DEPARTMENT OF INSPECTIONS AND APPEALS ok

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0035	A. BUILDING: _____ B. WING _____	C 05/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COTTAGE GROVE PLACE	2115 1ST AVENUE SE CEDAR RAPIDS, IA 52402

(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 impairment: 35 Number of tenants with cognitive impairment: 0 Total census: 35 There were no regulatory insufficiencies identified related the investigation of Complaint #107526-C. The following regulatory insufficiencies were cited during the investigation of Complaint #111379-C and the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program:	A 000	See Attached POC 6/16/23	
A 106	231C.5 1 Occupancy Agreement 231C.5 Written occupancy agreement required. 1. An assisted living program shall not operate in this state unless a written occupancy agreement, as prescribed in subsection 2, is executed between the assisted living program and each tenant or the tenant's legal representative, prior to the tenant's occupancy, and unless the assisted living program operates in accordance with the terms of the occupancy agreement. The assisted living program shall deliver to the tenant or the tenant's legal representative a complete copy of the occupancy agreement and all supporting documents and attachments and shall deliver, at least thirty days prior to any changes, a written copy of changes to the occupancy agreement if any changes to the copy originally delivered are subsequently made.	A 106		

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

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A 106	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to obtain a signed occupancy agreement prior to the tenant taking occupancy. This pertained to 2 of 4 current tenants reviewed (Tenant #2 and Tenant #4). Findings follow: 1. Record review on 4/26/23 of Tenant #2's file revealed Tenant #2 was admitted on 3/28/22. An Assisted Living Health and Functional Evaluation Form indicated an admission note dated 3/28/22. The Tenant Assisted Living Agreement was signed on 3/29/22, by Tenant #2 and a Program representative. Tenant #2 was admitted prior to the signing of the occupancy agreement. 2. Record review on 4/27/23 of Tenant #4's file revealed Tenant #4 was admitted on 2/23/23. A Tenant Assisted Living Care Agreement was signed on 2/23/23 by a Program representative; however, not was not signed by Tenant #4 or her legal representative. The document was unsigned by Tenant #4 or her legal representative at the time of review on 4/27/23. 3. When interviewed on 5/3/23 at 11:51 a.m. the Assisted Living Administrator confirmed all occupancy agreements were provided for the tenants listed above.	A 106		
A 290	481-69.25(1)i 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	A 290		

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A 290	Continued From page 2 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 nurse's notes by exception. This pertained to 2 of 4 tenants reviewed (Tenant #3 and Tenant #4). Findings follow: 1. Record review on 4/26/23 and 4/27/23 of Tenant #3's file revealed daily report sheets reflected the following: -On 4/16/23 on second shift it was noted Tenant #3 was inappropriate to one of the staff -On 4/16/23 on third shift he called a couple of times and did not know what he wanted and wanted to know where the other staff was at -On 4/17/23 on second shift he called several times and complained of pain in his groin. There was no signs of redness or rash. The area was cleansed and powder reapplied -On 4/18/23 on first shift it was noted Tenant #3 called a lot -On 4/18/23 on second shift it was noted Tenant #3 called for things like to get water from the refrigerator and to turn on the fan -On 4/19/23 on second shift it was noted Tenant #3 used his pendant throughout the shift. The bottom of the form indicated Tenant #3 complained of pain in his testicles and asked staff	A 290		

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A 290	Continued From page 3 to apply lotion -On 4/19/23 on third shift staff assisted 8 times with putting on new underwear, 4 times for an ice pack, 1 time to adjust the thermostat, 2 times to clean up the bathroom floor, 2 times to assist with laundry and 2 times for a bleeding nose. -On 4/20/23 it was noted on the bottom of the sheet for staff to fill out a report sheet if Tenant #3 made sexual comments or had sexual behavior towards staff -On 4/20/23 on second shift it was noted Tenant #3 called 5 times and requested staff assist with him with his fold. Staff told him it was not red and if he wanted to apply the powder he could apply it. -On 4/22/23 on first shift it was noted Tenant #3 called 5 times, including to shut off his fan, get a medication for him and put on his socks -On 4/24/23 on second shift it was noted Tenant #3 called 4 times and had diarrhea 3 times. Staff assisted with cleaning him up and changing his underwear Continued record review revealed nurse's notes were not documented related to the behaviors noted above. Nurse's notes were not documented by exception for Tenant #3. 2. Record review on 4/27/23 of Tenant #4's file revealed daily report sheets reflected the following: -An undated sheet indicated on second shift that Tenant #4 was incontinent and had her brief inside her pants but not on	A 290		

