IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

January 17, 2014

Ms. Jody Morrison, Administrator
Valley View Assisted Living
150 W. Washington Street
North English, IA 52316

RE: Final Recertification Monitoring Evaluation Report – Valley View Assisted Living, North English, IA

Dear Ms. Morrison:

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, following a survey by DIA on **January 9, 2014.** The Report notes a Regulatory Insufficiency in the area(s) of: Food Service.

Each Regulatory Insufficiency requires that the Program submit a written Plan of Correction (POC).

In preparing the POC, please use the tenant identifiers from the Report, i.e. Tenant #1, when reference is made to specific tenants. If your response includes a specific tenant's assessment or service plan, it is the Program's responsibility to conceal the tenant's name in order to maintain the tenant's anonymity. Your response shall include the following:

1. Elements detailing how the Program will correct each regulatory insufficiency.
2. What measures will be taken to ensure the problem does not recur.
3. How the Program plans to monitor performance to ensure compliance.
4. The date by which the regulatory insufficiency will be corrected.

Please note that all regulatory insufficiencies must be **corrected within 30 days of the date of the exit conference**; however, there may be situations where the timeframe may be shortened or lengthened, at the discretion of the department.

The POC must be submitted to DIA within ten (10) working days of receipt of this letter. It may be necessary for DIA to revisit the Program to confirm progress in fulfilling the POC's corrective measures.

As provided by IAC rule 481-67.14, you are afforded one opportunity to refute cited regulatory insufficiencies through the informal conference process. A request for an informal conference must be made within 20 working days of the notice or service of this letter and the final report. Please refer to rule 67.14 for more information.

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.

Also enclosed you will find the Assisted Living Program Certificate **S0185** with effective dates of **January 21, 2014** through **January 20, 2016**.

If you have any questions in regard to this report, 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 Monitoring Evaluation Report

Assisted Living Program:

Jody Morrison, Administrator
Valley View Assisted Living
150 W. Washington Street
North English, IA 52316

Date of Monitoring Visit:

January 9, 2014

Monitor(s):

Stephanie Cummins, MA

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:	11
Number of tenants with cognitive disorder:	1
Total Population of Program at time of on-site	12
TOTAL census of Assisted Living Program	12

Tenant/Family Satisfaction Results –A community meeting with 10 tenants was held. Housekeeping services were provided to their satisfaction. Maintenance issues were addressed quickly and laundry was returned promptly. There were no concerns with housekeeping, laundry or maintenance. Nursing services were available and staff responded quickly if tenants requested assistance. The tenants described staff as excellent, great and very caring. Staff treated the tenants well and knew what services to provide. Staff was trained to provide those services. There were no concerns with staffing or services. The tenants liked the food and said cold foods were served cold. Hot foods were served hot the majority of the time. There was one instance where liver was served and was not hot; however, it was warmed up. The quality of the meat was good and there were no concerns or complaints regarding the food. There were enough activities offered and they enjoyed cards and Bingo. They did not provide any suggestions for additional activities. Staff assisted tenants to and from activities if needed and the tenants received an activity calendar. They felt safe at the Program and made their own decisions. They could go to Administrator with concerns and the Administrator would follow up. The tenants enjoyed the company of the other tenants and said staff was very caring towards tenants. The tenants did not voice concerns about any aspects of the Program.

Program History – During the course of the Recertification visit conducted on January 9, 2014, the Program received a regulatory insufficiency in the area of: Food Service.

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

A. Food Service

Monitoring Observation: The Program was attached by structure to a care center. The Program had a kitchen; however, the kitchen was not licensed. Meals were prepared at the care center, brought over in an insulated cart and served at the Program. The tenants received two meals per day at the Program.

The kitchen area included a refrigerator with freezer, microwave, non-commercial dishwasher, coffee maker, sink and cupboards.

The Dietary Manager had a current ServSafe certificate. There were no therapeutic diets at the Program. The menus were approved by a dietician.

The noon meal was observed. The dining area appeared clean and had a pleasant atmosphere. The kitchen area appeared clean and staff served the tenants appropriately. The food appeared palatable.

The Dietary Manager said dinner and supper came from the dietary center (in the care center) and was brought over in an insulated cart. Staff took the temperature of all hot foods and served the meals family style. She said the food temperatures were appropriate. Dishes were washed in the dishwasher (non-commercial) dishwasher. All pots and pans were washed in the big dishwasher (in the care center). She said left overs were kept in the Program's kitchen until the next meal. Items stored in the Program kitchen included: juices which were made up in pitchers and dated, milk from the care center was stored daily and condiments such as ketchup, mustard, salad dressing and sauces. She said nothing with raw content was kept. There was no preparation completed in the Program's kitchen. A loaf of bread and peanut butter were left there. In the cupboards items that were kept included: soda crackers, dry coffee and creamer/sugar packets. The Dietary Manager said there had been no complaints regarding quality, quantity or temperature of the food.

A tour of the Program's kitchen revealed items in the cupboards including: cocoa in packets and cocoa in a container, tea in packets, creamer marked with a tenant's name, jelly packets, peanut butter packets and a container/bowl with brown sugar covered and marked with a date of 11/13. There were no food items in the freezer. In the refrigerator there were juice concentrates (cranberry, orange and apple). There were juices in pitchers (cranberry, orange and apple). There were individual butter packets and bottles salad dressing, mustard, ketchup, chocolate syrup, syrup and jelly. There was also a pitcher of water, a gallon of chocolate milk and a gallon of milk.

The dishwasher was a front loading non-commercial dishwasher. The Dietary Manager said powder dishwasher soap was used in the dishwasher.

A record of meal temperatures was maintained. Records of refrigerator and freezer temperatures were maintained.

Staff #1, #2, #3 and #4 had food safety training.

A community meeting with 10 tenants was held. The tenants liked the food and said cold foods were served cold. Hot foods were served hot the majority of the time. There was one instance where liver was served and was not hot; however, it was warmed up. The quality of the meat was good and there were no concerns or complaints regarding the food.

There had been no issues with food and illnesses, according to the Administrator.

The Program's kitchen was not licensed and the functions of the kitchen exceeded the parameters allowed without obtaining licensure.

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))