IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

August 19, 2014

Mr. Edward Poush, Administrator
Mayflower Assisted Living
927 1st Avenue
Grinnell, IA 50112

RE: Final Recertification Monitoring Evaluation Report – Mayflower Assisted Living, Grinnell, IA

Dear Mr. Poush:

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 **August 7, 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.

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 **S0071** with effective dates of **April 2, 2014** through **April 1, 2016**.

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

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:	9
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	9
TOTAL census of Assisted Living Program	9

Tenant/Family Satisfaction Results – A community meeting with five tenants was held. The tenants stated living there was like being at home, it was a nice facility and they appreciated the kindness of the staff. Housekeeping was completed to their satisfaction and the buildings and grounds were safe, clean and sanitary. Nursing services were available when needed and staff responded when called within three minutes or less. The care received was described as personal since staff knew the needs of each tenant. The tenants stated they were treated well and staff was very good to them. Staff knew what services to provide and was trained appropriately. The tenants liked the food, were served a variety of meats, vegetables, desserts and foods were served at the correct temperature. The tenants like meals being individualized for them, such as staff knowing their favorite juice and bread choices. Plenty of activities were offered and they enjoyed Bingo and music programs. The tenants stated they felt safe, made their own decisions, were generally satisfied with the Program and recommended it to their friends.

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

A. Food Service

Monitoring Observation: Four personnel files were reviewed.

Staff #1's file was reviewed and there was no evidence of annual in-service training on food protection. Staff #2's file was reviewed and an in-service on Preventing Foodborne Illness was completed on 6-26-12. An annual in-service training on food protection was not completed.

According to the RN Coordinator, Staff #1 and #2 did not have annual in-service training on food protection.

Review of personnel files and an interview with the RN Coordinator indicated annual in-service training on food protection was not completed.

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