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

September 24, 2015

Incident Intake #: 53934-I

Ms. Stephanie Johnson, Director
Northern Hills AL
4002 Teton Trace
Sioux City, IA 51104

RE: Final Incident Investigation & Recertification Monitoring Evaluation Report – Northern Hills AL, Sioux City, IA

Dear Ms. Johnson:

Enclosed is the **Final Incident Investigation & 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 **September 15 & 16, 2015.**

The following incident was investigated and was unsubstantiated:

Incident: 53934-I
Allegation: Service Plans
Comments: Based on observations, interview and record review, the Program completed health, cognitive and functional evaluations on the tenant identified in the investigation, and addressed needs of the tenant in the service plan accordingly. The Program reported the tenant's elopement from the Program property on 6/30/15. The tenant was found approximately 100 yards away, after falling in front of a residence. The tenant sustained an abrasion on the head and scrape on the hand and was transported to the emergency room via ambulance and released following emergency room treatment. The tenant had no history of exit seeking behavior or elopement prior to the incident. No regulatory insufficiencies were written in reference to the self-reported incident.

During the survey for recertification, 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 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
	S0058	A. BUILDING: _____ B. WING _____	C 09/15/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHERN HILLS	4002 TETON TRACE SIOUX CITY, IA 51104

(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 Dementia-Specific Program by Definition Number of tenants without cognitive disorder: 49 Number of tenants with cognitive disorder: 12 Total Population of Program at time of on-site: 61 TOTAL census of Assisted Living Program: 61 A recertification visit and investigation #53934-I were conducted at the Program on 9/15/15 - 9/16/15. The following insufficiencies were cited during the recertification and incident investiation to determine compliance with certification for an Assisted Living Program:	A 000		
A 107	481-69.28(5)a(3) 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. a. In addition to the requirements above, a minimum of one person directly responsible for food preparation shall have successfully completed a state-approved food protection program by: (3) Successfully completing a course meeting the requirements for a food protection program included in the Food Code adopted pursuant to Iowa Code chapter 137F. Another course may be substituted if the course ' s curriculum includes substantially similar	A 107		

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
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A 107	Continued From page 1 competencies to a course that meets the requirements of the Food Code and the provider of the course files with the department a statement indicating that the course provides substantially similar instruction as it relates to sanitation and safe food handling. This REQUIREMENT is not met as evidenced by: Based on interviews and record review the program failed to ensure food safety training was consistently provided to staff preparing/serving meals. Findings follow: Review of five staff files revealed the following: Staff C and Staff E received Serv Safe training on 8/26/13. Food safety/sanitation training since 2013 could not be located in their files. When interviewed on 9/15/15 at 4:30 p.m., the Administrator confirmed Staff C and Staff E regularly served food to tenants at meals and they had not received any food safety training since 8/26/13.	A 107		

The Heritage at Northern Hills

4000/4002 Teton Trace | Sioux City, Iowa 51104
712-239-9402 | heritage-communities.com

October 5, 2015

Ms. Rose Boccella, Program Coordinator

Adult Services Bureau

RE: Final Incident Investigation & Recertification Monitoring Evaluation Report for Northern Hills AL in Sioux City, IA

Ms. Boccella,

Enclosed is the Plan of Correction for the Final Incident Investigation & Recertification Monitoring Evaluation that took place at The Heritage at Northern Hills Assisted Living on September 15th & 16th, 2015. Submission of this response and Plan of Correction is not a legal admission that an insufficiency exists or, that this Statement of Deficiencies was correctly cited, and is also not to be construed as an admission by any employees, agents, or other individuals who drafted or may be discussed in the response of Plan of Correction. In addition, submission of the Plan of Correction does not constitute an admission or agreement of any kind by the facility.

If you require additional information or have questions regarding this Plan of Correction, please contact me at 712-239-9402.

Sincerely,

Stephanie Johnson, Executive Director

The Heritage at Northern Hills

4002 Teton Trace

Sioux City, IA 51104

A 107 481-69.28(5)a(3) 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.

a. In addition to the requirements above, a minimum of one person directly responsible for food preparation shall have successfully completed a state-approved food protection program by:

(3) Successfully completing a course meeting the requirements for a food protection program included in the Food Code adopted pursuant to Iowa Code chapter 137F. Another course may be substituted if the course's curriculum includes substantially similar competencies to a course that meets the requirements of the Food Code and the provider of the course files with the department a statement indicating that the course provides substantially similar instruction as it relates to sanitation and safe food handling.

