IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

October 22, 2015

Complaint Intake #: 54370-C

Mr. Rick Burke, Director
Forest Plaza AL
635 Hwy 9 East
Forest City, IA 50436

RE: Final Complaint Investigation & Recertification Monitoring Evaluation Report – Forest Plaza AL, Forest City, IA

Dear Mr. Burke:

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 **October 8 - 15, 2015.** The following allegations were investigated in regards to Complaint #54370-C:

1. Allegation – Structure/Life Safety
   Findings – Not Substantiated
   Comments – Observations, staff interviews, a community meeting with tenants and a review of tenant documents did not reveal concerns regarding the program's structure or life safety.

2. Allegation – Medication Management
   Findings – Not Substantiated
   Comments – Observations, staff interviews, a community meeting with tenants, medication administration records and program policies did not reveal concerns regarding the medication administration or management.

3. Allegation – Tenant Rights/ Personal Care
   Findings – Not Substantiated

Comments – Observations, staff interviews, a community meeting with tenants, tenant files and a review of program policies did not reveal concerns regarding tenant rights or tenant personal cares.

The Report notes Regulatory Insufficiencies in the area(s) of: Record Checks, Service Plans 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 or a contested case hearing 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.

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
	S0131	A. BUILDING: _____ B. WING _____	C 10/15/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST PLAZA AL	635 HWY 9 EAST FOREST CITY, IA 50436

(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 Number of tenants without cognitive disorder: 33 Number of tenants with cognitive disorder: 1 Total population of Program at time of on-site: 34 The following regulatory insufficiencies were cited during the recertification conducted to determine compliance with certification for an Assisted Living Program and the investigation of Complaint # 54370:	A 000		
A 118	481-67.19(3) Record Checks 481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks. 67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state. This REQUIREMENT is not met as evidenced by: Recertification Based on staff interview and personnel record reviews, 1 out of 9 staff reviewed did not have a criminal history check or a child and dependent adult abuse record check on file. It could not be determined if the checks were completed prior to employment. Findings include: 1. Staff G's personnel record revealed a hire	A 118		

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A 118	Continued From page 1 date of 5-20-15. Staff G did not have a criminal history check or a child and dependent adult abuse record check on file. Administrative staff did complete the checks on 10-8-15 during the monitor's visit. 2. The Director and Service Coordinator confirmed that Staff G did not have a criminal history check or a child and dependent adult abuse record check on file.	A 118		
A 083	481-69.26(1) Service Plans 481-69.26(231C) Service plans. 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Complaint # 54370 Based on staff interviews and tenant file reviews, 1 out of 4 tenants reviewed did not have all of their assessed needs indicated within the service plan. Findings include: 1. A review of tenant records revealed Tenant #1, a 92 year old, was admitted on 12-3-13 and diagnoses included: hypertension, venous stasis, postmenopausal and hypotassiumia. Tenant #1	A 083		

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A 083	Continued From page 2 was discharged on 6-14-15. 2. Tenant #1's care notes dated from 12-12-13 (at around admission) through 6-12-15 (at around discharge) revealed that Tenant #1 had ongoing concerns with edema of the legs, ankles and feet, skin breakdown, refusals of hygiene assistance and refusals of physician's orders. On 10-12-15, the Director, the Service Coordinator and Staff H confirmed in interviews, Tenant #1 had ongoing concerns with edema, skin breakdown, refusals of personal care assistance and refusals of following physician's orders (i.e. elevating legs or wearing compression socks). 3. Tenant #1's service plans dated 12-3-13, 1-3-14 and 12-5-14 did not include any information regarding Tenant #1's ongoing issues with edema, skin breakdown, refusals of personal care assistance and refusals of following physician's orders. On 10-14-15, the Director and Service Coordinator confirmed Tenant #1's service plans did not include all of Tenant #1's assessed needs.	A 083		
A 104	481-69.28(5) Food Service 481-69.28(231C) Food service. 69.28(5) 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. This REQUIREMENT is not met as evidenced	A 104		

