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

April 21, 2014

Mr. Calvin Diekmann, Executive Director
Vista Prairie at Fieldcrest, LLC
2501 East 6th Street
Sheldon, IA 51201

RE: Final Recertification Monitoring Evaluation Report – Vista Prairie at Fieldcrest, LLC, Sheldon, IA

Dear Mr. Diekmann:

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 **April 7 & 8, 2014.** The Report notes Regulatory Insufficiencies in the area(s) of: Policies and Procedures 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 **S0135** with effective dates of **April 21, 2014** through **January 29, 2016.**

If you have any questions in regard to this report, please contact me at 515/281-4116 or **James.Berkley@dia.iowa.gov**

Sincerely,

Jim Berkley

Jim Berkley
Program Coordinator
Adult Services Bureau

Enclosure

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Amended Final Recertification Monitoring Evaluation Report

Assisted Living Program:

Calvin Diekmann, Executive Director
Vista Prairie at Fieldcrest, LLC
2501 East 6th Street
Sheldon, IA 51201

Date of Monitoring Visit:

April 7 & 8, 2014

Monitor(s):

Margaret Kaltefleiter, RN MS
Wendy Kuhse, RN BS

Definitions: ***The following definitions are relevant:***

Assisted Living Program – A program certified under 481 IAC 69 that provides housing with contracted services to three or more tenants in a physical structure that provides a homelike environment. Services may include but are not limited to health-related care, personal care, and assistance with instrumental activities of daily living. A General Population Program is an Assisted Living Program that is not dementia-specific but may have tenants with cognitive disorder.

Dementia-Specific Assisted Living Program - An assisted living program certified under 481 IAC 69 that serves fewer than fifty-five (55) tenants and has five (5) or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale (GDS), or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the GDS, or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Regulatory Insufficiency - A violation of a statutory or rule provision within the Code of Iowa (2011) or the Iowa Administrative Code (IAC) governing assisted living programs. A regulatory insufficiency requires a plan of correction to be presented to and approved by the Department of Inspections and Appeals (DIA).

Plan of Correction - A written response to one or more regulatory insufficiencies that are statutory or rule violations. The plan should identify how and by what date each regulatory insufficiency will be corrected, and what measures will be taken to ensure the problem does not recur. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint/Incident Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Overview:

An on-site monitoring evaluation was conducted at [program name] on [date(s)]. In preparing this report, the following information was considered:

Current Program Census

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:	60
Number of tenants with cognitive disorder:	4
Total Population of Program at time of on-site	64
TOTAL census of Assisted Living Program	64

Tenant/Family Satisfaction Results – A community meeting was held with 14 tenants. They stated the Program was a wonderful place, they received good care and the people and staff were outstanding. Housekeeping services were completed to their satisfaction and the buildings and grounds were safe, clean and sanitary. The tenants used a pendant to call for assistance and staff responded within five minutes or less. Nursing services were available when needed. The tenants received the services expected when they signed the occupancy agreement. The care received and the staff was described as excellent. They said staff spoiled them. Staff knew what services to provide and was trained appropriately. They stated they liked the food most of the time. A good variety of meats, vegetables and desserts was offered and food was served at the appropriate temperature. The tenants liked having a second choice of entrée. Plenty of activities were offered and they enjoyed fitness classes, music programs, crafts, trips and playing Bingo. One tenant requested offering activities in the evenings for those that didn't play card games. The tenants appreciated the bus driver who picked them up and dropped them off at the door and was there to lend a hand if needed. The tenants stated they felt safe, made their own decisions, were generally satisfied with the Program and had recommended living there to lots of their friends.

Program History – The program received regulatory insufficiencies during the recertification investigation of April 7 and 8, 2014 in the areas of: Policies and Procedures and Food Service.

On-Site Monitoring Evaluation – The monitor(s) made observations detailed in the following areas

A. Policies and Procedures

- Monitoring Observation: A medication pass was observed on 04-07-14 beginning at 4:00 p.m. Staff #1 prepared and administered medications for seven tenants which included oral medications and eye drops. Staff #1 did not wash her hands prior to donning gloves or after removing her gloves when administering eye drops. Staff #1did not wash her hands at any time during the observation of the medication pass.

Staff #1 did sanitize her hands one time with a gel sanitizing solution after administering medications to the fifth tenant.

According to Medication Administration delegations signed by Staff #1 for Oral Medications and Liquid Medications, the first step was to wash hands and to again wash hands after administration. The delegation signed by Staff #1 for Eye Drop Administration, indicated to wash hands at the beginning, middle and end of the administration. A delegation for Gloving signed by Staff #1 indicated washing hands as the first step and last step of the process. A delegation for Hand Hygiene Technique Using Soap and Water was signed by Staff #1.

