IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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KIM REYNOLDS
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RODNEY A. ROBERTS, DIRECTOR

July 11, 2013

Ms. Heather Frank, AL Director
Edgewater Assisted Living
9250 Cascade Avenue
West Des Moines, IA 50266

RE: Final Recertification Monitoring Evaluation Report – Edgewater Assisted Living, West Des Moines, IA

Dear Ms. Frank:

Enclosed is the **Final Recertification Monitoring Evaluation Report** 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.

DIA has completed the review of your Plan of Correction (POC) in response to the **Preliminary Recertification Monitoring Evaluation Report**. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiencies, DIA accepts your POC. The Final report is enclosed.

The review of the recertification documents you submitted has been completed and the documents are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Enclosed you will find the Assisted Living Program Certificate **S0296** with effective dates of **September 2, 2013** through **September 1, 2015**.

If you have any questions in regard to this certification, please contact me at 515/281-7039.

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Heather Frank, Assisted Living Director
Edgewater Assisted Living
9250 Cascade Ave.
West Des Moines, Iowa 50266

Complaint/Incident Intake #:

43752-C

Date of Recertification and Complaint/Incident Investigation:

May 22, 2013

Monitor(s):

Maribeth Freland RN
Joyce Kix RN

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:	27
Number of tenants with cognitive disorder:	1
Total Population of Program at time of on-site	28
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	0
Number of tenants with cognitive disorder:	16
Total Population of Program at time of on-site	16
TOTAL census of Assisted Living Program	44

Program History – The program had no regulatory insufficiencies this certification period.

Tenant/Family Satisfaction Results – A community meeting was held with 9 tenants in attendance. The tenants reported general satisfaction with the program. They reported respectful staff interaction and timely response to calls made using emergency pendants. The tenants reported the food served by the program was routinely cool when it should be hot and expressed dietary sanitation concerns. The tenants reported a belief that staff members serving meals did not always appear well trained. The tenants reported the provision of scheduled activities plentiful. They reported the program's environment to be clean and safe, acknowledging they would recommend it to others.

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 the program served cold food of poor quality. It was alleged staff members did not use gloves or a barrier when touching unwrapped foods before serving the foods to tenants. It was alleged a tenant found an insect in his/her salad.

- Monitoring Observation: The monitors performed a group interview with 9 tenants in attendance. The tenants reported staff members do not routinely wear head coverings when serving meals to tenants and did not routinely wear gloves or use a barrier when touching cookies, bars and breakfast bread products (i.e. toast and English muffins). The tenants expressed concerns that not all staff members serving meals appeared to be appropriately trained. The tenants reported the meat, potatoes and vegetables were often served too cold to taste palatable. One tenant reported he/she found an insect in

a salad served by the program and others reported on occasion finding human hair in food cooked by the program. All tenants believed the quality of food to be good, noting the program provided a variety of meats, vegetables and fruits. All tenants believed the program offered multiple choices of food items to choose from during meals.

The program served all meals restaurant style, offering breakfasts cooked to order from a restaurant style menu. The program offered lunches to include two special entree meals available each day which could be supplemented or replaced with other items cooked to order after chosen from a restaurant style menu. The program maintained written four week scheduled menus, which were rotated to provide the special entrees offered to the general population tenants. The program offered dinners cooked to order from a restaurant style menu.

The monitors observed the following:

