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
	S0348	A. BUILDING: _____ B. WING _____	C 07/19/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLE POINTE PLACE	2700 MATTHEW JOHN DRIVE DUBUQUE, IA 52002

(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: 3 Total Population of Program at time of on-site: 50 TOTAL census of Assisted Living Program: 50 Investigation of Complaint #68271-C was completed and no regulatory insufficiencies were identified related to the complaint. The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an assisted living program:	A 000	See attached POC 9/11/17	
A 055	481-67.9(1) Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(1) Number of staff. A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure sufficient trained staff available at all times to fully meet tenants' identified needs. This potentially affected all tenants residing in the community (census of 50).	A 055		

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

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A 055	Continued From page 1 Findings follow: 1. A community meeting was held on 7-11-17 at 12:45 p.m. included approximately 25 tenants. Several tenants voiced concerns regarding lack of staff training related to cares, medications and oxygen including ,but not limited to: a. Staff recently went to administer medications and attempted to give a tenant an extra pill, until the tenant caught the error. b. Staff asked tenants what needed to be done, instead of staff knowing what care should be provided. c. Staff did not always appear knowledgeable regarding how to provide assistance with oxygen and oxygen tanks. d. A tenant reported he/she went an extended period of time without services, spoke to the Nurse and the situation had improved; however, he/she felt staff needed more training. e. A tenant mentioned his/her spouse needed assistance to the bathroom and staff was on a personal telephone call and once staff ended the call it was too late to assist the tenant to the bathroom. f. Some of the tenants at the community meeting voiced at times it took a long time for staff to respond to the requests for assistance and estimated it took 10 to 20 minutes. Record review of the pendant request history from 6-13-17 to 7-12-17 revealed the average response time was 5.1 minutes; however, there were over 80 times when the wait time was	A 055		

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A 055	Continued From page 2	A 055		

greater than 15 minutes and 50 times when the wait time was over 20 minutes. There were more than 20 times when the wait was over 30 minutes, more than 10 times it was greater than 40 minutes and more than 7 times it was greater than 50 minutes.

Further record review revealed the personal cell phone and other electronic devices policy for staff in the employee handbook indicated staff could not use electronic devices while caring for or providing services to a tenant and it should not be used in a tenant's apartment.

Further record review revealed the policy for tenant care and services indicated the Executive Director ensured sufficient staff available to provide scheduled tenant services and to respond to unscheduled tenant needs in an appropriate and timely manner. The Executive Director was responsible to ensure staff was trained and qualified to provide care and services.

When interviewed on 7-19-17 at 1:55 p.m. the Nurse revealed a tenant reported approximately three weeks ago that staff came into the apartment to assist his/her spouse to the toilet. The staff was on a personal cell phone when the staff entered the apartment, the staff ended the telephone conversation and the tenant who needed assistance was incontinent. The Nurse said the expectation was that no staff had their cell phones except for the medication managers and staff was informed of the expectation at weekly staff meetings.

The Nurse said the expectation was that pendant requests were answered in 10 minutes or less. She said there needed to be re-education on clearing the pages, shutting off call lights;

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A 055	Continued From page 3 however, that was not all of the issue. She had provided additional training on oxygen in a tenant's apartment who had voiced concerns regarding oxygen training for staff. She said one tenant had complained regarding lack services for not getting real dishes on meal trays and that staff did not know how to make the bed. Since the discussion the tenant indicated to the Nurse there had been improvement.	A 055		
A 118	481-67.19(3) Record Checks 481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks. 67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete backgrounds checks that included a check of dependent adult abuse and child abuse registries prior to employment for 2 of 7 staff reviewed (Staff A and G). Findings follow: 1. Record review revealed Staff A, a resident care partner (RCP), hired on 7-6-17. A criminal history background check was completed on 6-30-17 and revealed no results. An abuse	A 118		