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A 104	Continued From page 3 by: *Recertification* Based on staff interview and personnel record reviews, 3 out of 9 staff reviewed did not have an orientation on sanitation and safe food handling before serving food to tenants. Findings include: 1. The personnel record for Staff B revealed a hire date of 6-29-15. Staff B did not have instruction on sanitation and safe food handling as of 10-8-15. On 10-14-15, the Director and Service Coordinator confirmed that Staff B does serve food to tenants and that Staff B did not have the orientation on sanitation and safe food handling on file at the time of the personnel record review. On 10-9-15, Staff B received the orientation on sanitation and safe food handling. 2. The personnel record for Staff C revealed a hire date of 5-27-15. Staff C did not have instruction on sanitation and safe food handling as of 10-8-15. On 10-14-15, the Director and Service Coordinator confirmed that Staff C does serve food to tenants and that Staff C did not have the orientation on sanitation and safe food handling on file at the time of the personnel record review. On 10-10-15, Staff C received the orientation on sanitation and safe food handling. 3. The personnel record for Staff G revealed a hire date of 5-20-15. Staff G did not have instruction on sanitation and safe food handling as of 10-8-15. On 10-14-15, the Director and Service Coordinator confirmed that Staff G does serve food to tenants and that Staff G did not have the orientation on sanitation and safe food	A 104		

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A 104	Continued From page 4 handling on file at the time of the personnel record review. On 10-10-15, Staff G received the orientation on sanitation and safe food handling.	A 104		

Forest Plaza Assisted Living

"We're friends--We're family"

635 Hwy 9 East
Forest City, IA 50436
Phone: (641)585-1555
FAX: (641)585-2522

October 23, 2015

Rose Boccella (fax 515-242-5022)
Iowa Dept. of Inspections & Appeals, Adult Services Bureau
321 E. 12th St., 3rd Floor, Lucas Bldg. - Des Moines, IA 50319

Dear Rose,

Please accept the following as our written Plan of Correction in relation to the Final Complaint Investigation (#54370-C) & Recertification Monitoring Evaluation Report dated Oct. 8-15, 2015.

Regulatory Insufficiency: IAC 481-67.19 Record Checks

The R.I. for *Staff member G*, whose personnel file did not contain the record check(s), was immediately corrected during day one of the monitor's visit. The Employee File Checklist for *Staff member G* had been mistakably marked as completed on the line, "SING background check", so it was thought to be done. Moving forward, the Service Coordinator will continue to use this Employee File Checklist for new direct care hires, and correctly endorse "SING background check" as completed, once confirmation is received from Iowa DPS / Iowa DHS. **Performance will be monitored by the Manager, who will review 50% of new staff files every quarter as part of the QI/QA committee meeting, for record check(s) completion.**

Regulatory Insufficiency: IAC 481-69.26 Service Plans

A file review of records for *Tenant #1* did not include all of the assessed needs indicated within the service plan. *Tenant #1* was discharged June 14, 2015. A new template for documentation of service plans was shared with the monitor during the regulatory on-site visit. This new form has begun immediately so that specific service needs of tenants, based on the nurse assessments, is more truly represented and indicated in tenant service plans. **Performance will be monitored by the Manager, who will review 25% of tenant files, for service plans to match assessed needs, quarterly during QI/QA committee mtg.**

Regulatory Insufficiency: IAC 481-69.28 Food Service

The R.I. for *Staff Members B, C & G*, whose personnel record reviews did not contain instruction in sanitation and orientation in safe food handling, were corrected within 48 hours of day one of the monitor's visit. A line item for "food safety training" was immediately added to the Employee Training checklist. Moving forward, the Service Coordinator will continue to use this Employee Training checklist for new direct care hires and correctly mark "food safety training" as completed, once that lecture and quiz is done. **Performance will be monitored by the Manager, who will review 50% of employee files quarterly for food safety orientation and annual training, as part of the QI/QA committee meeting.**

I trust that you find this component of monitoring performance to be satisfactory, Rose. If you have any further questions or concerns, please feel free to contact me at Forest Plaza.

Thanks,
Rick Burke RB