IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

June 10, 2014

Alberta Nedved, RN Director
Summit House Assisted Living Company, LLC
600 1st Street NW
Britt, IA 50423

RE: Final Initial Certification Monitoring Evaluation Report – Summit House Assisted Living Company, LLC, Britt, IA

Dear Ms. Nedved:

Enclosed is the **Final Initial Certification 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 **June 2, 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/emailed to DIA to my attention 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.

Enclosed you will find the Assisted Living Program Certificate **S0336** with effective dates of **July 3, 2013 through July 2, 2015**. This certificate is to be posted in the building for public viewing.

If you have any questions in regard to this 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 Initial Certification Monitoring Evaluation Report

Assisted Living Program:

Alberta Nedved, RN, Director
Summit House Assisted Living Company, LLC
600 1st Street NW
Britt, IA 50423

Date of Monitoring Visit:

June 2, 2014

Monitor(s):

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:

An on-site monitoring evaluation was conducted at [program name] on [date(s)]. 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:	35
Number of tenants with cognitive disorder:	2
Total Population of Program at time of on-site	37
TOTAL census of Assisted Living Program	37

Tenant/Family Satisfaction Results – A community meeting with 19 tenants was held. They stated they liked living at the Program because they were never alone and didn't have to cook or clean. Housekeeping services were completed to their satisfaction and the buildings and grounds were safe, clean and sanitary. Nursing services were available and staff responded within five minutes or less when called for assistance. The tenants stated they received all the services they expected, and more, when they signed their occupancy. Care was described as excellent and staff treated them well, knew what services to provide and was trained appropriately. They liked the food and stated serving sizes were too large. They would like to have an option to have half portions. There was a good variety of meats, vegetables and desserts and food was served at the correct temperature. One tenant suggested the evening meal be served later than currently scheduled and another voiced support of rotated seating at meals. Several tenants requested when barbequed foods are served that the same item be available without barbeque sauce. Staff served the food appropriately. Plenty of activities were offered. One tenant said it would be nice to have a van so they could go on trips but another tenant replied they would be lucky if 10 tenants took advantage of a van. One tenant requested evening activities be offered and another suggested specific activities for male tenants only. The tenants stated they felt safe, made their own decisions, were generally satisfied with the Program and had recommended it to their friends.

Program History – The program received regulatory insufficiencies during the initial certification investigation of June 2, 2014 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: During the onsite tour of the program the monitor noted a Food Service/Restaurant License hanging on the wall in the kitchen serving area. The license reflected an issue date of June 13, 2013 and an expiration date of May 20, 2014.

The Director was interviewed and stated the previous Friday while gathering information for the onsite visit she discovered the food license was expired. She called the Program's Consultant and left a voice message. The Consultant started to look into what happened today. She stated some paperwork went to the owners in another state but their management was through the Consulting Company. She stated she had not completed any renewal paperwork and could not provide proof of renewal payment.

The Consultant was interviewed and stated the Director mentioned to her today that the food license was expired and that the expiration was discovered during the program tour. She asked her supervisor what needed to be done and was told to contact the person listed on the license. She asked the Director if she had seen any paperwork or filled out any paperwork for the renewal and the Director said no. The Consultant's supervisor checked with accounting for proof of payment. It was determined the renewal paperwork was sent to a previous accountant and the renewal had not been completed.

The Program prepared and served meals and did not have a current license as required by Iowa Code chapter 137 F.

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 137 F. (IAC r. 481-69.28(6))