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

Edencrest at Riverwoods, Assisted Living
2210 East Park Avenue
Des Moines, Iowa 50320

INFORMAL CONFERENCE DECISION

On the 19th day of August, 2015 an Informal Conference [IC] was held before Ciara L. Vesey, Independent Reviewer, at the request of the facility noted below by telephone at the Lucas State Office Building.

FF # 1173

ATTENDING FOR FACILITY:
Joy Laudick, R.N.; Pat Hanson, Administrator; Cybil Hines, Nurse Care Consultant

ATTENDING FOR DEPARTMENT:
Rose Boccella, Program Coordinator

BRIEF SUMMARY OF FACTS:
During an investigation conducted June 16 & 17, 2015, completed by the Department of Inspections and Appeals (DIA) Edencrest at Riverwoods (hereinafter, "facility") was found to have sustained regulatory insufficiencies in the following areas: Program policies and procedures (A-003), Criteria for Admission/Retention of Tenants (A-039), Tenant Documents (A-082), Nurse Review (A-096), Food Service (A-111) and Structural Requirements (A-154).

The sole issue of this informal conference is the A-039 regulatory insufficiency tagged by the DIA in the June 2015 investigation/incident report.

The facility submits the April 2015 A-039 incident did not rise to a level of a regulatory insufficiency because: 1) Tenant #2 does and has always met the criteria for level of care. 2) Medical records of Tenant #2 are consistent in stating that Tenant #2 has been an assist of one. 3) The DIA monitor only observed the facility for two days, and this was after Tenant #2's medical condition had worsened.

Facility participant Joy Laudick, RN offered her feedback stating she has had numerous contacts with Tenant #2 since his/her admission and has never observed Tenant #2 requiring a two-person transfer more than 50% of the time. Ms. Laudick mentioned that Tenant #2's medical condition fluctuates and was on the decline on the day of the DIA monitor's visit. Ms. Laudick also stated

the staffers that were interviewed were unlicensed, and conduct two-person transfers to speed up the process. Ms. Laudick finally stated that it is not their normal practice for Tenant #2 to do two-person transfers.

The DIA relied on three interviews conducted during its June 2015 facility visit from unlicensed staff set forth in Form 2567 @ pps. 6-8 that all stated Tenant #2 required two person assistance with transfers. Further, the DIA relied upon its observation on June 17, 2015 of Staff A being unable to transfer Tenant #2 successfully as just one person. The DIA also relied upon its interview with the spouse of Tenant #2 that also stated that he/she now took two persons to transfer.

DECISION OF INDEPENDENT REVIEWER:

For purposes of this decision, I cite to Iowa Administrative Code 481—69.23(1)(b) (2015). This statute states in relevant part that: "A program shall not knowingly admit or retain a tenant who: (b) Requires routine, two-person assistance with standing, transfer or evacuation. Furthermore, Iowa Administrative Code 481—67.1 defines routine as meaning "more often than not or on a regular customary basis."

Based upon the observations outlined in the Form 2567 and the information submitted at the IC, I find the facility did present, by a preponderance of evidence, sufficient basis to set aside the A-039 regulatory insufficiency.

I found Ms. Laudick's presentation of evidence to be credible given her experience as a licensed nurse and experience with Tenant #2. In addition, the facility did state that the two person transfer of Tenant #2 was not their normal practice. The A-039 regulatory insufficiency is DISMISSED.

Respectfully,

Ciara L. Vesey
Independent Reviewer

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
	S0339	A. BUILDING: _____ B. WING _____	C 06/17/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENCREST AT RIVERWOODS AL	2210 EAST PARK AVENUE DES MOINES, IA 50320

(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 AMENDED following Informal Conference 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. Dementia-Specific Program by Definition Number of tenants without cognitive disorder: 13 Number of tenants with cognitive disorder: 5 Total Population of Program at time of on-site: 18 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 10 Total Population of Program at time of on-site: 10 TOTAL census of Assisted Living Program: 28 No regulatory insufficiencies were cited related to the investigation of Complaint #52410-C. During the course of the investigation, the following regulatory insufficiencies were cited.	A 000		
A 003	481-67.2 Program policies and procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program ' s policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse.	A 003		

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A 003	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation, interview, review of the insulin administration procedure and incident report, the Program's procedure for recapping needles was not followed, The Program's transfer policy was also not followed. 1. On 6-17-15 at 9:40 a.m. Staff A was observed administering insulin to Tenant #2. After the insulin was administered, Staff A attempted to re-cap the needle and was observed poking self with the needle. In interview, Staff A confirmed she attempted to re-cap the needle and poked self in doing so. Staff A stated this was the second time this has happened. The incident report dated 6-17-15 at 9:40 a.m. confirmed Staff A punctured the skin while recapping a needle on the insulin syringe. The procedure for insulin administration revealed needles were not to be re-capped. Staff A sustained a bloodborne pathogens exposure related to not following the Program's procedure for re-capping needles 2. On 6-17-15 Staff A was observed transferring Tenant #2 from the chair to the wheelchair. Tenant #2 was seated in a recliner that sat lower to the ground. After a gait belt was applied, Staff A guided Tenant #2's arms around Staff A's neck and shoulders. Staff A leaned forward and down and was past her center point of gravily. The spouse was holding onto the gait belt. Staff A lifted Tenant #2. Staff A moved steps towards the wheelchair, but Tenant #2's feet dragged on the	A 003		

