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
	S0417	A. BUILDING: _____ B. WING _____	C 08/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS AT DES MOINES	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 are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive disorder: 31 Number of tenants with cognitive disorder: 0 Total census of Assisted Living Program: 31 A recertification visit was conducted to determine compliance with certification for an Assisted Living Program. Complaints 105512-C, 105620-C 105633-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 consistently provide services which were adequate and appropriate potentially affecting all 31 tenants. Findings follow: During a tenant meeting/group interview held on 7/21/22 at 1:00 p.m. many tenants expressed concerns regarding the maintenance and pest control in the building. Observations on 7/18/22,	A 160	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

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A 160	Continued From page 1	A 160		

7/19/22 and 7/25/22 of the doorways of the building revealed dead bugs. Record review on 7/19/22 revealed the Program's documentation of pest control. When asked about the doors on 7/18/22 the Healthcare Coordinator said the Program had contacted a door company to check on/replace/fix the door seals.

Tenants also expressed a concern regarding staff entering apartments after knocking without awaiting acknowledgement to come in. One tenant said she was almost hit by the door as she was going to open it for the staff person to come in.

When interviewed on 7/18/22 at 6:05 p.m. a family member of a tenant expressed concerns about transportation. According to the interviewee the Program did not have staff dedicated to provide transportation. Therefore, transportation had to be scheduled with other programs overseen by the same management company. According to the complainant transportation to medical appointments had been scheduled at least twice with the Program but no one showed up to drive the vehicle. This caused her loved one to cancel the appointments. The cancellations resulted in the medical provider notifying her and her loved one that they would not be able to reschedule if they canceled another appointment.

Review of random Occupancy Agreements on 8/2/22 revealed personal transportation was included as a service for tenants.

On 8/3/22 at 2:20 p.m. the Healthcare Coordinator confirmed these findings and acknowledged these issues should be addressed.

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A 470	Continued From page 2	A 470		
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 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 31 tenants. Finding	A 470		

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A 470	Continued From page 3 follows: Record review on 7/26/22 revealed none of the staff (Staff A, E-I) who were responsible for food 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 515	481-69.29(1) Staffing 69.29(1) Each tenant shall have access to a 24-hour personal emergency response system that automatically identifies the tenant in distress and can be activated with one touch. This REQUIREMENT is not met as evidenced by: Based on observations, interview and record review the Program failed to ensure tenants had access to Personal Emergency Response System (PERS) that identified the tenant in distress affecting 2 of 7 tenants reviewed in specific (Tenants #6, #7) and potentially affecting all 31 tenants. Findings follow: During a tenant meeting held on 7/21/22 at 1:00 p.m. one tenant and one husband of a tenant expressed concerns about their pendants. Tenant #6 said she had not had a pendant since she moved in on 6/1/22. The husband of Tenant #7 said his wife had a pendant but the one she had showed another apartment number when she pushed it.	A 515		

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A 515	Continued From page 4 During an interview on 7/21/22 at 2:16 p.m. temp agency Staff A confirmed Tenant #7's pendant showed a different apartment when activated. She said the Program put a sign on the apartment door the pendant summoned staff too telling them which apartment to go to. Observation revealed no note on the apartment door the pendant directed staff to. Further observations revealed the distance between the apartment that alarmed when Tenant #7 pushed her button measured approximately 50 yards from her apartment. When the policy for the PERS was requested on 8/3/22 the Program produced an undated and untitled document stating: each resident shall be offered a 24-hour personal emergency response pendant. When interviewed on 7/21/22 at 2:30 p.m. the Healthcare Coordinator confirmed Tenant #6 had not received a pendant and Tenant #7's pendant alarmed to the wrong location when activated. She added the information regarding Tenant #7's pendant has been communicated to all staff, including temp agency staff.	A 515		
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:	A 525		

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A 525	Continued From page 5 Based on interview and record review the Program failed to ensure contract/agency staff were appropriately trained to meet the tenants needs potentially affecting all 31 tenants. Finding follows: Record review on 7/19/22 at 1:00 p.m. revealed no training documentation for requested contract staff. According to the records provided by the Program there were at least 22 temp agency/contract staff who worked during the month of July without being provided appropriate training to assigned tasks and target population. When interviewed on 7/19/22 the Healthcare Coordinator (HC) could not provide any documentation of agency staff training regarding the needs of tenants. On 7/21/22 at 2:10 p.m. an alarm sounded at a desk near the entrance to the assisted living area of the building. Without checking, temp agency Staff A reset the alarm. When questioned about why she hadn't checked the area where the alarm was indicating, she went back to the panel and determined the door was located in the attached ALPD (Assisted Living Program for People with Dementia) program. She went to the ALPD program but could not find the room where the alarm had sounded. After some time had elapsed Staff A got the Acting Director who addressed the alarm.	A 525		
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,	A 685		

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A 685	Continued From page 6 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 observations and interview the Program failed to consistently provide activities potentially affecting all 31 tenants. Finding follows: When interviewed on 7/19/22 at 12:15 p.m. a complainant expressed concern regarding the lack of activities. During a tenant meeting/group interview on 7/21/22 many tenants expressed frustration with lack of activities and an activity director. The group of tenants said they had been directing activities such as Bingo. On 7/21/22 at 2:10 p.m. observations revealed a tenant calling Bingo while several tenants participated. When interviewed on 7/19/22 at 12:10 p.m. the Acting Director confirmed the Program did not currently have an Activity Director.	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 observations, interview and record review the Program failed to develop and make available a monthly written schedule of activities affecting all 31 tenants. Finding follows:	A 695		

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A 695	Continued From page 7 During a tenant meeting held on 7/21/22 at 2:00 p.m. many tenants expressed concern about lack of activities offered. Observations on 7/21/22 at 2:10 p.m. revealed a tenant calling Bingo in the dining room. At 2:55 p.m. a tenant seated in front of the television in the main living area asked agency Staff A when he was going to get the July calendar. She responded she didn't know. 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 Assisted Living
Re: recert, Investigations #105620-C, 105512-C, & 105633-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. A full time Maintenance Coordinator was hired 08/31/22.
    b. Additional pest control services were ordered from Preferred Pest Control on 09/03/2022.
    c. Doors Inc. fixed the door seals on 7/20/2022.
    d. Additional training of staff occurred in July 2022 regarding gaining acknowledgement prior to opening the door and signs were added to doors throughout the building to serve as a reminder.
    e. The Director, Maintenance Coordinator, Life Enrichment Coordinator, and the Community Relations Coordinator all have appointments set at the DOT October 3rd, 2022, to get chauffeur's licenses to ensure adequate transportation coverage is provided.
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.

ok 9/26/22

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 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. 481-69.29(1) Staffing: Each tenant shall have access to a 24-hour personal emergency response system that automatically identifies the tenant in distress and can be activated with one touch.

1. Elements detailing how the program will correct the statement of findings/violations.
    a. As of 7/22/2022 a new 24-hour personal 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.

D. 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.

1. Elements detailing how the program will correct the statement of findings/violations.
    a. As of 08/01/2022 a new online training system was implemented for this facility. Employee training files are being thoroughly reviewed to ensure compliance.
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. 481-69.34(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.

F. 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