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

June 10, 2016

Ms. Mary K. Harris, Director
Oakwood Place
4130 Northwest Blvd.
Davenport, IA 52806

RE: Final Recertification Monitoring Evaluation Report – Oakwood Place, Davenport, IA

Dear Ms. Harris:

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 25 & 26, 2016.** The Report notes a Regulatory Insufficiency in the area(s) of: Structural Requirements.

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
	S0139	A. BUILDING: _____ B. WING _____	05/26/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKWOOD PLACE AL	4130 NORTHWEST BLVD DAVENPORT, IA 52806

(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: 42 Number of tenants with cognitive disorder: 3 Total Population of Program at time of on-site: 45 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 14 Total Population of Program at time of on-site: 15 TOTAL census of Assisted Living Program: 60 The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000		
A 154	481-69.35(1)b Structural Requirements 481-69.35(231C) Structural requirements. 69.35(1) General requirements. b. The buildings and grounds shall be well-maintained, clean, safe and sanitary. This REQUIREMENT is not met as evidenced by: Based on staff interviews, observation and	A 154		

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

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A 154	Continued From page 1 review of Program documents the Program failed to maintain a building that was well-maintained, clean, safe and sanitary. Fried food was prepared on the stove in the dementia unit and the kitchen did not have a commercial vent hood needed for the preparation of the fried foods. 1. The Program had a general population and a dedicated dementia unit. The Program had a Food Service Establishment License dated 2-5-16 with an expiration date of 3-12-17. 2. According to the Program's policy regarding meals, meals would be prepared in the nursing facility licensed kitchen and transported to the dining room by hot and cold carts to be placed on hot and cold cart serving tables. The monthly rate for tenants included three meals daily. 3. According to an interview with Staff A, staff prepared fried eggs for one tenant on a routine basis and prepared fried eggs for another tenant as needed. Staff used the kitchen in the dementia unit to prepare the fried eggs. 4. According to an interview with the Registered Nurse Manager, the food was prepared in the main kitchen and transported to the Program. There were three meals per day served. Staff in the dementia unit made a fried egg on a routine basis for one tenant and occasionally made a fried egg for another tenant. The fried eggs were prepared on the stove in the dementia unit kitchen. There were no outcomes related to the preparation of the fried eggs. 5. According to observation, the dementia unit kitchen had a range with a residential vent hood. The kitchen did not have a commercial vent	A 154		

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FORM APPROVED

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A 154	Continued From page 2 hood needed for the preparation of fried foods.	A 154	How the Program plans to monitor performance to ensure compliance. New staff will be educated during orientation that no food items will be prepared in the Dementia Unit kitchen to be served during a meal. Nurses will monitor staff during occassional unannounced visits to the Dementia Unit during meal time. The date by which the regulation insufficiency will be corrected 06-04-16 Mary K Harris RN Nurse Management	

Mary K. Harris RN —