The Director of Health Services was interviewed and stated she expected staff to wash their hands before and after administering oral medications and before and after gloving.

Observation of a medication pass, review of Medication Administration delegations and an interview with the Director of Health Services indicated Staff #1 failed to follow proper hand washing during medication administration to seven tenants. The policies and procedures established by the program were not followed.

- Regulatory Insufficiency: 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. (IAC r. 481-67.2)

B. Food Service

- Monitoring Observation: Menus were reviewed for four weeks and identified as the Spring/Summer Menu. The menu identified Dinner and Supper meals including a note at the bottom that stated there would always be a second choice for dinner and the menu may change without notice. The Supper meal was observed on 4-7-14 at 5:30 p.m. The items served were a Fish Sandwich, coleslaw, lettuce, tomato and a slice of cheese. The table was set with drinks and a cookie. The menu reflected what was served to the tenants. The Dinner menu consistently included an entrée, vegetable and starch. Fruit was only served occasionally as a dessert. The Supper menu reflected an entrée, vegetable and starch. Desserts were normally cookies, pudding or fruit. A continental breakfast was also served. The menus did not reflect the daily recommended dietary allowances. The menus did not indicate the menus had been approved by a dietician.

  The Dietary Director was interviewed and stated a computerized menu program was used as a guideline for ideas but changes were made for tenant preferences. She stated changes were made to the menu about 90% of the time. She made up her own menus for a five week period. A second choice was only available at the noon meal. She stated at the evening meal there was only one choice that all tenants ate. If the tenants didn't like a meal she wouldn't make those items again. If a tenant didn't like the item being served, a can of tomato soup or chicken noodle soup was available. The tenant could also have a

lunch meat and cheese sandwich if they wished. She stated there had not been any complaints about the food recently.

Review of menus, observation of a meal and an interview with the Dietary Director indicated menus were not planned to provide the recommended daily dietary allowances and the program did not secure a dietician.

- Regulatory Insufficiency: Menus shall be planned to provide the following percentage of the daily recommended dietary allowances as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences based on the number of meals provided by the program: One hundred percent if the program provides three meals per day. (IAC r. 481-69.28(3)(c)).

- Regulatory Insufficiency: Programs may have an on-site dietician. Programs may secure menus and a dietician through other methods. (IAC r. 481-69.28(7))

Fieldcrest
SENIOR LIVING COMMUNITY
A VistaPrairie Community

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May 5, 2014

HEALTH FACILITIES
MAY 08 2014

Department of Inspections and Appeals
Attn: Jim Berkley
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319

Dear Mr. Berkley:

On behalf of Vista Prairie at Fieldcrest, LLC, I respectfully submit our Plan of Correction for the Recertification Monitoring Evaluation Report from our onsite visit on April 7 and 8, 2014. 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 deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of state law.

Alleged Regulatory Insufficiency
Policies and Procedures – 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.

1. Elements detailing how the program will correct each regulatory insufficiency.

    - Staff #1 will be re-educated on appropriate handwashing protocol when administering medications.
    - Tenant #1 is noted within the report for this insufficiency. It appears this may be a typo in the Departments report. Tenant #1 should be Staff #1.

2. What measures will be taken to ensure the problem does not recur.

    - The RN will inservice all staff responsible for medication pass on handwashing protocol.

3. How the Program plans to monitor performance to ensure compliance.

    - The RN will monitor staff at least annual to determine competency and ensure staff is following appropriate protocol during medication administration process.

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4. The date by which the regulatory insufficiency will be corrected.

    - The corrective measures will be completed on or before May 30, 2014.

Alleged Regulatory Insufficiency
Food Service – Menus shall be planned to provide the following percentage of the daily recommended dietary allowances as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences based on the number of meals provided by the program: One hundred percent if the program provides three meals per day.

Alleged Regulatory Insufficiency
Food Service – Programs may have an on-site dietitian. Programs may secure menus and a dietitian through other methods.

1. Elements detailing how the program will correct each regulatory insufficiency.

    - Vista Prairie at Fieldcrest will contract with a dietitian to review and plan menus to ensure they meet the required daily recommended dietary allowances.

2. What measures will be taken to ensure the problem does not recur.

    - The Executive Director and/or Dietary Supervisor will send review menus with the dietitian. Menus will be signed by the dietitian.

3. How the Program plans to monitor performance to ensure compliance.

    - The Executive Director and/or designee will monitor for compliance at least two times per year to ensure menus have been approved by a dietitian. The dietitian will sign menus.

4. The date by which the regulatory insufficiency will be corrected.

    - The corrective measures will be completed on or before May 30, 2014.

Please contact me at XXXXXXXXXXX if you have questions. Thank you.

Sincerely,

Calvin Diekmann
Executive Director