IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
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LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

December 19, 2014

Ms. Gloria Rink, Administrator
Homestead Assisted Living & Memory Care
1709 West Prairie, PO Box 255
Creston, IA 50801

RE: Final Recertification Monitoring Evaluation Report – Homestead Assisted Living & Memory Care, Creston, IA

Dear Ms. Rink:

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 **December 15, 2014.** The Report notes Regulatory Insufficiencies in the area(s) of: Evaluation of Tenant and 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 **S0270** with effective dates of **March 20, 2014** through **March 19, 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

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0270	A. BUILDING: _____ B. WING _____	12/15/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD ASSISTED LIVING & MEMORY C.	1709 WEST PRAIRIE, PO BOX 255 CRESTON, IA 50801

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	481-67 Initial Comments 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: 30 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 30 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 5 Number of tenants with cognitive disorder: 5 Total Population of Program at time of on-site:10 TOTAL census of Assisted Living Program 40 The following insufficiencies were cited during the recertification conducted to determine compliance with certification for an Assisted Living Program:	A 000		
A 037	481-69.22(2) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant ' s functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant ' s continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or	A 037		

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A 037	Continued From page 1 human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the Program received a regulatory insufficiency for failure to complete an evaluation of a tenant's functional, cognitive and health status with a change of condition to determine the tenant's continued eligibility for the Program and to determine any changes to services needed. A tenant expressed suicidal thoughts on a Friday night and was not seen by the RN until Monday morning. Evaluations of function, cognition, and health were not completed, but a change of service, hourly checks, were instituted. Four tenant records were reviewed. The Program identified one tenant on the entrance form who had a history of suicidal ideation. 1. Tenant #2, a 69 year-old, was admitted on 5-14-13 and had diagnoses of: conversion disorder, adjustment disorder with anxiety, chronic pain, general muscle weakness, hypertension, and restless leg syndrome. The clinical notes report with an entry dated 12-5-14 documented Tenant #2 paged staff at 2:15 a.m. and reported feeling sad and having anxiety related to "someone" saying things about Tenant #2, and that no one would like Tenant #2. An "as needed" medication was given for the anxiety.	A 037		

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A 037	Continued From page 2 The clinical notes report with an entry dated 12-5-14 documented Tenant #2 requested to speak to the RN. Tenant #2 "talked about the issue that was mentioned in the prior nurse note." Tenant #2 went on to talk about treatment from staff. The clinical notes report documented Tenant #2 was "very angry and crying" while talking, and talking with a raised voice. The RN encouraged Tenant #2 to calm down. Tenant #2 was encouraged to get his/her "mind off things." A family member was notified and was going to call Tenant #2. The clinical notes report with an entry dated 12-6-14 documented staff had called the RN at 10:00 p.m. on 12-5-14, a Friday night, to report Tenant #2 had made suicide threats. Tenant #2 had called a friend and stated a suicide note had been written. The friend notified the program, and the nurse was contacted. According to the clinical notes report, staff checked on Tenant #2, and Tenant #2 stated "give me my meds and get out." The family member was called. The RN instructed staff to check on Tenant #2 throughout the night. Hourly checks were initiated for safety. In an interview with the RN on 12-15-14 at 3:07 p.m. she stated staff had failed to provide her with written communication to document the incident as described as suicidal thoughts in the clinical notes record. The RN stated she did not see Tenant #2 until the following Monday morning, after instructing the staff to perform hourly checks over the weekend. The RN reported the family member had been called and the family member could talk Tenant #2 "out of things." It was documented in the clinical notes record that Tenant #2 expressed suicidal thoughts on the night of 12-5-14, a Friday night. The RN was	A 037		

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A 037	Continued From page 3 contacted by phone, but did not see Tenant #2 until the following Monday. The RN directed staff to perform hourly checks for safety over the weekend. Evaluations of function, cognition, and health were not completed with a significant change of condition, suicidal thoughts. The RN directed staff to complete hourly checks for the weekend, which were interventions and a change of service, without completing evaluations. Tenant #2 was not evaluated by the RN for danger to self, and Tenant #2's continued eligibility for the Program.	A 037		
A 113	481-69.28(6)f Food Service 481-69.28(231C) Food service. 69.28(6) 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: f. Warewashing may be done in the program ' s kitchen as long as the program utilizes a commercial dishwasher and documents daily testing of sanitizer chemical ppm and proper water temperatures. Verification by the department of these practices may be conducted during on-site visits. This REQUIREMENT is not met as evidenced by: Based on observation and interview the program	A 113		

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A 113	Continued From page 4 did not meet the standards of state and local health laws and ordinances pertaining to the preparation and service of food. The program failed to use a commercial dishwasher for warewashing in the dementia unit. The dementia unit kitchen failed to have a Type 1 hood with suppression for the cooking of greasy foods such as sausage, eggs, and pancakes. 1. On 12-15-14 at 10:20 a.m., a tour of the dementia unit was taken with Staff A. The tour of the dementia unit kitchen revealed a non-commercial dishwasher with a few drinking glasses in the unit. Water was also observed to be present in the dishwasher. Staff A was interviewed during the tour and stated the dishwasher was last used the day before the onsite visit. Staff B was interviewed on 12-15-14 at 10:35 a.m. and stated she last used the dishwasher in the dementia unit three days prior to the onsite visit. The Executive Director was interviewed on 12-15-14 at 10:55 a.m. The Executive Director stated she had been notified by a sister program about a month earlier that a commercial dishwasher was required. The Executive Director stated dishes would be transported from the dementia unit to the main kitchen for washing beginning at noon of the day of the onsite visit. The program was using a non-commercial dishwasher for warewashing in the dementia unit. Despite having knowledge for about a month that a commercial dishwasher was required, the program did not begin using a commercial dishwasher until the day of the onsite visit.	A 113		

