

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0259	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/26/2021
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NAME OF PROVIDER OR SUPPLIER PRAIRIE HILLS AT OTTUMWA	STREET ADDRESS, CITY, STATE, ZIP CODE 173 EAST ROCHESTER STREET OTTUMWA, IA 52501
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(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	<p>Initial Comments</p> <p>Assisted Living Programs for People with Dementia are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site.</p> <p>General Population Program Number of tenants without cognitive disorder: 20 Number of tenants with cognitive disorder: 3</p> <p>Memory Care Unit Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 12</p> <p>Total Census: 35</p> <p>The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program.</p> <p>There were no deficiencies cited during the investigation of 94441-C, 96583-I, 97535-C, 99168-C or the onsite infection control survey.</p>	A 000		
A 145	<p>481-69.22(3) Evaluation of Tenant</p> <p>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</p>	A 145	<p><i>Plan of Correction is attached</i></p> <p><i>DD</i></p>	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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A 145	<p>Continued From page 1</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to evaluate functional, cognitive, and health status as needed for significant change for 2 of 5 tenants reviewed (Tenant #1 and Tenant #2). Findings follow:</p> <p>Review of tenant files on 9-8-21 revealed the following:</p> <p>1. Tenant #1's Progress Notes dated 6-29-21 documented admission to hospice was completed. No functional, cognitive, and health assessments could be located regarding the need for hospice.</p> <p>2. Tenant #2's file included a functional and health evaluation completed 7-7-21 for increased need for assistance after a hospital stay. A cognitive evaluation for the significant changes in health status could not be located.</p> <p>On 9-9-21 at 2:41 p.m. the Health Services Director confirmed these findings.</p>	A 145		
A 350	<p>481-69.26(1) Service Plans</p> <p>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.</p>	A 350		

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A 350	<p>Continued From page 2</p> <p>The service plan shall subsequently be updated at least annually and whenever changes are needed.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update service plans whrn needs changed for 1 of 2 tenants reviewed with a significant change in health status (Tenant #2). Findings follow:</p> <p>On 9-8-21 review of Tenant #1's Progress Notes dated 6-29-21 revealed she was admitted to hospice. Progress Notes dated 6-30-21 revealed she required hourly safety checks. No updated service plan regarding these changes could be located.</p> <p>On 9-9-21 at 2:41 p.m. the Health Services Director confirmed these findings.</p>	A 350		
A 405	<p>481-69.26(4)c Service Plans</p> <p>69.26(4) The service plan shall be individualized and shall indicate, at a minimum:</p> <p>c. The service provider(s), if other than the program, including but not limited to providers of hospice care, home health care, occupational therapy, and physical therapy</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to include outside providers in the service plan for 1 of 1 tenants reviewed receiving hospice services (Tenant #2). Findings follow:</p>	A 405		

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A 405	Continued From page 3 On 9-8-21 review of Tenant #1's Progress Notes dated 6-29-21 revealed she was admitted to hospice care. No updated service plan for 6-29-21 identifying the hospice provider could be located. On 9-9-21 at 2:41 p.m. the Health Services Director confirmed these findings.	A 405		
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 provide 8 hours of dementia-specific continuing education annually for 2 of 4 staff reviewed (Staff A and Staff B). Findings follow: Record review of staff files on 8-24-21 revealed the following: 1. Staff A was hired 7-30-2020. No annual dementia training could be located. 2. Staff B was hired 7-7-2020. No annual dementia training could be located.	A 556		

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A 556	Continued From page 4 On 8-24-21 at 3:42 p.m. the Director confirmed these findings.	A 556		

481.69.22 Evaluation of Tenant:

The Health Services Director will ensure that any tenant with an immediate change to their activities of daily living will have an evaluation including functional, cognitive, and health status. The HSD will also ensure that when doing 30 day, 90 day, and annual assessments, functional, cognitive, and health status evaluations will be conducted. This has been corrected as of 10/1/21.

481.69.26(1) Service Plans

The Health Services Director will ensure that when there is an immediate change to a tenants care an updated service plan will be implemented. A change of condition will be done to the service plan based on the evaluations conducted and will meet the specific needs of each resident. This has been corrected as of 10/1/21.

481.69.26(4) Service Plans

The Health Services Director will ensure that when updated a service plan, and there is a need for an outside provider, the service plan will reflect who the outside provide is and what services they are offering to the resident. This has been corrected as of 10/1/21.

481-69.30(3) Dementia-specific Education for Personnel

All staff members as of 10/1/21 have completed their annual dementia training . The Executive Director along with the Business Office Manager will ensure that all current staff members will complete their annual training on time and ensure they have done the full 8 hours each year.

The ED will ensure overall compliance.

10/27/21