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A 118	Continued From page 4 registries background check for child and dependent adult abuse was not completed prior to employment. A background check with checks of criminal history, child abuse and dependent adult abuse was completed on 7-13-17, after employment, and revealed no results. 2. Record review revealed Staff G, a RCP, hired on 6-15-17. A criminal history background check was completed on 6-7-17 and revealed no results. An abuse registries background check for child and dependent adult abuse was not completed prior to employment. A background check with checks of criminal history, child abuse and dependent adult abuse was completed on 7-11-17, after employment, and revealed no results. 3. An interview with the Nurse on 7-19-17 at 1:55 p.m. revealed typically the Executive Director completed background checks (there was not a current permanent Executive Director at the time of the onsite). The background checks (for Staff A and G) were completed by Staff H, who had not been trained to complete the checks. Staff A and Staff G both worked prior to the completion of the full background check and both staff worked part time.	A 118		
A 071	481-69.25(1)i Tenant Documents 481-69.25(231C) Tenant documents. 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: i. When any personal or health-related care is delegated to the program, the medical information sheet; documentation of health professionals' orders, such as those for treatment, therapy, and medication; and nurses'	A 071		

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A 071	Continued From page 5 notes written by exception This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to document nurses' notes written by exception for 2 of 7 tenants reviewed (Tenants #3 and #4). Findings follow: 1. Record review of Tenant #3's file revealed a diagnosis of dementia. Global Deterioration Scale (GDS) scores revealed Tenant #3 was staged at a two (very mild cognitive decline) on 3-8-17, a four (moderate cognitive decline) on 5-17-17 and a three (mild cognitive decline) on 5-21-17. According to Resident Services Notes dated 5-12-17 Tenant #3 eloped from the building and was brought back from former staff. Resident Services Notes dated 5-17-17 indicated Tenant #3 was noted to be walking down the street from the Program and was returned to the building by staff without difficulty. Resident Services Notes dated 5-19-17 indicated the need for one to one supervision for Tenant #3. Tenant #3's family did not feel one to one supervision was needed at that time. The family would begin to look for placement in a memory care unit as soon as they could. According to a list of discharged tenants, Tenant #3 was discharged on 5-26-17 due to elopement risk and went home to live with family. The last entry in Resident Services Notes was dated 5-19-17 and no notation was found for the next seven days including a note regarding Tenant #3's discharge from the Program. Nurses' notes were not written by exception for Tenant #3.	A 071		

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A 071	Continued From page 6 2. Record review of Tenant #4's file revealed the service plan reflected Tenant #4 had frequent urinary tract infections (UTIs) with antibiotic therapy. Tenant #4 was on a prophylactic antibiotic and cranberry. Resident Services Notes dated 3-6-17 indicated Tenant #4 had a UTI and was placed on an antibiotic, twice daily for five days. The first dose would be started on 3-7-17. There was no notation found regarding the completion of the antibiotic and to indicate if any further signs and symptoms of the UTI were present. Resident Services Notes dated 5-25-17 indicated an antibiotic was started for Tenant #4, twice daily for 10 days for a UTI. There was no notation found regarding the completion of the antibiotic and to indicate if any further signs and symptoms of the UTI were present. Nurses' notes were not written by exception for Tenant #4. 3. An interview with the Nurse on 7-19-17 at 2:55 p.m. revealed there was no additional documentation found in nurses' notes for Tenant #3 or Tenant #4.	A 071		
A 089	481-69.26(4)a Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop service plans that	A 089		