While accompanied by the Food and Beverage Director, the tour of the main kitchen used to prepare lunches and dinners for tenants residing in the general population area of the assisted living. Most coolers located in the kitchen had visible residue on the interior walls of the appliances. All lettuce and other produce were stored in walk in coolers located in the main kitchen. The program prepared all iceberg lettuce as needed from fresh lettuce heads. The program used bagged romaine lettuce and bagged spinach. The monitor noted an opened bag of romaine lettuce located in the walk in cooler. The romaine bag had not been secured after opening, resulting in the bag to be open to the air. The monitor did not observe any foreign objects or insects inside the opened bag. The monitor noted a steam table half pan filled with water and fresh chicken thighs. The container of chicken thighs was labeled to expire two days prior to the tour. The Food and Beverage Director concurred the chicken thighs should have been discarded two days ago and the Director immediately discarded the chicken thighs. The monitor noted opened bags of frozen meat patties and hot dogs located in a freezer. The bags of meat patties and hotdogs had not been secured after opening, resulting in the meats to be open to the air. The monitor noted four large plastic containers of tomato basil soup and beef barley soup sitting out at room temperature three hours before the lunch meal. The Food and Beverage Director reported the soups had been prepared and chilled the night before and were "warming up" for the lunch service.

Breakfast was served to tenants residing in the general population area from a kitchen located just off of the assisted living dining room. Staff #4, dietary staff, wore a head covering while in the kitchen and prepared each meal cooked to order following each tenant chose items from the restaurant style menu. Staff #4 wore gloves when touching breakfast toast and English muffins. The kitchen had a juice dispenser that had copious amounts of sticky residue located on the spouts where juice is dispensed and the coffee dispenser had visible residue located on the exterior walls of the dispenser but otherwise appeared to be sanitary in appearance. All foods were stored in a safe and sanitary manner in the assisted living dining room kitchen.

Lunch was served to tenants residing in the general population area from a main kitchen located in a separate part of the building. Specials for the lunch meal were written on a board located in the assisted living dining room. The specials offered

Chicken breast with mashed potatoes or barley with mushrooms, Tortellini with marinara sauce, bread sticks, brussel sprouts, beef barley soup, tomato basil soup and pumpkin pie. Each tenant also had access to a restaurant style menu to choose from as well. After each tenant ordered a meal, the request was sent to the main kitchen via an electronic system. The main kitchen dietary staff wore a head covering while in the kitchen area and used gloves when preparing foods requiring touching of unwrapped foods. All food items used for the specials were checked for temperatures immediately prior to lunch service, reaching well above the required 145 degrees. The foods were kept in an oven warmer or in a steam table. The main kitchen dietary staff printed each tenants' ticket from the electronic system and prepared a plate containing each tenants' request, using plates removed from a plate warmer. After the plate was prepared, the staff put the plate underneath a warmer to rest. The assisted living staff members came to the main kitchen to take three meals at a time to the assisted living dining room on a tray using tray covers. The assisted living staff members wore head coverings while carrying the plates. No meal sat under the warmer longer than three minutes during the lunch service. The chef prepared fried shrimp, carrots, hamburgers, patty melts and specialty salads during the lunch meal as ordered by tenants from the restaurant style menu as well as served from the special entrée offerings. All tenants interviewed in the assisted living dining area during the lunch meal indicated their meal was palatable and hot when served.

Lunch was served to tenants residing in the secured memory care unit from a kitchen located within the unit. Staff #2, dietary staff, cooked one meal, which included baked fish, rice pilaf, green beans and cake. Staff #2 did not follow any scheduled menu, indicating she decided day to day what to fix for the tenants residing in the memory care unit. All food items were checked for temperatures immediately prior to lunch service, reaching well above the required 145 degrees. Staff #2 wore a head covering while cooking and serving the meal and wore gloves while preparing food items and setting the tables with dishware. Staff #2 did not serve green beans to two tenants, indicating the tenants either did not like green beans or could not chew the green beans. Staff #2 did not serve either tenant an alternate vegetable or similar food item to replace the green beans. The kitchen had a juice dispenser that had sticky residue located on the spouts where juice is dispensed. The floors in the food preparation area and the dining area were sticky when walked on. All foods were stored in a safe and sanitary manner in the memory care unit kitchen.

During interview, the Food and Beverage Director reported the staff member cooking meals in the memory care unit is able to request any alternate food item identified on the restaurant style menus used by tenants in the general population area or any item from the special entrees served each day to replace a food item should a tenant not like a food item or is unable to eat a food item that is part of the meal served in the memory care unit.