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A 113	Continued From page 5 2. On 12-15-14 at 10:20 a.m. a tour of the dementia unit was taken with Staff A. An electric skillet was observed to be present on the counter in the dementia unit kitchen. Grease was present in the skillet and grease splatters were present on the counter. Staff A was interviewed during the tour and stated sausage and eggs had just been prepared for a tenant. Staff A confirmed there was no vent hood present. Staff B was interviewed on 12-15-14 at 10:35 a.m. and stated the electric skillet was used to prepare breakfast daily and included sausage, eggs, or pancakes. Staff B confirmed there was no vent hood present. The Dietary Manager was interviewed on 12-15-14 at 10:46 a.m. and stated she began employment with the Program in August, and sausage, eggs, and pancakes had always been prepared in the dementia unit kitchen. The Dietary Manager confirmed there was not vent hood in the dementia unit kitchen. After concerns were raised by the monitor during the onsite visit, the Executive Director stated she had removed the electric skillet from the dementia unit kitchen. The Program had been utilizing an electric skillet to cook sausage, eggs, and pancakes in the dementia unit for several months. The dementia unit kitchen was not equipped with a vent hood of any kind.	A 113		

Homestead Assisted Living & Memory Care – Creston, IA
Plan of Correction following Recertification Monitoring Visit 12/15/14

12/31/2014

RI #1 - A 037 481-69.22(2) Evaluation of Tenant

Based on record review and interviews, the Program received a regulatory insufficiency for failure to complete an evaluation of a tenant's fuctional, cognitive, and health status with a change of condition to determine the tenants's continued eligibility for the Program and to determine any changes to services needed. A tenant expressed suicidal thoughts on a Friday night and was not seen by the RN until Monday morning. Evaluations of function, cognition, and health were not completed, but a change of service, hourly checks, were instituted.

1) **Moving forward, if a tenant expresses suicidal ideation, staff will notify RN immediately. If the RN is not in the building, the RN will instruct staff to send tenant to ER to obtain evaluation by physician for safety purposes. If the RN is present in the building, the tenant will be assessed by the RN to determine course of action needed. A change of condition was completed on Tenant #2 on 12/16/14 addressing history of suicidal ideation with interventions listed.**
2) **Education completed with RN regarding tenant evaluation, state regulatory rules, and change of condition expectations verbally on 12/16/14 & again 12/30/14 to help prevent reoccurance. Review of current tenants revealed no other tenants with a history of suicidal ideation, however this will continue to be monitored during routine nurse reviews/assessments/change of conditions.**
3) **Program will be monitored onsite annually by Corporate QA/QI Team for continued compliance with focus on Evaluation of Tenant, which has been added to the agenda for the next visit. QA/QI Team has access to tenant's electronic charts and can review anytime at their discretion.**
4) **RI was corrected on 12/16/14 with change of condition paperwork including: functional, cognitive, and physical assessments complete, with service plan update and nurse review on Tenant #2.**

The following regulation will be followed in regard to evaluation of tenant moving forward:

481-69.22(231C) Evaluation of Tenant

69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant's functional, cognitive, and health status within 30 daysf occupancy. A program shall also evaluate each tenant's functional, cognitive, and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change.

RI #2 - A 113 481-69.28(6)f Food Services

Based on observation and interview the program did not meet the standards of the state and local health laws and ordianances pertaining to the preparation and service of food. The program failed to use a commercial dishwasher for warewashing in the dementia unit. The dementia unit ktichen failed to have a Type 1 hood with suppression for the cooking of greasy foods such as sausage, eggs, and pancakes.

1) **All dishes used in the dementia unit are being placed in a bus tub and carted to the AL Kitchen for proper cleansing using either the 3 compartment sink, or the commercial dishwasher since 12/15/14, and will continue to be handled in this manner moving forward. 2 griddles and 1 electric skillet were removed from dementia unit kitchen on 12/15/14 and are no longer in the building. Breakfast is now being carted to the dementia unit in the steamtable including sausage and eggs. This began on 12/16/14. Frozen pancakes have been purchased for microwave use and are available for the dementia unit on request.**
2) **Items used to cook greasy breakfast foods were removed from the dementia unit immediately 12/15/14 and a sign has been placed on the dishwasher in the dementia unit on 12/31/14 as a reminder for employees to cart dishes to the AL Kitchen to prevent reoccurance.**
3) **Kitchen inspection will be completed by contracted kitchen inspector from corporate office bi-annually and kitchen inspections will be completed by DIA as well to maintain food establishment licensure. Kitchen will be also be monitored periodically by Corporate QA/QI Team for continued compliance with focus on Food Services, which has been added to the agenda for the next visit. These inspections will monitor to ensure compliance.**
4) **Food service violations were corrected immediately on 12/15/14 when brought to the attention of the Director by the state monitor.**

The following regulation will be followed in regard to food service moving forward:

481-69.28(231C) Food Service

69.28(6) 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 establishement if the program limits food activities to the following: (f). Warewashing may be done in the program's kitchen as long as the program utilizes a commercial dishwasher and documents daily testing of sanitizer chemical ppm and proper water temperatures. Verficiation by the department of these practices may be conducted during on-site visits.