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A 089	Continued From page 7 reflected the identified needs of the tenants for 2 of 5 tenants reviewed (Tenants #2 and #5). Findings follow: 1. Record review of Tenant #2's file revealed a diagnosis of untreated depression. Resident Services Notes dated 4-24-17 indicated Tenant #2 tried to get meal trays and staff encouraged him/her to come to the dining room for meals. Resident Services Notes dated 5-10-17 indicated Tenant #2's family was called to set up a psych consult. On 5-19-17 Tenant #2 stated a man was in his/her apartment and hit him/her over the head. On 6-13-17 Resident Services Notes indicated staff reported Tenant #2 said children, accompanied by a woman in a yellow dress used a wire to pick his/her lock and come into his/her apartment and take things. Tenant #2 also reported people watched him/her through the window and a man came into the apartment and put in a device that would kill anyone who came into his/her apartment. A fax to the physician dated 6-19-17 indicated a psych appointment was made for 7-11-17 and family and Tenant #2 refused to see psych due to Tenant #2's unwillingness to go. Tenant #2 still had frequent hallucinations, frequently complained he/she was unable to walk, was dizzy and refused to come to meals. The hallucinations were of people planning to hurt him/her, men planting bombs in the apartment or women in yellow dresses with little girls antagonizing Tenant #2. Review of Tenant #2's service plan revealed his/her refusals to come down for meals and request for room trays, the visual hallucinations and interventions related to the behavior were not addressed.	A 089		

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A 089	Continued From page 8 2. Record review of Tenant #5's file revealed a fax to the physician dated 4-21-17 indicated Tenant #5 voiced complaints regarding difficulty chewing and swallowing meat. It was noted Tenant #5 coughed more during meals. An order was requested for speech therapy (ST) to evaluate and treat. According to a Speech Therapy Plan of Care (Evaluation Only) document dated 4-27-17, the current diet level was level 2 mechanical altered and the current liquid level was thin liquids. Review of Tenant #5's service plan revealed no reflection of swallowing and chewing meat difficulty or his/her current diet. 3. An interview with the Nurse on 7-19-17 at 2:55 p.m. revealed there was no additional documentation found regarding the service plans for Tenants #2 and #5. The Nurse reported she worked on service plans for Tenant #2 and #5.	A 089		
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 interview and record review the	A 104		

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A 104	Continued From page 9 Program failed to provide an orientation on sanitation and safe food handling prior to handling food for staff who were responsible for food service for 7 out of 7 staff reviewed (Staff A, B, C, D, E, F and G). Findings follow: 1. Record review revealed Staff A, an resident care partner (RCP), was hired on 7-6-17 and did not have an orientation on sanitization and safe food handling prior to handling food. A one hour Food Service Sanitation training was completed on 7-13-17. 2. Record review revealed Staff B, an RCP, was hired on 5-1-17 and did not have an orientation on sanitization and safe food handling prior to handling food. A one hour Food Service Sanitation training was completed on 7-13-17. 3. Record review revealed Staff C, an RCP/Medication Manager (MM), was hired on 2-15-16 and did not have an orientation on sanitization and safe food handling prior to handling food or an annual in-service on food protection. A one hour Food Service Sanitation training was completed on 7-13-17. 4. Record review revealed Staff D, an RCP, was hired on 4-18-17 and did not have an orientation on sanitization and safe food handling prior to handling food. A one hour Food Service Sanitation training was completed on 7-13-17. 5. Record review revealed Staff E, an RCP/MM, was hired on 5-18-17 and did not have an orientation on sanitization and safe food handling prior to handling food. A one hour Food Service Sanitation training was completed on 7-13-17. 6. Record review revealed Staff F, an RCP/MM,	A 104		

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A 104	Continued From page 10 was hired on 5-19-17 and did not have an orientation on sanitization and safe food handling prior to handling food. A one hour Food Service Sanitation training was completed on 7-13-17. 7. Record review revealed Staff G, an RCP, was hired on 6-15-17 and did not have an orientation on sanitization and safe food handling prior to handling food. A one hour Food Service Sanitation training was completed on 7-16-17. 8. An interview with the Nurse on 7-19-17 at 1:55 p.m. revealed Staff A, B, C, D, E, F and G all served food and had served food prior to the completion of the food service training on 7-13-17 or 7-16-17.	A 104		

Eagle Pointe Place

Plan of Correction for survey conducted 7/10/17 – 7/19/17

Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists, or that this Statement of Deficiency was correctly cited, and is also NOT to be construed as an admission against interest by the facility, or any employees, agents, or other individuals who drafted or may be discussed in the Response and Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusion set forth in this allegation by the survey agency.