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A 003	Continued From page 2 floor. Tenant #2 did not bear weight on both feet. Staff A seated Tenant #2 on the edge of the wheelchair. Staff A attempted to get Tenant #2 seated further back in the wheelchair with little success. Staff A was interviewed and stated she thought Tenant #2 was better later in the day and therefore transferred Tenant #2 without assistance from another staff member. On 6-17-15 at 12:20 p.m. the RN was interviewed and stated Tenant #2's recliner sat low to the ground. Staff was to use a gait belt. Staff was to grab onto the gait belt and tell the tenant to push up with the arms for transfer. Staff was not to have the tenant put arms around the shoulders and neck. The RN stated staff would get hurt leaning forward to lift with the tenant's arms around the neck and shoulders. A review of the procedures for transfer from bed to chair and use of gait belt for ambulation did not describe the procedure used by Staff A when transferring Tenant #2. Procedures for transfer were not followed.	A 003		
A 082	481-69.25(3) Tenant Documents 481-69.25(231C) Tenant documents. 69.25(3) All records shall be protected from loss, damage and unauthorized use. This REQUIREMENT is not met as evidenced by: Based on observations, tenant records were not protected from unauthorized use.	A 082		

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A 082	Continued From page 3 On 6-17-15, the following observations were made: 1. At 9:30 a.m. Staff A was observed entering a tenant's apartment in the dementia unit. Staff A left the notebook containing the medication administration records (MARs) for the tenants in the dementia unit on the rail outside the door. The notebook was left unattended while Staff A was in the tenant's apartment. 2. At 11:15 a.m. exercise class was held in the common area of the dementia unit. Tenants who did not reside in the dementia unit attended the class. The MAR book was present on the counter in the common area and was unattended. 3. At 12:30 p.m. the MAR book was observed to be unattended in the common area of the dementia unit. Tenants and family were present in the dining room. No staff members were observed in the area. The book was given to the Administrator to be put in an appropriate place.	A 082		
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 status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at	A 096		

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A 096	Continued From page 4 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 record review, nurse reviews were not completed to assess and document the health status of the tenant, and to monitor progress related to previous recommendations at least every 90 days and with changes in health status. 1. Tenant #1, an 88 year-old, was admitted on 10-17-14 and had diagnoses of: diabetes, high blood pressure, and edema of the feet and legs. A review of the medication administration record (MAR) for April 2015 documented Ciprofloxacin, an antibiotic, was to be started on 4-29-15. The MAR for May 2015 documented the antibiotic was to be given twice a day for seven days. The documentation on the MAR revealed the antibiotic was not given as ordered. The clinical record lacked documentation of an assessment of Tenant #1's health status, the reason for the antibiotic, and did not monitor progress related to the antibiotic. 2. Tenant #4, a 90 year-old, was admitted on 10-20-14 and had diagnoses of: osteoporosis, diabetes, hypertension, and coronary artery disease. A nurse review was not completed at least every 90 days to assess and document the health status an monitor progress related to previous recommendations. 3. Tenant #5, a 74 year-old, was admitted on 12-1-14 and had diagnoses of: high cholesterol and Alzheimer's. Tenant #5 was staged at six on the Global Deterioration Scale which indicated severe cognitive decline. Tenant #5 resided in	A 096		

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A 096	Continued From page 5 the dementia unit. A nurse review was not completed at least every 90 days to assess and document the health status and to monitor progress related to previous recommendations.	A 096		
A 111	481-69.28(6)d 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: d. Appropriately trained staff may prepare in the program ' s kitchen individual quantities of tenant-requested menu-substitution food items that require limited or no preparation, such as peanut butter or cheese sandwiches or a single-service can of soup. The food items necessary to prepare the menu substitution may be stored in the program ' s kitchen. These food items may not be cooked in the program ' s kitchen but may be reheated in a microwave. A two- or four-slice toaster may be used for tenant-requested menu-substitution items, but no bare-hand contact is permitted. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the Program was not following standards related to the service of food. 1. On 6-17-15 at 8:15 a.m. the monitor entered	A 111		

