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
	S0299	A. BUILDING: _____ B. WING _____	C 08/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS AT DES MOINES MC	5815 SE 27TH STREET DES MOINES, IA 50320

(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: 3 Number of tenants with cognitive disorder: 12 Total census: 15 A recertification visit was conducted to determine compliance with certification for an Assisted Living Program for People with Dementia. Complaints #100899-C, 103358- C and 106309-C were also completed. The following regulatory insufficiencies were cited.	A 000		
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 provide services which were adequate and appropriate for 1 of 1 former tenants reviewed (Tenant C3). Finding follows: When interviewed on 7/25/22 at 6:43 p.m. a family member expressed that while her mother resided at the Program she received very little	A 160	The Plan of Correction is attached.	

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A 160	Continued From page 1 follow up when she expressed concerns. She said Tenant C3 ran out of stool softener and the Program never reordered it. She recalled observing staff push on C3's stomach and a bowel movement the size of a "can of soup" emerged. She described how staff had to break up the bowel movement so the toilet would flush. When interviewed on 7/28/22 at 12:44 p.m. the Healthcare Coordinator confirmed the Program did not monitor tenant bowel movements. She said staff observed the tenants for signs of discomfort. Review of Tenant C3's medication administration record (MAR) on 8/2/22 revealed an order for as needed Senna-time tab 8.6 mg - one tablet by mouth once daily as needed for constipation and Polyethene Glycol 3350 17 grams (1 capful) in 4-8 ounces liquid every day as needed. Further review revealed physician's order date 7/20/21 for Dulcolax suppository 10 mg - half bottle of magnesium citrate today and half tomorrow and MiraLAX 17 grams in 8 ounces of liquid. The Program was to provide an update in a week. When interviewed on 8/2/22 the current Healthcare Coordinator said she could not locate any follow up for Tenant C3. Record review of July task sheets revealed the Program did not monitor Tenant C3's bowel movements. Tenant C3 had a Global Deterioration Scale score of 5 which indicated moderately severe cognitive decline.	A 160		
A 470	481-69.28(5)a(1)(2)(3) Food Service 69.28(5) Personnel who are employed by or contract with the program and who are	A 470		

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A 470	Continued From page 2 responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have annual in-service training on food protection. a. In addition to the requirements above, a minimum of one person directly responsible for food preparation shall have successfully completed a state-approved food protection program by: (1) Obtaining certification as a dietary manager; or (2) Obtaining certification as a food protection professional; or (3) Successfully completing an ANSI-accredited certified food protection manager program meeting the requirements for a food protection program included in the Food Code adopted pursuant to Iowa Code chapter 137F. Another program may be substituted if the program's curriculum includes substantially similar competencies to a program that meets the requirements of the Food Code and the provider of the program files with the department a statement indicating that the program provides substantially similar instruction as it relates to sanitation and safe food handling. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure at least one staff responsible for food preparation had successfully completed an approved food protection program potentially affecting all 15 tenants. Finding follows: Record review on 7/26/22 revealed none of the staff (Staff A, E-I) who were responsible for food	A 470		

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A 470	Continued From page 3 preparation had successfully completed an approved food protection program. When interviewed on 7/26/22 at 11:55 a.m. the Healthcare Coordinator confirmed she had provided all the training documentation for the current staff who prepared food.	A 470		
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: Based on interview and record review that Program failed to ensure all staff received eight hours of dementia-specific education/training within 30 days of employment for 1 of 5 staff reviewed (Assistant Healthcare Coordinator). Finding follows: Record review on 8/3/22 revealed Assistant Healthcare Coordinator (AHC) was hired on 4/15/22. Observations throughout the visit revealed the AHC had an office in the memory care unit. When interviewed on 8/3/22 at 2:05 p.m. the Healthcare Coordinator confirmed the Program failed to ensure the AHC received eight hours of education within 30 days of employment.	A 545		

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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 direct contact staff both employed by the program and those employed by a contracting agency received eight hours of dementia-specific education annually potentially affecting all 15 tenants. Finding follows: Record review on 7/19/22 revealed Staff A - C did not receive dementia training in 2021 or 2022. Further review revealed a list of agency staff who had worked in the dementia unit in the month of July. The list included 22 contract/agency staff. Review of the list revealed 16 of the staff had not received the required eight hours of dementia training annually.	A 556		
A 637	481-69.32(4)a Life Safety - Emergency Policies / Structure 69.32(4) A program serving a person(s) with cognitive disorder or dementia shall have: a. Written procedures regarding alarm systems, if an alarm system is in place.	A 637		

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A 637	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program could not produce written procedures regarding alarm systems. Finding follows: The Program failed to provide written procedures regarding the alarm system when requested on 7/25/22 and 8/2/22. During the exit interview on 8/3/22 Program Administrative staff said they would send the policy yet failed to do so.	A 637		
A 685	481-69.34(1) Activities 69.34(1) The program shall provide appropriate activities for each tenant. Activities shall reflect individual differences in age, health status, sensory deficits, lifestyle, ethnic and cultural beliefs, religious beliefs, values, experiences, needs, interests, abilities and skills by providing opportunities for a variety of types and levels of involvement. This REQUIREMENT is not met as evidenced by: Based on observation and interview the Program failed to consistently provide activities potentially affecting all 15 tenants. Finding follows: Observations on 7/20/22 at 11:20 a.m., 7/21/22 at 2:20 p.m. and 7/25/22 at 1:30 p.m. revealed tenants seated in the television area or in chairs near the desk used by staff. During each of these periods of time staff were talked amongst themselves. Tenants were not offered activities. When interviewed on 7/19/22 at 12:10 p.m. the Acting Director confirmed the Program did not have an Activity Director or activity	A 685		