A055--481-67.9 (231B, 231C, 231D) Staffing. Number of Staff. A sufficient number of trained staff shall be available at all times to full meet tenants' identified needs.

This requirement was not met as evidenced by: Based on interview and record review the Program failed to ensure sufficient trained staff available at all time to fully meet tenants' identified needs. This potentially affected all residents residing in the community (census of 50).

Findings follow:

1. A community meeting was held on 7/11/17 at 12:45pm included approximately 25 tenants. Several tenants voiced concerns, regarding lack of staff training related to cares, medications and oxygen including and not limited to:

a. Staff recently went to administer medications and attempted to give a tenant an extra pill, until the tenant caught the error.

Plan of Correction

- Current staff designated as med passers will have re-training on six rights of medication passing by Care Service Manager (CSM) by September 16th, 2017.
- New staff designated as med passers will have training on six rights of medication passing and check off for delegation of medication passing by CSM prior to passing medications which will be documented and filed in personnel files upon completion.
- The CSM and/or designee will audit this process weekly for three months, review results weekly with the ED and report results at the monthly QI meeting for 3 months.

b. Staff asked tenants what needed to be done, instead of staff know care should be provided.

Plan of Correction

- Current staff will be oriented to the use of task sheets which are inclusive to the needs of each resident according to the individual service plan, by the CSM, by September 17, 2017.
- Documentation of orientation to task sheet use will be filed in the personnel file.

- Staff will be monitored on a weekly basis for fulfillment of planned care by CSM and/or designee reviewing completed task sheets for changes and/or exceptions to the care plan.
- The ED and/or CSM or designee will review task sheet use and completion weekly and report at the monthly QI Meeting for 3 months.

c. Staff did not always appear knowledgeable regarding how to provide assistance with oxygen and oxygen tanks.

Plan of Correction

- Current staff designated as medication passers will have re-training on oxygen and oxygen tank use and delegation of services by the CSM by September 17, 2017 with documentation filed in the personnel file.
- New staff designated as medication passers will have oxygen and oxygen tank use orientation as part of six rights of medication passing and delegation of services at the time of initial orientation by the CSM to be documented and filed in the personnel file.
- The Executive Director and/or designee will review orientation records weekly and report at the monthly QI Meeting for three months.

d. A tenant reported he/she went an extended period of time without services, spoke to the nurse and the situation had improved; however he/she felt staff needed more training.

Plan of Correction

- Former CSM is no longer employed at the community. The new CSM was trained on completion of resident service plans and task sheets on May 10th, 2017 by an Enlivant CSM trainer. Current staff was in-serviced on July 20th by Sherrie Geerdes CSM regarding use of and performing duties as assigned on task sheets.
- Current staff designated as resident care partners or resident care partners/med passers were in-serviced at staff meeting July 20,, 2017 regarding use of task sheets and performing duties as assigned from the individual service plan as directed on the task sheet by the CSM with documentation to be filed in the personnel file.
- Specific to this in-service is caregiver understanding that tasks are to be delivered as designated, not waiting for the resident to ask for that task and informing CSM if a resident refuses the designated task, which will be documented in the resident record.
- CSM and/or designee will audit task sheets no less than weekly for exceptions to delegated tasks and will report at the monthly QI Meeting for three months.

e. A tenant mentioned his/her spouse needed assistance and staff was on a personal telephone call and once staff ended the call it was too late to assist the tenant to the bathroom.

