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 12/18/2025

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. Tenants without cognitive impairment: 42 Tenants with cognitive impairment: 15 Total census: 57 No regulatory insufficiency was cited during the investigation of Complaint #130389-C. A regulatory insufficiency was cited during the investigation of Complaint #130580-C and Complaint #130656-C.	A 000	See attached POC 3/6/26	
A 150	481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews, the Program failed to follow the internal policy related to falls for 3 out of 4 tenants reviewed (Tenant #1, Tenant #2, and Tenant #4). Findings follow: 1. Record review on 12/18/25, revealed Tenant #1's file indicated an admission date of 5/08/25. A review of Tenant #1's incident reports revealed on 10/20/25 at 11:06 p.m., Tenant #1 was discovered sitting on her apartment floor. Tenant #1 had no injuries. The report noted the Director of Health and Wellness was notified on 10/21/25	A 150		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 150	Continued From page 1	A 150		

at 10:13 a.m. Documentation further showed the tenant's family and physician were notified on 10/21/25 at 10:13 a.m.

2. Record review on 12/17/25, revealed Tenant #2's file indicated an admission date of 6/21/22. Record review on 12/18/25, Tenant #2's incident reports revealed on 12/09/25 at 6:20 a.m., Tenant #2 was discovered sitting on her apartment floor. Tenant #1's initial blood pressure was documented as elevated but no injuries noted. The incident report revealed the Director of Health and Wellness was notified on 12/09/25 at 3:13 p.m. Documentation further showed the tenant's physician was notified on 12/09/25 at 3:13 p.m.

3. Record review on 12/18/25, revealed Tenant #4's file indicated an admission date of 11/15/22. A review of Tenant #4's incident reports revealed the following incidents:

a.) On 11/02/25 at 1:25 a.m., Tenant #4 was discovered sitting on her apartment floor with her pants down. Tenant #4 had no injuries. The report noted the Director of Health and Wellness was notified on 11/03/25 at 8:00 a.m. Documentation further showed the tenant's family was notified on 11/02/25 at 3:24 p.m. Tenant #4's physician was notified on 11/05/25 at 12:38 p.m.

b.) On 12/08/25 at 4:20 p.m., Tenant #4 was discovered sitting on her apartment floor. Tenant #4 had no injuries. The report noted the Director of Health and Wellness was notified on 12/09/25 at 9:00 a.m. Documentation further showed the tenant's family and physician were notified on 12/11/25 at 5:02 p.m.

4. Record review on 12/18/25 revealed the

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	S0229	A. BUILDING: _____ B. WING _____	C 12/18/2025

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A 150	Continued From page 2 Program's policy for falls included the following guidance for staff: a.) Policy procedure #5 - The tenant's physician should be contacted immediately for further instructions. A physician communication form could be used for the contact if there were no injuries. b.) Policy procedure #6 - The Director of Health and Wellness or designee will notify the tenant's family or responsible party immediately to update them regarding the actions taken by the Program. When interviewed on 12/18/25 at 1:01 p.m., the Director of Health and Wellness confirmed the dates and times documented on the incident reports regarding notification of the Director of Health and Wellness (or designee), notification of the tenant's family, and notification of the tenant's physician were not immediately after the discovery of the fall. The Director of Health and Wellness indicated some of the late documentation might have been failures on the part of the online charting system. When interviewed on 12/18/25 at 2:35 p.m., the Executive Director and the Director of Health and Wellness confirmed the Program failed to follow the policy for falls regarding notifications.	A 150		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: S0229	DATE SURVEY COMPLETED: 12/18/25

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** 481-67.2(3) Program Policies and Procedures. 67.2(3) The program shall follow the policies and procedures established by the program.	**Tag #** A 150	**What initial correction was made?** Programs Director of Health & Wellness, RN, and Assistant Health & Wellness, LPN will provide staff education concerning the internal fall policy. The program will have educated staff with a compliance date of 03/06/26 Audit tool in place to ensure that all staff have been educated on the internal fall policy.	**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 the fall policy is followed.	**Implementation Date:** 02/06/26 **Completion Date:** 03/06/26 **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: 03/06/2026**

					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: 03/06/2026**