Plan of Correction for violation:

A. To ensure proper training is met regarding food service, anyone who handles food will be assigned Food Safety courses upon hire and annually thereafter through our Redilearning training program. Completion of training will be monitored quarterly by the Office Director. Regulatory compliance will be established on 10/5/15. Attached are the up to date certificates of completion. The Executive Director will review and revise the Plan of Correction if necessary.

redilearning
Transforming Senior Care Education

Heritage Communities
Certificate of Completion
Safe Food Handling Part I

Learner Name	:	JULIE FELTZ
Original Completion Date	:	10/05/2015
Most Recent Completion Date	:	N/A
Length of Course	:	1 Hr online
Florida Board of Nursing	:	20-322205
NAB	:	2462016-1.25-9408-dl
CDBM	:	150668
North Carolina AL	:	Approved
Georgia RN Approval #	:	20-322205

License Information:

License Profession : CMA

License Number : 123456

Redilearning is a/an:

Certified Sponsor of professional continuing education with the National Association Long Term Care Administrator Board(NAB) and certifies that this program meets NAB/NCERS guidelines and is approved for clock hours listed per test.

Florida Board of Nursing approves continuing education units. Redilearning offers FLBON approved education that is accepted by all states that require nursing CE.

AOTA Approved provider of continuing education. AOTA does not endorse specific course content, products, or clinical procedures.

Accredited by the CDBM for dietary professionals.

Approved by the Florida Department of Elder Affairs and is in compliance with Florida statutes and rules for nursing homes and and/or assisted living facilities. Provider Number.

Approved provider of the Kansas Department for Aging and Disability Services for Administrators, Speech Therapists and Dieticians.

Approved provider for the Oklahoma Focus on Excellence Learning Programs

Approved provider for California C.N.A continuing education California Provider Number(7018). This record shall be retained by the certified nurse assistant for a period of four (4) years starting from the date of enrollment.

Approved provider for the North Carolina DHHS for Adult Care Homes/Assisted Living.

Trainer Signature : _____
10/05/2015

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redilearning
Transforming Senior Care Education

Heritage Communities
Certificate of Completion
Safe Food Handling Part II

Learner Name	:	JULIE FELTZ
Original Completion Date	:	10/05/2015
Most Recent Completion Date	:	N/A
Length of Course	:	1 Hr online
Florida Board of Nursing	:	20-322206
NAB	:	2462015-1.25-9409-dl
CDBM		150669
North Carolina AL	:	Approved
Georgia RN Approval #		20-322206

License Information.

License Profession : CMA

License Number : 123456

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Approved provider for the Oklahoma Focus on Excellence Learning Programs

Approved provider for California C.N.A continuing education. California Provider Number(7018). This record shall be retained by the certified nurse assistant for a period of four (4) years starting from the date of enrollment.

Approved provider for the North Carolina DHHS for Adult Care Homes/Assisted Living

Trainer Signature _____

10/05/2015

Powered By redilearning

Printed: 10/05/2015 RediLearning : 866-473-8833 Certificate Number: 1800105806 http://lms.redilearning.com/lms/verify.htm

redilearning
Transforming Senior Care Education

Heritage Communities
Certificate of Completion
Safe Food Handling Part I

Learner Name	:	**SUSAN WILDE**
Original Completion Date	:	**10/04/2015**
Most Recent Completion Date	:	**N/A**
Length of Course	:	**1 Hr online**
Florida Board of Nursing	:	***20-322205***
NAB	:	**2462016-1.25-9408-dl**
CDBM	:	***150668***
North Carolina AL	:	**Approved**
Georgia RN Approval #	:	***20-322205***

License Information:

License Profession		Dementia
License Number	:	123456

Redilearning is a/an:

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Approved provider for the North Carolina DHHS for Adult Care Homes/Assisted Living

Trainer Signature : _____
10/04/2015

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redilearning
Transforming Senior Care Education

Heritage Communities
Certificate of Completion
Safe Food Handling Part II

Learner Name	:	SUSAN WILDE
Original Completion Date	:	10/04/2015
Most Recent Completion Date	:	N/A
Length of Course	:	1 Hr online
Florida Board of Nursing	:	20-322206
NAB	:	2462015-1.25-9409-dl
CDBM	:	150669
North Carolina AL	:	Approved
Georgia RN Approval #		20-322206

License Information:

License Profession : Dementia

License Number : 123456

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Approved provider for the North Carolina DHHS for Adult Care Homes/Assisted Living.

Trainer Signature : _____
10/04/2015

Powered By redilearning