Plan of Correction

- Current staff was in-serviced by the ED on 7/20/17 regarding personal cell phone during work hours. The Enlivant policy for cell phone use in the employee handbook was distributed to current employees at the 7/20/17 in-service and will be reviewed with new employees during orientation.
- As of 7/20/17, current and new staff will be assigned a cubby in the front office to place their personal cell phones at the beginning of each working shift, and removed when they have punched out for lunch or the end of their working shift.
- This will be monitored by the ED and/or designee throughout each day and reported for three months at the monthly QI Meeting.
- Staff personal cell phone use will be on the Resident Council Meeting agenda monthly for three months and reported to the ED for further action if needed.

f. Some of the tenants at the community meeting voiced at times it took a long time for staff to respond to the requests for assistance and estimated it took 10-20 minutes.

Plan of Correction

- Nurse call printouts will be done no less than once a week and brought to morning stand up to monitor call light response times.
- Call lights gone unanswered longer than 10 minutes will be investigated by the ED and/or designee by September 16th, 2017.
- Call light response times will be audited weekly for 3 months and reported at the monthly QI Meeting for 3 months.

A118--481-67.1(3) Records Check

481-67.19 (235C, 231B, 231C, 231D) Criminal, dependent adult abuse, and child abuse record checks.

67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human service perform child and dependent adult abuse record checks of the person in this state.

This requirement was not met as evidenced by:

Based on interview and record review the Program failed to complete background checks that included a check of dependent adult abuse and child abuse registries prior to employment for 2 of 7 staff reviewed (Staff A and G). Findings follow:

1. Record review revealed Staff A, a resident care partner (RCP), hired on 7/6/17. A criminal history check was completed on 6/30/17 and revealed no results. An abuse registries background check for child and dependent adult abuse was not completed prior to employment. A background check with checks for criminal history, child abuse and dependent adult abuse was completed on 7/13/17 after employment and revealed no results.

2. Record review revealed Staff G, an RCP hired on 6/15/17. A criminal history background check was completed on 6/7/17 and revealed no results. An abuse registries background check for child and dependent adult abuse was not completed prior to employment. A background check with checks of criminal history, child abuse and dependent adult abuse was completed on 7/11/17 after employment and revealed no results.

3. An interview with the Nurse on 7/19/17 at 1:55pm revealed typically the ED completed background checks (there was not a current permanent Executive Director at the time of the onsite). The background checks (for Staff A and G) were completed by Staff H, who had not been trained to complete the checks. Staff A and Staff G both worked prior to the completion of the full background check and both staff worked part time.

Plan of Correction

- Staff H was trained on appropriate steps for new employee background checks on 7/17/2017 by Interim Executive Director.
- No employee will be hired without a completed criminal history background check and the abuse registries background check for child and dependent adult abuse prior to employment.
- The Executive Director and/or designee will audit pre-employment files for completion of required checks within 1 week of submission to review results before an offer of employment can be made. Audits will be discussed in monthly QI meetings for 3 months.

A071--481-69.25(1) Tenant Documents

69.25(1) Documentation for each tenant shall be maintained by the program and shall include:

1. When any personal or health related care is delegated to the program, the medical information sheet, documentation of health professionals' orders, such as those for treatment, therapy, and medication, and nurses' notes written by exception.

This requirement is not met as evidenced by: Based on interview and record review the Program failed to document nurses' notes written by exception for 2 of 7 tenants reviewed (Tenants #3 and #4). Findings follow:

1. Record review of Tenant #3 file revealed a diagnosis of dementia. Global Deterioration Scale (GDS) scores revealed Tenant #3 was staged at a two (very mild cognitive decline) on 3/8/17, a four (moderate cognitive decline) on 5/17/17 and a three (mild cognitive decline) on 5/21/17. According the resident services notes dated 5/12/17 Tenant #3 was noted to be walking down the street from the program and was returned to the building by staff without difficulty. Resident service notes dated 5/19/17 indicated the need for one to one supervision from Tenant #3. Tenant #3's family did not feel one to one supervision was needed at that time. The family would begin to look for placement in a memory care unit as soon as they could.