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A 290	Continued From page 4 -On 3/17/23 on second shift it was noted Tenant #4 was pretty confused -On 3/17/23 on third shift it was noted Tenant #4 had been up all night and a pain medication was given -An undated sheet indicated on second shift that Tenant #4 was all over the place and went to the grill for a drink -On 3/23/23 on second shift it was noted Tenant #4 took a shower independently but came out in the hallway in a shirt and protective undergarment only. -On 3/25/23 on first shift it was noted Tenant #4 tore her apartment apart, was very confused and "soaked" her bed -An undated sheet indicated on second shift that someone brought her back from the grill -On 3/29/23 on second shift it was noted Tenant #4 walked over to independent living, was very confused, frustrated and lost -On 3/31/23 on third shift it was noted Tenant #4 was very confused and thought someone was in her apartment -An undated sheet indicated on second shift Tenant #4 was looking for her spouse -An undated sheet indicated on third shift that Tenant #4 was very confused and tried to call the fire department -On 4/14/23 on third shift it was noted Tenant #4 called and complained about her back	A 290		

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A 290	Continued From page 5 -An undated sheet indicated on second shift Tenant #4 called looking for the party at 9:30 p.m. -An undated sheet indicated on third shift Tenant #4 called three times and reported seeing people in her apartment -On 4/17/23 on second shift it was noted Tenant #4 was very "out of it" at the meal -An undated sheet indicated on second shift that Tenant #4 got lost and went to the commons (independent living) -On 4/22/23 on first shift it was noted Tenant #4 was emotional Continued record review revealed there were four entries in Tenant #3's nurse's notes since admission (2/23/23) and none of the entries pertained to the behaviors as noted above. Nurse's notes were not documented by exception for Tenant #4. 3. When interviewed on 5/3/23 at 11:51 a.m. the Assisted Living Administrator confirmed all nurse's notes were provided for the tenants listed above.	A 290		
A 350	481-69.26(1) Service Plans 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are	A 350		

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A 350	Continued From page 6 needed. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop service plans that reflected the service needs of the tenants. This pertained to 4 of 4 current tenants reviewed (Tenants #1, #2, #3 and #4). Findings follow: 1. Record review on 4/26/23 of Tenant #1's file revealed the service plan dated 4/19/23 reflected under Managed Risk, Tenant #1 consumed more alcohol in the evenings and had falls around midnight. When interviewed on 5/3/23 at 11:42 a.m. the Assisted Living Administrator indicated it was decided not to implement a managed risk for Tenant #1 at that time. When interviewed on 5/2/23 at 3:37 p.m. Staff F said Tenant #1 was supposed to go outside to smoke but had observed her smoking in between the two doors at the main entrance. When interviewed on 5/2/23 at 4:30 p.m. Staff G said Tenant #1 had smoked inside the building a couple of times. Continued record review of Tenant #1's service plan revealed the service plan did not reflect the managed risk agreement was not in place related to alcohol consumption and falls. The service plan also did not reflect Tenant #1's smoked at times in not permitted areas of the building and if any safety interventions were needed.	A 350		

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A 350	Continued From page 7	A 350		

2. Record review on 4/26/23 of Tenant #2's file revealed the Assisted Living Health and Functional Form dated 12/15/22 reflected Tenant #2 had back pain, had an epidural and might call for additional assistance with cares if needed, due to pain. Staff would assist with activities of daily living when she had weakness or pain.

Continued record review revealed nurse's notes indicated the following:

-On 1/17/23 it was noted a new order was received to change morphine to every 8 hours scheduled due to increased pain

-On 1/20/23 it was noted a new order was received to increase morphine to 1.25 milliters four times daily

-On 1/23/23 it was noted Tenant #2's family took her to the emergency department and she was admitted for pain control on 1/22/23

Further record review revealed Tenant #2's service plan signed 12/21/22 reflected Tenant #2 might call for assistance with cares if having weakness or pain; however, did not reflect Tenant #2's pain and interventions in place for pain management.