Upon review of personnel files the monitors noted the following:

Staff #1, a resident assistant was hired on 10-31-09. The personnel record documented training in food safety occurred 12-8-11 and not again until 1-14-13. This exceeded the requirement for annual training.

Staff #2, a dietary cook, was hired 9-5-10. The personnel record documented training in food safety occurred 12-1-11 and not again until 1-14-13. This exceeded the requirement for annual training.

Staff #3, a certified nurse aide, hired 11-1-10 was observed serving food on 5-22-13 in the memory care unit. The personnel record documented training in food safety occurred 11-2-10 and not again until 11-12-12. This exceeded the requirement for annual training.

The Assisted Living Director, hired 7-6-09 was observed serving food on 5-22-13 in the memory care unit. The personnel record documented training in food safety occurred 12-1-11 and not again until 1-14-13. This exceeded the requirement for annual training.

The program offered a variety of choices to tenants during breakfast, lunch and dinner. Tenants denied concerns with food quality. During the on-site visit, all staff members working in the food preparation areas wore head coverings and used gloves when touching unwrapped food items. The tenants expressed concerns that staff members serving meals (carrying plates from the kitchen to the dining room) did not wear head coverings. The monitors observed all staff members carrying plates or trays wore head coverings during the on-site visit; however, Chapter 137F does not required head coverings for servers as long as they are not entering the food preparation area. The temperatures of the food items served in both the memory care unit and the assisted living unit met Chapter 137F requirements for food temperatures; however, tenants did indicate foods were often cold when reaching their tables. The system used by the program for delivery of meals to the general population tenants worked during the on-site visit but may not have worked in the past to get hot food delivered to the tenants. The allegation of cold food during meals was not identified during the on-site; however, this does not mean this had not occurred in the past. The monitors were unable to recreate a situation to determine past non-compliance.

The monitors did identify sanitation concerns in all three kitchens, noted the memory care tenants were not being served meals from a scheduled menu; therefore, compliance with the recommended dietary allowances could not be assured by the program or identified by the monitors as being met. The monitors noted staff members did not always received training related to food safety and sanitation at least annually.

- Regulatory Insufficiency: Menus shall be planned to provide the following percentage of the daily recommended dietary allowances as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences based on the number of meals provided by the program: (c) One hundred percent if the program provides three meals per day. (IAC r. 481-69.28(3)(c))

- Regulatory Insufficiency: 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 an annual in-service training on food protection. (IAC r. 481-69.28 (5))

- Regulatory Insufficiency: Programs engaged in the preparation and service of meals and snacks shall meet the standards of state and local health laws and ordinances pertaining to the preparation and service of food and shall be licensed pursuant to Iowa Code Chapter 137F. (IAC r. 481-69.28(6))

The following was identified during the recertification on-site visit:

B. Medications

- Monitoring Observation: The following medication discrepancies were identified:

Tenant	Medication	Physician Order	Discrepancy
#1	**Namenda**	**10 milligrams (mg) daily**	**Dosage omitted 4-8-13 with no reason noted**
#2	**Seroquel**	**25 mg in morning**	**Transcription error resulted in a dosage of 37.5 mg administered from mid January to 4-3-13**
#3	**Alprazolam**	**0.5 mg**	**Tenant did not have an order for this medication and was administered a dose on 4-9-13 in error**
#6	**Lorazepam**	**0.25 mg**	**On 5-19-13 the tenant was administered 0.5 mg of Lorazepam intended for another tenant**

- Regulatory Insufficiency: When medications are administered traditionally by the program, the administration of medications shall be provided by a registered nurse, a licensed practical nurse or advanced registered nurse practitioner registered in Iowa or by unlicensed personnel in accordance with requirements in 655-Chapter 6 governing nurse delegation. (IAC r. 481-67.5(6) a)