According to a list of discharged tenants, Tenant #3 was discharge on 5/26/17 due to elopement risk and went home to live with family. The last entry in Resident Service Notes was dated 5/19/17 and no

notation was found for the next seven days including a note regarding Tenant #3's discharge from the program. Nurses' notes were not written by exception for Tenant #3.

2. Record review of Tenant #4's file revealed the service plan reflected Tenant #4 had frequent urinary tract infections (UTI's) with antibiotic therapy. Tenant #4 was on a prophylactic antibiotic and cranberry. Resident Services Notes date 3/6/17 indicated Tenant #4 had a UTI and was placed on an antibiotic twice daily for five days. The first doe would be started on 3/7/17. There was not notation found regarding the completion of the antibiotic and to indicate if any further signs and symptoms of the UTI were present. Resident Services Notes dated 5/25/17 indicated an antibiotic was started for Tenant #4 twice daily for 10 days for a UTI. There was not notation found regarding the completion of the antibiotic and to indicate if any further signs and symptoms of the UTI were present. Nurses' notes were not written by exception for Tenant #4.

An interview with the Nurse on 7/19/17 at 2:55pm revealed there was no additional documentation found in nurses' notes for Tenant #3 or #4.

Plan of Correction

- The Interim Executive Director and CSM were re-educated on documentation by exception and use of Short Term Health Monitors by the Regional Director Care Services (RDCS) on 7/20/17.
- The CSM or designee will review current short term health monitors daily and document accordingly in the Resident Services Notes.
- The ED and the CSM will review residents with changes/exceptions and residents on short term health monitoring weekly and report at the monthly at the QI Meeting for three months.

A089--481-69.26(4) Service Plans

69.26(4) The service plan shall be individualized and shall indicate at a minimum, a) tenants' identified needs and preferences for assistance.

This requirement is not met as evidenced by: Based on interview and record review the Program failed to develop service plans that reflected needs to the tenants for 2 of 5 tenants reviewed (Tenant #2 and #5). Findings follow:

1. Record review of Tenant #2 file revealed a diagnosis of untreated depression. Resident Services notes dated 4/24/17 indicated Tenant #2 tried to get meal trays and staff encouraged him/her to come to the dining room for meals. Resident Services Notes dated 5/10/17 indicated Tenant #2's family was called to set up a psych consult. On 5/19/17 Tenant #2 stated a man was in his/her apartment and hit him/her over the head. On 6/13/17 Resident Services Notes indicated staff reported Tenant #2 said children accompanied by a woman in a yellow dress used a wire to pick his/her lock and come into his/her apartment and take things. Tenant #2 also reported people watched him/her through the window and a man came into the apartment and put in a device that would kill anyone who came into his/her apartment.

A fax to the physician date 6/19/17 indicated a psych appointment was made for 7/11/17 and family and Tenant #2 refused to see psych due to Tenant#2 unwillingness to go. Tenant #2 still had frequent hallucinations, frequently complained he/she was unable to walk, was dizzy and refused to come to meals. The hallucinations were of people planning to hurt him/her, men planting bombs in the apartment or women in yellow dresses with little girls antagonizing Tenant #2. Review of Tenant #2 service plan revealed his/her refusals to come down for meals and request for room trays, the visual hallucinations and interventions related to the behaviors were not addressed.

2. Record review of Tenant #5's file revealed a fax to the physician 4/21/17 indicated Tenant #5 voiced complaints regarding difficulty chewing and swallowing meat. It was noted Tenant #5 coughed more during meals. An order was requested for speech therapy (ST) to evaluate and treat. According to a Speech Therapy Plan of Care (eval only) document dated 4/27/17, the current diet level was level 2 mechanical altered and the current liquid level was thin liquids.

