IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
(515) 242-5022 Fax

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

August 20, 2014

Mr. Ron Osby, Administrator
Arbor Heights at University
233 University Avenue
Des Moines, IA 50314

RE: Final Recertification Monitoring Evaluation Report – Arbor Heights at University, Des Moines, IA

Dear Mr. Osby:

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 14, 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 recertification process has not been completed. In addition, the State Fire Marshal's (SFM) inspection report has not been received for your program. The certificate will be sent when the process has been completed.

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 Recertification Monitoring Evaluation Report

Assisted Living Program:

Ron Osby, Administrator
Arbor Heights at University
233 University
Des Moines, IA 50314

Date of Monitoring Visit:

August 14, 2014

Monitor(s):

Lori Miner, RN BSN

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:	16
Number of tenants with cognitive disorder:	2
Total Population of Program at time of on-site	18
TOTAL census of Assisted Living Program	18

Tenant/Family Satisfaction Results – A meeting was held with 10 tenants. The best thing about the program was the good help, help available when needed, the independence, and the cost was reasonable. The program was reported to "go above and beyond." Housekeeping was completed to the tenants' satisfaction in apartments and common areas. It was reported the sidewalks were cleared of snow in the winter. Tenants used a call pendant to request assistance. Staff was reported to respond to requests in five to 10 minutes. Staff was available from the attached nursing facility during the overnight hours. Staff members were described as giving good care and staff members were wonderful, kind, and respectful. The food was described as "ok" with second helpings available, and the ability to opt to have meals from the general dining room was seen as positive. The hot foods were served hot. There were enough activities although some tenants would like to see the return of Friday night Bingo, and more outings. Tenants reported feeling safe at the program, were generally satisfied, and would recommend the program to others.

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

A. Food Service

Monitoring Observation: The program reported it did not have a food license. The program reported food for the assisted living program was prepared in the attached nursing facility kitchen which was licensed.

A tour was taken of the assisted living kitchen. The freezer of the refrigerator contained frozen whipped topping and a cake labeled with a tenant's name, frozen pizza and individual pre-packaged frozen dinners.

The refrigerator itself had plastic container dated 8 -8 which had lettuce that was beginning to turn brown. Another container of lettuce was dated 8-12. The containers were multiple-serving size. There were multiple-serving size containers of apple, cranberry and orange juice. There were multiple-serving size pitchers dated and labeled to contain orange juice, lemonade, and iced tea. There was a multiple-serving size container which had been opened containing a high-calorie supplement and labeled with

a tenant's name. There were also squirt bottles of salad dressing, which were not the original containers.

As the surveyor was exiting the program at the end of the day, staff members were observed removing multiple serving size items from the kitchen.

The unlicensed kitchen stored food for tenants as well as multiple-serving size portions of food.

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. The department will not require the program to be licensed as a food establishment if the program limits food activities to the following: (b) Baked goods that do not require temperature control for safety and single-service juice or milk may be stored in the program's kitchen and provided as part of a continental breakfast.
(IAC r. 481-69.28(6)(b))

Regulatory Insufficiency: Tenants may take food items left over from a meal back to their apartments. The program may not store leftovers in the program's kitchen.
(IAC r. 481-69.28(6)(e))