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
	S0243	A. BUILDING: _____ B. WING _____	C 10/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS AT CLINTON	1701 13TH AVENUE NORTH CLINTON, IA 52732

(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: 29 Number of tenants with cognitive disorder: 6 Memory Care Unit Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 11 Total Census of Assisted Living Program for People with Dementia : 46 No regulatory insufficiencies were cited during the investigation into complaints 104480-A, 104479-A, 104476-A, 104477-A, 104621-A. The following regulatory insufficiency was cited during the investigation into Incident 104472-M:	A 000		
A 525	481-69.29(3) Staffing 69.29(3) The owner or management corporation of the program is responsible for ensuring that all personnel employed by or contracting with the program receive training appropriate to assigned tasks and target population. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to provide training to 1 of 1 contracted employees reviewed (Staff A). Findings follow:	A 525	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

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 525	Continued From page 1 Record review on 5/5/22 revealed a statement prepared by the RN Regional Nurse Specialist. Staff B was assisting a temporary staffing employee (Staff A) with toileting Tenant #1 on the evening of 4/15/22. They then tried to obtain a urine sample from Tenant #1. Staff B stated Staff A stroked Tenant #1's penis in order to try and get him to urinate. A review of Staff A's record revealed he received no orientation to the tasks of the job or the target population. The RN Regional Nurse Specialist confirmed this finding on 5/12/22 at 10:10 AM.	A 525		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: S0243	DATE SURVEY COMPLETED: 10/10/2022 Incident 104472-M

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
A525	**Regulation and Reg Number:** 481-69.29(3) **Staffing** The owner or management corporation of the program is responsible for ensuring that all personnel employed by or contracting with the program receive training appropriate to assigned tasks and target population. Based on interview and record review, the program failed to provide training to 1 of 1 contracted employees reviewed (Staff A).	A525	1) Community initiated use of Agency Staff Orientation form for agency personnel. 2) Agency staffing last used 06/29/2022.	1) All staff who assist with scheduling received training on the use of the Agency Staff Orientation form. 2) Any Agency staff utilized will be provided education utilizing the Agency Staff Orientation form.	Implementation Date: 12/8/2022 Completion Date: 12/19/2022 Responsible Party: Community Director and/or designee

Compliance date is 12/19/2022

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.

✓ 3/31/23