Review of Tenant #5's service plan revealed no reflection of swallowing and chewing meat difficulty or his/her current diet.

3. An interview with the nurse on 7/19/17 at 2:55pm revealed there was no additional documentation found regarding the service plans for Tenants #2 and #5. The nurse reported that she was working on Service Plans for Tenant #2 and #5.

Plan of Correction

- Tenant #2 was assessed and service plan was updated 7/25/17 to reflect hallucinations and appropriate interventions by care staff such as 1:1, reassurance and reporting the event to the CSM via 24 hour report, first responder notations, and short term monitor as appropriate.
- Tenant #5 was assessed and service plan was updated 7/23/17 and reflects mechanical soft diet needs, assistance by staff to cut meats, monitor choking/swallowing difficulty at meal times and report to the CSM via 24 hour report, first responder notations, short term monitor as appropriate.
- Staff interventions for Tenant #2 and Tenant #5 have been added to task sheets as of 7/23/17.
- The Executive Director and CSM were re-educated by the RDCS on 7/20/17 regarding developing service plans that reflect the identified needs of the tenant.
- The CSM will review negotiated service plans on a quarterly basis and at change in condition and update to reflect the identified needs of the resident.
- The ED and CSM will review residents with changes of condition and residents on STM weekly and report at the monthly QI Meeting for three months.

A104—481-69.28(5) Food Service

481-69.28(231C) 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 of

sanitation and safe food handling prior to handling food and shall have annual in-service training of food protection.

This requirement is not met as evidenced by: Based on interview and record review the Program failed to provide an orientation on sanitation and safe food handling prior to handling food for staff who were responsible for food service for 7 out of 7 staff reviewed (Staff A, B, C, E, F and G). Findings follow:

1. Record review revealed Staff A, a resident care partner (RCP) was hired on 7/6/17 and did not have an orientation on sanitization and safe food handling prior to handling food. A one hour Food Service Sanitation training was completed on 7/13/17.

2. Record review revealed Staff B, an RCP was hired on 5/1/17 and did not have an orientation on sanitization and safe food handling prior to handling food. A one hour Food Service Sanitation training was completed on 7/13/17.

3. Record review revealed Staff C, an RCP/med passer (MM), was hired on 2/15/16 and did not have an orientation on sanitization and safe food handling prior to handling food or an annual in-service on food protection. A one hour Food Service Sanitation training was completed on 7/13/17.

4. Record review revealed Staff D, an RCP, was hired of 4/18/17 and did not have an orientation on sanitization and safe food handling prior to handling food. A one hour Food Service Sanitation training was completed on 7/13/17.

5. Record review revealed Staff E, and RCP/MM, was hired on 5/18/17 and did not have an orientation on sanitation and safe food handling prior to handling food. A one hour Food Service Sanitation training was completed on 7/13/17.

6. Record review revealed Staff F, an RCP/MM, was hired on 5/19/17 and did not have an orientation on sanitation and safe food handling prior to handling food. A one hour Food Service Sanitation training was completed on 7/13/17.

7. Record review revealed Staff G, an RCP, hired 6/15/17 and did not have an orientation on sanitization and safe food handling prior to handling food. A one hour Food Service Sanitation training was completed on 7/16/17.

8. An interview with the nurse on 7/19/17 at 1:55pm revealed Staff A, B, C, D, E, F and G all served food and had served food prior to the completion of the food service training on 7/13/17 or 7/16/17.

Plan of Correction

- Current staff who serve food were in-serviced on 7/13/17 and 7/16/17 for sanitation and safe food handling.
- As of 7/13/17,during new employee orientation, the ED or designee will in-service new employees on sanitation and safe food handling with documentation placed in the personnel file upon completion and tracked using the employee file audit tool.

- The ED or designee will audit employee files for three months for completion of in-service and report at QI monthly meeting for three months.
- ED or designee to schedule an annual in-service on Food Safety to be presented in May.

Respectfully submitted,

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