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A 685	Continued From page 6 calendar/schedule.	A 685		
A 695	481-69.34(3) Activities 69.34(3) A written schedule of activities shall be developed at least monthly and made available to tenants and their legal representatives. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently develop and make available a monthly written schedule of activities affecting all 15 tenants. Finding follows: On 7/19/22 at 12:10 p.m. the Acting Director said she could not find calendars/activity schedules. Record review confirmed the Activity Person had resigned on 6/30/22. She confirmed the Program did not currently have an Activity Person or a calendar/schedule of activities.	A 695		

09/07/2022

Prairie Hills at Des Moines Memory Care
Re: recert, Investigations #100899-C, 103385-I, 106309-C

Iowa Department of Inspections and Appeals
Health Facilities Division
Lucas State Office Building
321 East 12th St.
Des Moines, IA 50319-0083

To Whom It May Concern:
Please consider this as our plan of correction for the Statement of findings/violations cited during 07/18/2022 – 08/03/2022 complaint investigation and Recertification completed by the Iowa Department of Inspections and Appeals in accordance with the Code 295.1090.

A. 481-67.3(2) Tenant Rights: Tenant Rights. All tenants have the following rights: to receive care, treatment and services which are adequate and appropriate.

1. Elements detailing how the program will correct the statement of findings/violations.
    a. The facility provided in July and August 2022 and will continue to provide additional training regarding bowel movement tracking and discomfort awareness.
    b. The facility has audited all MAR records and will continue to closely monitor them.
2. What measures will be taken to ensure the problem does not recur?
    a. Director and/or designee will monitor that the solutions implemented are in place: weekly, monthly, as needed as determined by the Director or designee to ensure compliance.

B. 481-69.28(5)a(1)(2)(3) Food Service: Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have annual in-service training on food protection. In addition to the requirements above, a minimum of one person directly responsible for

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food preparation shall have successfully completed a state approved food protection program by:

(1) Obtaining certification as a dietary manager; or

(2) Obtaining certification as a food protection professional; or

(3) Successfully completing an ANSI-accredited certified food protection manager program meeting the requirements for a food protection program included in the Food Code adopted pursuant to Iowa Code chapter 137F. Another program may be substituted if the program's curriculum includes substantially similar competencies to a program that meets the requirements of the Food Code and the provider of the program files with the department a statement indicating that the program provides substantially similar instruction as it relates to sanitation and safe food handling.

1. Elements detailing how the program will correct the statement of findings/violations.
    a. Training has been scheduled to ensure staff is sufficiently trained in sanitation and food handling safety. On 08/09/22 a Culinary Coordinator (who is a certified food protection professional) was hired to assist with direction of staff.
2. What measures will be taken to ensure the problem does not recur?
    a. Director and/or designee will monitor that the solutions implemented are in place: weekly, monthly, as needed as determined by the Director or designee to ensure compliance.

C. 481-69.30(1) Dementia Specific Education for Personnel: All personnel employed by or contracting with a dementia-specific program shall receive a minimum of 8 hours of dementia specific education and training within 30 days of either employment or the beginning date of the contract if applicable.

1. Elements detailing how the program will correct the statement of findings/violations.
    a. An audit of all employee training files occurred in July and the facility has ensured that when contracted staff are utilized that they have adequate Dementia specific training.
2. What measures will be taken to ensure the problem does not recur?
    a. Director and/or designee will monitor that the solutions implemented are in place: weekly, monthly, as needed as determined by the Director or designee to ensure compliance.

D. 481-69.30(3)b Dementia-specific continuing education:

1. Elements detailing how the program will correct the statement of findings/violations.
    a. An audit of all employee training files occurred in July and the facility has ensured that when contracted staff are utilized that they have adequate Dementia specific training.
2. What measures will be taken to ensure the problem does not recur?

a. Director and/or designee will monitor that the solutions implemented are in place: weekly, monthly, as needed as determined by the Director or designee to ensure compliance.

E. 481-69.32(4)a Life Safety - Emergency Policies / Structure: A program serving a person(s) with cognitive disorder shall have: a. Written procedures regarding alarm systems if an alarm system is in place.

1. Elements detailing how the program will correct the statement of findings/violations.
    a. As of July 22, 2022, a new emergency response system was approved by the building's ownership.
2. What measures will be taken to ensure the problem does not recur?
    a. Director and/or designee will monitor that the solutions implemented are in place: weekly, monthly, as needed as determined by the Director or designee to ensure compliance.

F. 481-69.34(1) Activities: The program shall provide appropriate activities for each tenant. Activities shall reflect individual differences in age, health status, sensory deficits, lifestyle, ethnic and cultural beliefs, religious beliefs, values, experiences, needs, interests, abilities, and skills by providing opportunities for a variety of types and levels of involvement

1. Elements detailing how the program will correct the statement of findings/violations.
    a. A full time Life Enrichment Coordinator was hired 08/05/22 and they began working in the facility 08/16/2022.
2. What measures will be taken to ensure the problem does not recur?
    a. Director and/or designee will monitor that the solutions implemented are in place: weekly, monthly, as needed as determined by the Director or designee to ensure compliance.

G. 481-69.34(3) Activities: A written schedule of activities shall be developed at least monthly and made available to tenants and their legal representatives.

1. Elements detailing how the program will correct the statement of findings/violations.
    a. A full time Life Enrichment Coordinator was hired 08/05/22 and they began working in the facility 08/16/2022. Activities schedules are being published weekly.
2. What measures will be taken to ensure the problem does not recur?
    b. Director and/or designee will monitor that the solutions implemented are in place: weekly, monthly, as needed as determined by the Director or designee to ensure compliance.

All corrections will be in place by 09/30/2022.

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.

Regards,

Selena Edmondson

Selena Edmondson
Director
Prairie Hills Assisted Living at Des Moines