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A 111	Continued From page 6 the dementia unit. Six plates of food containing eggs, bacon, gravy, and biscuits were observed sitting on the counter. The plates were covered with plastic wrap. There was no warming device present. At 8:25 a.m. Staff A was observed serving a plate of food containing the biscuits, gravy, and eggs to a tenant without first checking the temperature of the food on the plate. 2. At 8:31 a.m. the Dietary Manager was asked to take the temperature of the eggs on three of the remaining plates. The temperatures were 95 degrees, 97 degrees, and 98 degrees. The Dietary Manager stated the temperatures should be at least 140 degrees. The Dietary Manager stated the food could be reheated in the microwave. Staff A reported there was no thermometer to check the temperature of the food. 3. At 8:40 a.m. Staff A was observed attempting to take the temperature of food with a food thermometer provided by the Dietary Manager. Staff A did not remove the sheath protecting the probe and attempted to use the handle end of the thermometer to check the food, thereby contaminating the food. 4. At 10:00 a.m., one hour and 45 minutes after entering the dementia unit, three plates of food containing eggs with bacon remained sitting on the counter of the dementia unit covered with plastic wrap and were not being heated or cooled. The Dietary Manager removed the plates of food and stated the food would be wasted.	A 111		
A 154	481-69.35(1)b Structural Requirements 481-69.35(231C) Structural requirements.	A 154		

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A 154	Continued From page 7 69.35(1) General requirements. b. The buildings and grounds shall be well-maintained, clean, safe and sanitary. This REQUIREMENT is not met as evidenced by: Based on observations and interview, staff members working in the dementia unit did not have keys to the padlock on the courtyard gate to allow exit in an emergency. 1. During a tour of the dementia unit on 6-16-15 at 12:55 p.m. with the registered nurse (RN), two staff members were observed to be present. Only Staff B had keys of any kind. The RN took Staff B's keys to the padlock on the gate in the courtyard. There were no keys on the ring that fit the padlock. The RN stated none of the staff working in the dementia unit had a key to the padlock. The RN stated she was unsure who had a key to the padlock.	A 154		

Disclaimer for POC

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.

Date: September 4, 2015

Complaint/Incident Intake #: 52410-C

POC:

A: Program Policy and Procedures 481-67.2

a. Program policies and procedures, including those for incident reports. A programs policy and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse.

Program POC:

1. Elements detailing how insufficiency was corrected:

   With respect to staff A she was reeducated about policy and procedure for both insulin injections and transferring of Residents.

2. Actions the program is taking to protect tenants in similar situations:

   All staff will receive insulin injection education and transfer training by the RN by July 20, 2015.

3. Measures taken to ensure policy and procedure are followed:

   The Community Manager and Program Nurse will continue to provide this training and education on hire for all new employees. Routine in services will also be provided to staff. The RN will do random audits on staff to ensure that policy and procedure are being followed.

B. Tenant Documents 481-69.25

All records shall be protected from loss, damage, or unauthorized use.

1. Elements detailing how insufficiency was corrected:

   Staff A has been reeducated on the correct place to keep the MARS when they are not in use.

2. Actions taken to prevent further incidents:

   All staff have received reeducation on proper location of the tenant records by July 20, 2015.

3. Measures taken to ensure problem does not recur:

   The program manager and RN will continue to do staff training on hire, and then routinely after on proper tenant record management.

C. Nurse Review 481-69.27

Nurse Review. If a tenant does not receive personal or health related care, but on 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 to assess and document the health 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 tenants health status.

1. Elements detailing how insufficiency was corrected:

   In regards to tenant #1, that tenant has been discharged to a Long Term Care facility at this time. In regards to tenant #4, that tenant had a nurse review completed on 7/1/2015. In regards to tenant # 5, on 7/1/2015.

2. Actions taken to prevent further incidents:
   RN has been educated by Nurse Clinician on June 30, 2015 regarding compliance with 90 day reviews on each tenant.

3. Measures taken to ensure problem does not recur:

   Tenant charts will be randomly audited by nurse clinician every month to ensure that reviews are being conducted according to guidelines.

D. Food Service 481-69.28

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.

1. Elements detailing how insufficiency was corrected:

   Regarding staff A, she has been educated on proper food service and technique for temping food.

2. Actions program is taking to prevent similar incidents:

   All dietary and universal worker staff will be educated on proper food service and food temping by July 20, 2015.

3. Measures taken to ensure problem does not recur:

   The program manager and RN will continue to educate staff on hire, and routinely after on the proper technique for food service and food temping.

E. Structural Requirements 481-69.35

The building and ground shall be well maintained, clean, safe and sanitary.

1. Elements detailing how insufficiency was corrected:

   On 6/16/2015 keys to the fence were placed on all staff keyrings.

2. Actions program is taking to prevent similar incidents:

   The key to the gardens gate has now been placed in secure areas inside the facility and outside the facility. All staff will be educated on the placement of these keys by .

3. Measures taken to ensure problem does not recur:

   The program manager or RN will ensure that Staff are educated on hire and routinely thereafter on the location of the keys to unlock the garden gate door.