion Date:** On-going **Responsible Party: Director and/or designee**
Tag #2	**Regulation and Reg Number**	**Tag #**	**What initial correction was made?**	**How will we ensure and maintain compliance going forward?**	**Implementation Date:**

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: 8/19/2025**