ok 4/20/20

PRINTED: 04/10/2020
FORM APPROVED

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
	80133	A. BUILDING: _____ B. WING _____	01/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AABE HAUGEN ASSISTED LIVING	8 OHIO STREET DECORAH, IA 52101

(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	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. Number of tenants without cognitive disorder: 14 Number of tenants with cognitive disorder: 0 TOTAL census of Assisted Living Program: 14 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 4/10/20	
A 108	481-69.28(6)a Food Service 481-69.28(231C) Food service. 69.28(6) Programs engaged in the preparation and service of meals and snacks shall meet the standards of state and local health laws and ordinances pertaining to the preparation and service of food and shall be licensed pursuant to Iowa Code chapter 137F. The department will not require the program to be licensed as a food establishment if the program limits food activities to the following: a. All main meals and planned menu items must be prepared offsite and transferred to the program kitchen for service to tenants. This REQUIREMENT is not met as evidenced by: Based on observations and interview, the Program failed to prepare and store food in accordance with their food licensure status and	A 108	✓ 5/1/20	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Brianna Ekern — TITLE: Assisted Living Director — (X6) DATE: 4-16-2020

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
	60133	A. BUILDING: _____ B. WING _____	01/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AASE HAUGEN ASSISTED LIVING	9 OHIO STREET DECORAH, IA 52101

(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 108	Continued From page 1 pursuant to Iowa Code chapter 137F. Findings include: During an observational tour on 1/27/20 at 10:15 AM, the Program's kitchen refrigerator was observed to have full-service condiments such as ketchup and salad dressings stored, as well as gallon sized milk. At the time of the findings, Staff A stated the items within the refrigerator were stored items and not brought over at each meal. On 1/27/20 at 1:45 PM the Director confirmed the above findings.	A 108		

Plan of Correction

Aase Haugen Assisted Living

Survey: January 27, 2020

Correction Date: 04/14/2020

5/1/20

The preparation of the following plan of correction for this deficiency does not constitute and should not be interpreted as an admission nor an agreement by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction prepared for these deficiencies were executed solely because provisions of State and Federal law require it.

(1. What did you do to fix it for that resident?
(2. What did you do to fix it for all residents?
(3. Education/Policy update/QAPI action plan
(4. Audits
(5. QAPI

A108 Food Service

The program failed to prepare and store food in accordance with their food licensure status. During on observational tour on 1/27/20 At 10:15 am, the program's kitchen refrigerator was observed to have full-service condiments such as ketchup and sald dressings stored, as well as gallon sized milk. At the time of the findings. staff A stated the items within the refrigerator were stored items and not brought over at each meal.

On 1/27/20 at 1:45pm, the director confirmed the above findings.

QAPI action plan initiated for universal workers on **4/10/20**

Audits will be completed monthly by Assisted Living Manager. **Ongoing**

Staff were educated on 04/10/20

All condiments/drinks will be brought over at each meal. 04/10/20.