IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

March 23, 2009

**Complaint:** #21887-C

Teresa Krueger, Administrator
Linden Place Assisted Living
1922 5th Ave NW
Waverly, IA 50677-1903

**RE: Complaint Investigation Report, Linden Place Assisted Living, Waverly, IA**

Dear Ms. Krueger:

The Department of Inspections and Appeals (DIA) has reviewed the Plan of Correction (POC) and your Request for Reconsideration in response to the Complaint Investigation Report dated March 5, 2009. Based on the information provided, DIA accepts your Request for Reconsideration regarding Food Service. DIA accepts the POC.

The Department's findings must be based on the current situation, including but not limited to: staff interviews, documentation, monitor observation and tenant interviews.

If you have any questions, please contact Connie Schaffer, your Certification Coordinator, at 515-281-5003.

Sincerely,

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

# Iowa Department of Inspections and Appeals
# Assisted Living Program
# Final Complaint Investigation Report

**Assisted Living Program:** **Complaint Intake #: 21887-C**

Teresa Krueger, Administrator
Linden Place Assisted Living
1922 5th Ave NW
Waverly, IA 50677-1903

**Date of Investigation:**

March 5, 2009

**Monitor(s):**

Hal L. Chase, RN BSN MPH

**Definitions:**

The following definitions are relevant:

**Regulatory Insufficiency** - A violation of a statutory or rule provision within the Iowa Code or Iowa Administrative Code (IAC) governing assisted living programs. A regulatory insufficiency requires a plan of correction to be presented to, and approved by, the Department of Inspections and Appeals (DIA).

**Plan of Correction** - A written response to one or more regulatory insufficiencies that are rule violations [321 IAC 26.2(5)(a)]. The plan should identify how, and by a specific date, an insufficiency will be corrected. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

**Dementia-specific assisted living program** - An assisted living program certified under 321 IAC - chapter 25 that either serves five or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale or holds itself out as providing special care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

**Overview:**

A complaint investigation on-site visit was conducted at Linden Place Assisted Living on March 5, 2009. In preparing this report, the following information was considered:

**Current Program Census:**

***General Population Program (GPP)**** – A program that is not a Dementia Specific program, but may have tenants with cognitive disorder.

| | |
|---|---|
| Current number of tenants without cognitive disorder: | 30 |
| Current number of tenants with cognitive disorder: | 1 |
| Total Population: | 31 |

***Dementia Specific Program (DSP)**** – Not applicable.

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

**Accreditation Status** – Not applicable

**Program History** – There have been no substantiated Regulatory Insufficiencies during this certification period.

**Complaint Investigation** – The complaint investigator(s) made the observations detailed in the following areas.

**A. Food Service** – Program shall provide or coordinate with other community providers to provide hot or other appropriate meal(s) at least once a day or make arrangements for the availability of meals. Menus shall be appropriately planned. If applicable, therapeutic diets shall meet all requirements. Food preparation personnel shall meet all requirements. [321 IAC 25.32]

Complaint Allegation: It is alleged the kitchen is not clean. Staff serving food are not wearing gloves, if food drops onto the table pick the food up with their finger, eat it and then go back to serving without washing their hands. Staff touch food when they are serving food to tenants. There is no hand washing.

- Monitoring Observation: Three staff and two tenants were interviewed. Staff #1 stated staff were "very" careful not to touch the food. Staff stay behind the counter where kitchen staff from the nursing facility "dish up" the food and staff take it to the tenants. Staff #1 stated she had been trained, as other staff had, on food preparation and serving food. Staff never touch the food and always wash their hands before and after serving.

  Staff #2 stated she received training on food handling, "went through a book," and was trained by kitchen staff. If food is dropped on the counter, floor or somewhere other than the plate, it is thrown away. Staff wash their hands prior to serving and after finishing. A review of program files indicated the dietary manger had ServSafe certification.

