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
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

May 16, 2016

Mr. Terry Cooper, Manager
Arbor Heights at University
233 University Avenue
Des Moines, IA 50314

RE: Final Recertification Monitoring Evaluation Report – Arbor Heights at University, Des Moines, IA

Dear Mr. Cooper:

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 **May 5, 2016.** 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 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
	S0072	A. BUILDING: _____ B. WING _____	05/05/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR HEIGHTS AT UNIVERSITY	233 UNIVERSITY AVE DES MOINES, IA 50314

(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. Dementia Specific by Definition Number of tenants without cognitive disorder: 16 Number of tenants with cognitive disorder: 5 Total Population of Program at time of on-site: 21 TOTAL census of Assisted Living Program: 21 The following regulatory insufficiencies were cited during the recertification conducted to determine compliance with certification for an Assisted Living Program:	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. This REQUIREMENT is not met as evidenced by: Based on a review of policy, and observations during a medication pass, the procedure for eye drop administration was not followed.	A 003		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 003	Continued From page 1 On 5-5-15, Staff C was observed during a medication pass. Administration of eye drops was observed three times. 1. Staff C was observed administering eye drops to Tenant #4. An eye drop was ordered for each eye. During administration of the drop to the right eye, the tip of the eye drop bottle touched the eyelid. 2. Staff C was observed administering eye drops to Tenant #5. An eye drop was observed being administered to the right eye. During the administration of the eye drop, the tip of the eye drop bottle touched the eyelashes and lid. The policy and procedure for eye drop administration was reviewed and revealed touching the eye or eyelid with the dropper tip was to be avoided.	A 003		
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 a review of three staff training files and interview, staff responsible for food service did not have annual inservice training on food protection.	A 104		

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 104	Continued From page 2 1. Staff A, Certified Medication Aide (CMA), was hired 7-31-13. Staff training files for Staff A lacked documentation of annual inservice training on food protection. 2. Staff B, CMA, was hired 3-19-14 Staff training files for Staff B lacked documentation of annual inservice training on food protection. 3. Staff C, CMA was hired 10-7-07. Staff C was interviewed on 5-5-16 at 12:34 p.m. Staff C reported she served food, but did not have an inservice on food protection within the previous 12 months. Staff training files for Staff C lacked documentation of annual inservice training on food protection. The Administrator was interviewed on 5-5-16 at 1:15 p.m. and stated the direct care staff served meals. The Administrator stated the training files lacked documentation of annual inservice training on food protection.	A 104		

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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. This REQUIREMENT is not met as evidenced by: Based on a review of policy, and observations during a medication pass, the procedure for eye drop administration was not followed.	A 003	A003 **481-67. 2 Program policies and procedures** All staff administering medications on the assisted living unit have been re-educated by the Director of Nursing on 5-18-2016 regarding the proper procedure for eye drop administration with a return demonstration and a copy of the proficiency testing placed in each employee file. Random audits will be completed by the Director of Nursing observing eye drop administration to ensure ongoing compliance. Copy of the eye drop policy was given to each employee passing medications, reviewed and signed by the employee. Concerns identified will be addressed and reported in the facilities quality assurance compliance meetings for additional intervention as indicated. The Director of Nursing will be responsible for ongoing compliance.	5-31-2016

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 5-19-2016

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