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
	S0286	A. BUILDING: _____ B. WING _____	11/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IRVING POINT	910 7TH STREET SE CEDAR RAPIDS, IA 52401

(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: 47 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 47 TOTAL census of Assisted Living Program: 47 The following regulatory insufficiency was cited during the Recertification conducted to determine compliance with certification for an Assisted Living Program.	A 000	See attached POC 1/15/17	
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 interviews and record reviews, the Program failed to ensure employees received training on sanitation and safe food handling as required for 4 of 7 staff reviewed (Staffs A, B, C and D). Findings follow:	A 104		

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

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A 104	Continued From page 1 Observation of the noon meal on 11-21-16 at 11:50 a.m. revealed Staff D utilized improper procedure for taking food temperatures, cooled sour cream improperly and used bare hands to open the foil covering the food. Record review revealed the following: a. Staff A, a patient care tech, had a hire date of 6-30-15. Record review revealed an absence of annual training on food protection. b. Staff B, a patient care tech, had a hire date of 8-26-13. Record review revealed an absence of annual training on food protection. c. Staff C, a patient care tech, had a hire date of 7-15-14. Record review revealed an absence of annual training on food protection. d. Staff D, a contract cook, had a hire date of 1-1-15. The Program was unable to provide documentation of an orientation on sanitation and safe food handling or documentation of an annual training on food protection. When interviewed on 11-21-16 at 2:20 p.m., the Food Production Manager stated Staff D was hired by the food vendor and became an employee of the current food provider on January 1, 2015. He stated he assumed she had been trained by her former employer. He had provided verbal training but nothing was documented. When interviewed on 11-22-16 at 1:10 p.m., the Nurse confirmed Staff A, B and C had not received annual food protection training.	A 104		

1/3/17 CAC 12/30/16

Irving Point Assisted Living – 910 7th ST SE. Cedar Rapids, IA. 52401

Plan of Correction

A104:

Food Temps/Safe Food handling:

This will be corrected by: 1/5/2017 for current staff

Annually basis thereafter

New staff will be during orientation

Training will be provided by: Horizons

Monitoring: Horizons with no less than quarterly check-ins

Patient Care Tech's: Safe Food Handling:

This will be corrected by: 1/15/2017-for current staff

Annual basis thereafter

New staff will be during orientation

Training will be provided by: Leslie Kriege, RN, Mercy Home Care

Monitoring: Leslie Kriege, RN. Mercy home care quarterly