  Staff #3 stated she was trained on food preparation and food handling and attended "a number of in-services." Staff wash their hands before and after serving food to tenants. The "prep" kitchen is clean and staff do not eat in the kitchen. If food is spilled, it is thrown away.

  Tenant #3 stated he/she had seen the kitchen and it was clean. "Everything is clean and bright." The dining room is clean, the dining tables are set up nicely, the food is good and staff who serve food are clean and dressed appropriately. If food is dropped, it is immediately thrown away.

  Tenant #4 stated the program is always clean, the dining room is neat and clean and the kitchen appears to be clean. Staff have clean hands and fingernails and are dressed appropriately.

  During the on-site a monitor observed staff serving lunch. The kitchen was clean, all surfaces appeared clean. Staff were observed washing their hands before and after serving lunch; however, staff did not wear gloves when serving uncovered food to tenants.

  Program records indicated the County Health Department conducted a food service/restaurant inspection on 2-18-09. Inspection notes indicated "overall all sanitation is in good compliance at time of visit. Drain under ice machine needs a thorough cleaning, drain has some lime build-up." Program records indicated the drain was cleaned on 2-19-09. A random sampling of three staff files indicated Staff #2, Staff #4 and Staff #5 had completed a sanitation and food safety within the last 12 months.

- Regulatory Insufficiency: None noted.

**B. Staffing** - The provisions of this section address the program's staffing and training practices and associated documentation in responding to the identified needs of the tenant. [321 IAC 25.33]

Complaint Allegation: It is alleged staff are required to change a tenant's catheter without training. The program does not have Certified Nursing Assistants (CNAs) and staff are required to do things they are not trained to do.

- Monitoring Observation: Three staff and two tenants were interviewed. Staff #1 stated she received training on catheter care from the Registered Nurse (RN). She received four days of training on medication administration with the RN and shadowed a staff person for three to four days. The RN observed her administering medications to tenants. She received class room training on personal and health related cares with the RN. The RN demonstrated a procedure and then staff demonstrated back to the RN. There are monthly in-services on elder care, including elder abuse and personal and health related cares.

  Staff #2 stated the RN provided training on catheter care, provided handouts and demonstrated the procedure with staff demonstrating back to the RN. The RN provided training on medication administration with the RN demonstrating the process staff demonstrating back to the RN. Staff #2 stated she was hired on 2-23-09 and did not provide personal and health related cares as she was recently hired. Program records indicated Staff #2 was hired 2-23-09. Staff #2 stated she went through orientation. The RN trained, demonstrated the procedures and staff demonstrate back to the RN.

  Staff #3 stated she had worked at the program for the past six years. Program records indicated she was hired 3-5-03 and has received updates on staff training of personal, health related cares and medication administration procedures. The RN shadowed staff so staff could demonstrate "their ability." Training was given to staff on specific needs of tenants. There were monthly in-services where staff sign in when they attend.

  Files for Staff #2, Staff #4 and Staff #5 indicated staff attended a skill review of medication management, with the date, staff and RN signature, orientation and skills check sheet including personal and health-related cares, with signatures of the RN and the staff person receiving the training. Program files revealed nursing guidelines for Foley catheter managements given to staff for training purposes, along with a sign in sheet of staff who attended the training on 12-4-08.

  Tenant #1 and Tenant #2 were interviewed. Tenant #1 received Foley catheter care from the program. Tenant #2 is Tenant #1's spouse. Both stated staff are kind, friendly and patient, staff are "trained to care for me." Both stated they never have to explain to staff what needs to be done. Staff seem to know what they are doing with my cares and catheter care.

The RN stated staff are given videos on medication management, personal and health-related cares. The RN does verbal and hands on demonstration of personal and health related cares. Staff attend monthly in-services with documentation of their attendance and are given annual skills training with return demonstration.

Iowa Administrative Code Chapter 25 for assisted living program does not require assisting living programs to have Certified Nursing Assistants.

- Regulatory Insufficiency: None noted.

Dated this 23rd day of March, 2009.