IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
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KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

December 19, 2014

Ms. Donna Rierson, Manager
Lakeside Assisted Living
401 North Lawler Street
Emmetsburg, IA 50536

RE: Final Initial Certification Monitoring Evaluation Report – Lakeside Assisted Living, Emmetsburg, IA

Dear Ms. Rierson:

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 **December 10, 2014.** The Report notes Regulatory Insufficiencies in the area(s) of: Service Plans, Nurse Review 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 on-site evaluation demonstrates regulatory compliance by the Program, and the Program's certification will continue for a period of two years, without interruption, from the original date of certification.

Enclosed you will find the Assisted Living Program Certificate S0340 with effective dates of **May 27, 2014** through **May 26, 2016**. 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

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
	S0340	A. BUILDING: _____ B. WING _____	12/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKESIDE ASSISTED LIVING	401 NORTH LAWLER STREET EMMETSBURG, IA 50536

(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: 6 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 6 TOTAL census of Assisted Living Program: 6 The following regulatory insufficiencies were cited during the initial monitoring visit conducted to determine compliance with certification for an Assisted Living Program.	A 000		
A 089	481-69.26(4)a Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant ' s identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on file reviews, tenant service plans were not individualized to indicate the tenant's identified needs and preferences for assistance. Review of Tenant #1 & Tenant #2's service plans indicated identified individualized needs were not reflected for frequent falls with injury. Tenant #1, an 86 year old, was admitted on 6-16-14 and diagnoses included: history of fractured left upper arm, mild Parkinson's and	A 089		

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A 089	Continued From page 1 history of falls. Tenant #1's service plan was updated on 11-6-14 due to frequent falls, three falls in the previous five days. The service plan did not include any interventions to address the frequency of falls or interventions for fall prevention. Tenant #1 had additional falls on 11-16-14 resulting in a bump to the head, 11-19-14 resulting in bottom still hurting from the previous fall and 12-4-14, no injuries, without updates to the service plan. Tenant #2, a 78 year old, was admitted on 8-1-14 and diagnoses included: elevated blood sugar, diabetes, bladder infection, elevated blood pressure, high cholesterol and arthritis. Tenant #2's service plan dated 9-5-14 indicated Tenant #2 was totally independent in mobililty, needed no assistance and used a walker. Tenant #2 had a fall on 10-8-14 and was found lying on the floor in the bathroom; lost balance and bumped the back of head. Tenant #2 had a fall on 10-13-14, was found on both knees in front of the shower in the bathroom, no apparent injuries with Tenant #2 reporting lost balance and fell to knees. Tenant #2's service plan did not include any interventions to address the frequency of falls or interventions for fall prevention.	A 089		
A 096	481-69.27(3) Nurse Review 481-69.27(231C) Nurse review. If a tenant does not receive personal or health-related care, but an observed significant change in the tenant ' s condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation: 69.27(3) To assess and document the health	A 096		

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A 096	Continued From page 2 status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant ' s health status This REQUIREMENT is not met as evidenced by: Based on review of files and staff interview the Program failed to complete nurse reviews at least every 90 days for tenants who received personal or health-related cares. Per review of files for Tenants #1 and #2, nurse reviews were not completed at least every 90 days. Tenant #1, an 86 year old, was admitted on 6-16-14 and diagnoses included: history of fractured left upper arm, mild Parkinson's and history of falls. Nurse reviews were not completed for Tenant #1 at least every 90 days. Tenant #2, a 78 year old, was admitted on 8-1-14 and diagnoses included: elevated blood sugar, diabetes, bladder infection, elevated blood pressure, high cholesterol and arthritis. Nurse reviews were not completed for Tenant #2 at least every 90 days. On 12-10-14 at 11:30 a.m., the Nurse was interviewed and stated she was not aware that nurse reviews were to be completed at least every 90 days.	A 096		
A 108	481-69.28(6)a 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	A 108		

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A 108	Continued From page 3 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: a. All main meals and planned menu items must be prepared offsite and transferred to the program kitchen for service to tenants. This REQUIREMENT is not met as evidenced by: Based on monitor observations and staff interview, the Program engaged in meal preparation without a food service license. The Program prepared breakfast on a daily basis onsite without securing a food service license. Monitor observations revealed food was stored in the refrigerator and freezer that was used in the preparation of the breakfast meal. Frozen french fries and pie shells were also noted in the freezer. Other foods such as peanut butter, cake mixes, marshmellows, chocolate chips and popcorn was stored in the kitchen cabinets. Gallon jugs of milk and juice were opened and in the refrigerator. On 12-10-14 at 11:10 a.m., the Manager was interviewed and stated the Program obtained the noon and evening prepared meals from the attached nursing home but staff prepared hot breakfast meals in the Assisted Living kitchen. The Manager stated staff prepared eggs, french toast, and baked bacon in the kitchen for breakfast. The nursing home did not prepare breakfast and transport it to the Program.	A 108		

Lakeside Assisted Living
Final Initial Certification Monitoring Evaluation Report
January 2, 2015

Please accept this plan of correction as my credible allegation of compliance.

A108 On 12-16-14 a representative of Siouxland District Health Department arrived at 1:30 PM to Lakeside Assisted Living facility and inspected the kitchen. The representative did the inspection and at 2:00 PM representative complied the kitchen could be opened. Application for food license was sent in 12/11/15. We were issued a Food License 01/02/2015 and it is posted in the Assisted Living Kitchen. Renewal date is posted on Manager's office calendar to ensure the problem does not recur.

A089 Have instituted a new Service Plan that will address tenant's identified needs and preferences for assistance.
These will be updated as new problems, needs and preferences occur. Tenants #1 & #2 have an updated Service Plan in their charts on 01/02/2015. The new service plans will be initiated by 01/09/2015 on all other tenants.
These new service plans will be initiated by 1/9/2015.

A096 Now that I am aware of the requirement for 90 day reviews on tenants:
Tenant #1 and Tenant #2 have a 90 day review in their chart on 01/02/2015.
All other tenants that need one will have one completed by 1/9/2015.
A calendar will be in place by 01/09/2015 to remind me as to when all 30, 90 day and annual reviews are due on tenants.

These corrections will be addressed for compliance at our quarterly QA meeting.