IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

October 30, 2013

Ms. Nona Sawyer, Manager
Southcrest Manor II Assisted Living
602 2nd Street SW
Waukon, IA 52172-2242

RE: Final Recertification Monitoring Evaluation Report – Southcrest Manor II Assisted Living, Waukon, IA

Dear Ms. Sawyer:

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 **S0221** with effective dates of **November 16, 2013** through **November 15, 2015**.

If you have any questions in regard to this certification, please contact me at 515/281-4116.

Sincerely,

Jim Berkley

Jim Berkley
Program Coordinator
Adult Services Bureau

Enclosure

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Recertification Monitoring Evaluation Report

Assisted Living Program:

Nona Sawyer, Manager
Southcrest Manor II Assisted Living
602 2nd St. SW
Waukon, Iowa 52172-2242

Date of Monitoring Visit:

August 12, 2013

Monitor(s):

Maribeth Freland 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 were provided by the Program at the time of the on-site.

General Population Program	
Number of tenants without cognitive disorder:	15
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	15
TOTAL census of Assisted Living Program	15

Tenant/Family Satisfaction Results – A community meeting was held with 8 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 palatable and the provision of scheduled activities plentiful. They reported the program's environment to be clean and safe, acknowledging they would recommend it to others.

Program History – The program received a regulatory insufficiency related to staff training for food service and dependent adult abuse mandatory reporter training, completion of required criminal history, dependent adult abuse and child abuse history checks and tenant rights during the course of the recertification monitoring visit completed on 8-12-13.

On-Site Monitoring Evaluation – The monitor(s) made observations detailed in the following areas.

A. Tenant Rights

Monitoring Observation: The program's occupancy agreement included a section titled Health Care Services. This section required all tenants to accept a minimum service package through the program's service provider. The minimum service package included a weekly skilled nurse visit, bi-weekly home health aide visits for personal care assistance and bi-weekly homemaker services for laundry and apartment cleaning. All tenants were required to pay for the minimum service package even in the event that a tenant chose not to receive the minimum services.

The program utilized a home health agency to provide the health care services to program tenants. The program provided fee for service visits and billed such services to each tenant privately or to Medicaid or Medicaid waiver programs when tenants qualified for such programs. Billing a tenant or a third party payor for services not provided would be considered fraudulent.

Regulatory Insufficiency: All tenants have the right to receive care, treatment and services which are adequate and appropriate. (IAC r. 481-67.3(2))

B. Food Service

Monitoring Observation: The program identified the Head Cook is responsible for training all program employees in food safety and sanitation. This responsibility included staff that routinely or on occasion assisted with serving meals to tenants residing at the program. The program kitchen staff members routinely prepared all food for tenant meals and routinely served program tenants. All home health aides helped with serving of tenant meals as needed. After review of employee personnel files, the monitor identified the following:

Staff ##1, a home health aide, had a hire date of 10-22-90. Staff #1's personnel file included documentation of food safety and sanitation training on 12-16-10 and 4-3-13. Staff #1's personnel file lacked documentation of food safety and sanitation training during 2011 and 2012. Staff #1 currently worked at the program and assisted with serving program tenant meals when needed.

Staff #5, home health aide, had a hire date of 7-17-12. Staff #5's personnel file lacked documentation of any food safety and sanitation training. Staff #5 currently worked at the program and assisted with serving program tenant meals when needed.

Staff #6, home health aide, had a hire date of 4-18-12. Staff #6's personnel file included documentation of initial food safety and sanitation orientation completed on 4-3-13, one year after Staff #6 began working for the program. Staff #6 worked for one year serving program tenant meals when needed without any food safety and sanitation training prior to working with food.

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))

C. Dependent Adult Abuse Mandatory Reporter Training

Monitoring Observation: The program hired all dietary and maintenance employees directly. After review of staff member personnel files, the monitor identified the following:

Staff #2, a maintenance worker/fill in cook, had a hire date of 6-15-12. Staff #2 initially worked in maintenance of the property, including tenant apartments. On 6-16-13 Staff #2 also began filling in as a cook, preparing and serving tenant meals when needed. Staff #2's personnel file lacked documentation of the required two hours of dependent adult abuse mandatory reporter training within six months of hire. During interview, the Head Cook reported Staff #2 had never taken the required two hour course for dependent adult abuse mandatory reporter training.

The Head Cook had a hire date of 1-2-06. The Head Cook's personnel file contained documentation of the required two hours of dependent adult abuse mandatory reporter training on 3-8-06.

The personnel file lacked any further documentation of the training. During interview, the Head Cook reported her mandatory reporter training had expired and she had not taken the training course since 3-8-06.

During interview, the program Manager reported she had never been made aware of the requirement for two hours of dependent adult abuse mandatory reporter training within six months of hire and every five years thereafter.

Regulatory Insufficiency: A person required to report cases of dependent adult abuse pursuant to section 235B.3, other than a physician whose professional practice does not regularly involve providing primary health care to adults, shall complete two hours of training relating to the identification and reporting of dependent adult abuse within six months of initial employment or self-employment which involves the examination, attending, counseling, or treatment of adults on a regular basis. The person shall complete at least two hours of additional dependent adult abuse identification and reporting training every five years. (IAC r. 235B.16.5.b)

D. Record Checks

Monitoring Observation: The program hired all dietary and maintenance employees directly. After review of staff member personnel files, the monitor identified the following:

Staff #2, a maintenance worker/fill in cook, had a hire date of 6-15-12. Staff #2 initially worked in maintenance of the property, including tenant apartments. On 6-16-13 Staff #2 also began filling in as a cook, preparing and serving tenant meals when needed. Staff #2's personnel file lacked documentation of the required criminal history, dependent adult abuse history or child abuse history checks prior to or during her employment.

Staff #3, a maintenance worker, had a hire date of 5-28-13. Staff #3 worked in maintenance of the property, including tenant apartments. Staff #3's personnel file included a history check for trial results completed through a website which searched for Staff #3 in the Iowa court system. The trial search referenced multiple traffic violations, and two alcohol related offenses. Staff #3's personnel file lacked further criminal history checks through the state's single contact repository to determine Staff #3's actual criminal history prior to or during his employment. The personnel file lacked documentation of the required dependent adult abuse history or child abuse history checks prior to or during his employment.

During interview, the program Manager reported she had never been made aware of the requirement for criminal history, dependent adult abuse and child abuse history checks for the kitchen and maintenance staff members directly hired by the program. The program Manager had never heard of the state of Iowa's single contact repository and did not understand why the monitor was requiring the above stated history checks to be completed.

Regulatory Insufficiency: Pursuant to Iowa Code section 135C.33, a prospective employee of a program shall have a criminal history check, dependent adult abuse check, and child abuse check performed before the prospective employee begins work. If a prospective employee has a criminal history or an abuse history, the prospective employee shall not be employed by the program unless the department of human services has performed an evaluation and determined that the record does not warrant the employment prohibition. Proof of the pre-employment background check shall be maintained in the program's employee file. The program must meet all requirements of the Iowa Code section 135C.33 and administrative rules adopted pursuant to Iowa Code section 135C.33. (IAC r. 481-67.9(3))