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

January 11, 2016

Mr. Daren Butcher, Manager
Hawkeye Assisted Living
1401 H Avenue
Milford, IA 51351

RE: Final Recertification Monitoring Evaluation Report – Hawkeye Assisted Living, Milford, IA

Dear Mr. Butcher:

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 **December 29, 2015.** 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
	S0298	A. BUILDING: _____ B. WING _____	12/29/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAWKEYE ASSISTED LIVING	1401 H AVENUE MILFORD, IA 51351

(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: 22 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 23 TOTAL census of Assisted Living Program: 23 The following insufficiencies were cited during the recertification conducted to determine compliance with certification for an Assisted Living Program:	A 000		
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 by: Based on observations, interviews and record review, the Program failed to ensure employees who prepare or serve food had annual training on food protection. Findings follow: Observation on 12/29/15 at 12:00p.m. revealed	A 104		

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 104	Continued From page 1 certified nurses aide (CNA) A served tenants lunch. Review of three staff files on 12/29/15 revealed the following: a. CNA A, hire date 6/7/11, completed Food Safety and Sanitation, date unknown. b. Universal Worker B, hire date 9/24/14, completed Food Safety and Sanitation, date unkown. c. Universal Worker C, hire date 11/10/15, completed Food Safety and Sanitation, date unkown. When interviewed on 12/29/15 at 1:30 p.m., the Director of Nursing confirmed Universal Workers and CNAs complete food safety training upon hire, but training was not offered by the Program or completed by staff annually.	A 104		

Rose Boccella
Program Coordinator
Adult Services Bureau

January 15, 2016

Ms Boccella,

Hawkeye Assisted Living of Milford is submitting our Plan of Correction for your approval. 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 insufficiencies. This Plan of Correction is prepared and/or executed solely because it is required by the provisions of Iowa law.

A - 104 Food Service -

All Hawkeye Assisted Living staff 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.

1. Hawkeye Assisted Living will have all staff responsible for both food prep and service be educated on Food Safety and Sanitation by 1/22/16.
2. Facility has added yearly in-service training to checklist for all staff working with both food preparation and service.
3. Facility will continue to orient new employees on proper food protection to include:
    a. Dated certificate on orientation for new employees
    b. Dated certificate for annual staff in-service and training
4. Hawkeye Assisted Living Milford's Plan of Correction will be completed by the date certain of 1/22/16.

Thank you,

Daren Butcher
Administrator