IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 38756-C

May 9, 2012

Ms. Christina Bricker, Housing Director
Summit Pointe Senior Living Community
3505 English Glen Avenue
Marion, IA 52302

RE: Final Complaint/Incident Investigation Report – Summit Pointe Senior Living Community, Marion, IA

Dear Ms. Bricker:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of May 1, 2012, completed by the Department of Inspections and Appeals ("DIA") in accordance with Iowa Code chapter 231C and Iowa Administrative Code ("IAC") chapters 481—67 and 481—69. **No Regulatory Insufficiencies were identified.**

If you have any questions regarding the enclosed Report, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Complaint/Incident Investigation Report

Assisted Living Program: **Complaint/Incident Intake #:** 38756-C

Christina Bricker, Housing Director
Summit Pointe Senior Living Community
3505 English Glen Avenue
Marion, IA 52302

Date of Complaint/Incident Investigation:

May 1, 2012

Monitor(s):

Stephanie Cummins, MA
Margaret Kaltefleiter, RN MS

Definitions: ***The following definitions are relevant:***

Assisted Living Program – A program certified under 481 IAC 69 that provides housing with contracted services to three or more tenants in a physical structure that provides a homelike environment. Services may include but are not limited to health-related care, personal care, and assistance with instrumental activities of daily living. A General Population Program is an Assisted Living Program that is not dementia-specific but may have tenants with cognitive disorder.

Dementia-Specific Assisted Living Program - An assisted living program certified under 481 IAC 69 that serves fewer than fifty-five (55) tenants and has five (5) or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale (GDS), or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the GDS, or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Regulatory Insufficiency - A violation of a statutory or rule provision within the Code of Iowa (2011) or the 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 statutory or rule violations. The plan should identify how and by what date each regulatory insufficiency will be corrected, and what measures will be taken to ensure the problem does not recur. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint/Incident Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Overview: ***In preparing this report, the following information was considered:***

Current Program Census

Assisted Living Programs are defined by the type of population served. The census numbers below were provided by the Program at the time of the on-site visit.

General Population Program	
Number of tenants without cognitive disorder:	90
Number of tenants with cognitive disorder:	8
Total Population of Program at time of on-site	98
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	1
Number of tenants with cognitive disorder:	12
Total Population of Program at time of on-site	13
TOTAL census of Assisted Living Program	111

Program History – The program received a regulatory insufficiency in the area of medication during the Recertification and Incident (30743-I) on-site visit of March 22, 2011. During the January 4th and 5th Complaint on-site (37243-C), the program received regulatory insufficiencies in the areas of :medications, evaluations and service plans.

Complaint/Incident Investigation – The Complaint/Incident investigator(s) made the observations detailed in the following areas:

A. Food Service

Complaint/Incident Allegation: It was alleged there were concerns with food temperatures, quality of the food, sanitation, and proper food preparation techniques. It was alleged there was a lack of variety of foods and complaints were voiced regarding the food and nothing was done.

- Monitoring Observation:

  The Program had a current Food Service/Restaurant License with an issue date of 12-12-11 and an expiration date of 12-12-12. The Chef was a Certified Food Safety Manager. The Food and Service Director indicated her ServSafe was due for renewal, she was signed up for the online class renewal and was completing the testing that week. Staff #1 had a current Servsafe Certification that had an expiration date of 12-11-12. Menus and food temperature records were provided upon request.

  Staff #2, #3, #4, #5 and #6 were all dietary staff and had documented training on sanitation and safe food handling.

The Chef was interviewed. He said the menus were reviewed by a dietician and the menus met the recommended daily dietary allowances. There were no therapeutic diets. Kitchen sanitation was monitored daily and current sanitation practices were appropriate. He said there was enough variety of foods and staff served tenants appropriately. The hot foods were hot when they were served to the tenants. He said the food quality from the food vendor was good 99% of the time. One time the ribs were charred and there were no other items brought to his attention that were burned. If issues were brought to his attention the issues were addressed very quickly. Some of the changes included bowls and dishes were heated up, job duties were re-arranged and another server was also added to the smaller dining room. He said administrative staff listened to concerns and there was a weekly meeting with management staff and he also attended the food meetings. Anytime there was an issue presented by a majority of tenants, they made changes to the menu or a recipe, according to the Chef.

The Food and Service Director was interviewed. She said the menus met the recommended daily dietary allowances. She said the current sanitation practices were appropriate. There were lots of food options and there was enough variety of foods. Staff served the tenants appropriately and the hot foods were hot when they were served to the tenants. She said the things they did not feel were quality were sent back to the vendor and gave examples of fruits, vegetables and a protein one time that was sent back. She was not aware of any food that had been served burnt or inedible. She said if the tenants did not like the food they would return it. The Food and Service Director said if issues regarding food had been brought to her attention they were addressed immediately. She said administrative staff listened to concerns regarding food issues that were brought to their attention.

The Housing Director was interviewed. She said the Chef created the menus and sent them for review prior to being printed. He looked at portion sizes for inclusion on the production sheets. She said there were no therapeutic diets and the menus met the daily dietary requirements. She said sanitation of the kitchen was completed through an internal audit form that included temperatures, walk in freezer temperatures, and cleanliness of the refrigerator and storage areas. Dates and labels were used on food products. She observed hand washing of kitchen staff members and the nurses taught proper hand washing. She said the Food and Service Director enhanced the dining experience and trained servers. She said she believed the current sanitation practices were appropriate. She said there were a good variety of foods and staff served tenants appropriately. She said hot foods were hot when served to the tenants and they struggled to find solutions due to the varying cognitive abilities of tenants so tables were rotated as to when each table was served. She described the quality of the food as good to excellent, saying that sometimes produce was sent back to the vendor. She stated foods had not been served burnt or inedible but there was one time when a tenant was served a chicken thigh that was not cooked all the way through so she pulled two plates that had been served to tenants. Since there was not enough time to cook the chicken further, the chicken was pulled from the line and another meat was served as a substitute. She said issues that had been brought to her attention included the soup not being hot enough so the soup temperatures were increased. She still received complaints about the soup temperature so the porcelain bowls were heated in roasters before being served to maintain the soup temperature. One time she was informed by two tenants that the quality of food had decreased so she assigned the Food and Service Director to go around to each table and ask tenants if the food was

okay. In March she invited tenants to a luncheon where she asked for suggestions on areas that needed improvement. In May she planned to hold a follow up meeting. She has also asked team managers to be present in the dining room during meals. New changes that had been implemented were a restructured kitchen, a Food and Service Director responsible for staffing and the Chef focused on the quality of the food. She said administrative staff listened to concerns that were brought to their attention.

On 5-1-12 the monitors tasted several items from the lunch menu. Items sampled included a BBQ pork loin sandwich with a white bun, turkey vegetable soup, red potatoes and zucchini. The temperature of all items served was appropriate. The quality of the food was good and it was cooked appropriately. The food was appetizing and there was seasoning on the potatoes. The meat was very tender and was easy to chew. There were no concerns identified in the lunch menu items that were sampled.

The lunch meal was observed in the dining room on 5-1-12. Several items were provided on each table including salt, pepper, a seasoning blend, a variety of flavored creamers, ketchup, sugar, artificial sweetener and crackers. At the lunch meal five different entrées were observed and appropriate sanitation practices were followed. The dining room had a nice environment. There appeared to be adequate servers and the Food and Service Director was in the dining room and she helped served.

A meeting with 24 tenants and two tenant interviews were held. The tenants described the food as very good, excellent and generally better. The majority of the time the temperature of the food was appropriate and if needed it could be sent back to be heated. Most of the tenants said there was enough variety. Staff served the tenants appropriately and they did not express any concerns with sanitation. The tenants said recently a seasoning blend was added to the tables and seasonings were available if they wanted to season the food. They described the quality of the food as adequate, very good, overall good and not always high quality. The tenants said there were food council meetings and the majority of tenants said administrative staff followed up on concerns. Examples of the follow up included the seasoning blend at the tables and soups and starters were posted. One instance of a burned chicken was brought up; however, it occurred once and had been good since then. A tenant said having the Food and Service Director in the dining room had made a big difference.

Food council meetings minutes for the last four months were reviewed. The minutes addressed food issues, responses to address those issues, announcements, changes and reminders.

The Program had at least one person responsible for food preparation who had a current state-approved food protection program. Dietary staff had food sanitation and safe food handling training. The Program had a current food license. The Program did not have any therapeutic diets and a dietician reviewed the menus. The Chef, the Food and Service Director and the Housing Director said the menus met the recommended daily dietary allowances. The Program had monthly food council meetings. An observation of the lunch meal did not reveal any concerns. The monitors sampled lunch menu items and did not identify any concerns. A meeting

with the tenants indicated the majority of the tenants did not express any concerns with the food or meal service.

- Regulatory Insufficiency: None noted.