3. Record review on 4/26/23 and 4/27/23 of Tenant #3's file revealed daily report sheets reflected the following:

-On 4/16/23 on second shift it was noted Tenant #3 was inappropriate to one of the staff

-On 4/16/23 on third shift he called a couple of times and did not know what he wanted and wanted to know where the other staff was at

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A 350	Continued From page 8 -On 4/17/23 on second shift he called several times and complained of pain in his groin. There was no signs of redness or rash. The area was cleansed and powder reapplied -On 4/18/23 on first shift it was noted Tenant #3 called a lot -On 4/18/23 on second shift it was noted Tenant #3 called for things like to get water from the refrigerator and to turn on the fan -On 4/19/23 on second shift it was noted Tenant #3 used his pendant throughout the shift. The bottom of the form indicated Tenant #3 complained of pain in his testicles and asked staff to apply lotion -On 4/19/23 on third shift staff assisted 8 times with putting on new underwear, 4 times for an ice pack, 1 time to adjust the thermostat, 2 times to clean up the bathroom floor, 2 times to assist with laundry and 2 times for a bleeding nose. -On 4/20/23 it was noted on the bottom of the sheet for staff to fill out a report sheet if Tenant #3 made sexual comments or had sexual behavior towards staff -On 4/20/23 on second shift it was noted Tenant #3 called 5 times and requested staff assist with him with his fold. Staff told him it was not red and if he wanted to apply the powder he could apply it. -On 4/22/23 on first shift it was noted Tenant #3 called 5 times, including to shut off his fan, get a medication for him and put on his socks -On 4/24/23 on second shift it was noted Tenant	A 350		

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A 350	Continued From page 9	A 350		

#3 called 4 times and had diarrhea 3 times. Staff assisted with cleaning him up and changing his underwear

When interviewed on 4/25/23 at 1:54 p.m. Staff E said Tenant #3 had made comments of a sexual nature twice to a staff member. She said Tenant #3 called a lot for tasks including to close a drawer, pick up a blanket or get him an ice pack. She said one morning on first shift he called 10 times. She said Tenant #3 went to bathroom and there would urine on the bathroom floor.

Continued record review of Tenant #3's service plan dated 3/7/23 indicated Tenant #3 had occasional incontinence of urine and did not like to wear protective undergarments. Staff was to check his skin at showers due to history of pressure ulcers and excoriations under his abdominal folds. The service plan did not reflect Tenant #3's behaviors, frequent calls, the extent of Tenant #3's urinary incontinence, loose stools, complaints of pain, and the application of the powder to affected areas regarding frequency and if it was self-administered or staff administered.

4. Record review on 4/27/23 of Tenant #4's file revealed daily report sheets reflected the following:

-An undated sheet indicated on second shift that Tenant #4 was incontinent and had her brief inside her pants but not on

-On 3/17/23 on second shift it was noted Tenant #4 was pretty confused

-On 3/17/23 on third shift it was noted Tenant #4 had been up all night and a pain medication was

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A 350	Continued From page 10	A 350		

given

-An undated sheet indicated on second shift that Tenant #4 was all over the place and went to the grill for a drink

-On 3/23/23 on second shift it was noted Tenant #4 took a shower independently but came out in the hallway in a shirt and protective undergarment only.

-On 3/25/23 on first shift it was noted Tenant #4 tore her apartment apart, was very confused and "soaked" her bed

-An undated sheet indicated on second shift that someone brought her back from the grill

-On 3/29/23 on second shift it was noted Tenant #4 walked over to independent living, was very confused, frustrated and lost

-On 3/31/23 on third shift it was noted Tenant #4 was very confused and thought someone was in her apartment

-An undated sheet indicated on second shift Tenant #4 was looking for her spouse

-An undated sheet indicated on third shift that Tenant #4 was very confused and tried to call the fire department

-On 4/14/23 on third shift it was noted Tenant #4 called and complained about her back

-An undated sheet indicated on second shift Tenant #4 called looking for the party at 9:30 p.m.

-An undated sheet indicated on third shift Tenant

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A 350	Continued From page 11 #4 called three times and reported seeing people in her apartment -On 4/17/23 on second shift it was noted Tenant #4 was very "out of it" at the meal -An undated sheet indicated on second shift that Tenant #4 got lost and went to the commons (independent living) -On 4/22/23 on first shift it was noted Tenant #4 was emotional When interviewed on 4/25/23 at 12:45 p.m. Staff B said Tenant #4 was confused a lot and staff redirected her back to her apartment Continued record review revealed Tenant #4's service plan dated 3/17/23 reflected Tenant #4 had times of increased confusion and hallucinations and she had them when she had a urinary tract infection. The service plan did not reflect Tenant #4's back pain, confusion and behaviors as noted above and if any interventions needed for safety. 5. When interviewed on 5/3/23 at 11:51 a.m. the Assisted Living Administrator confirmed all current service plans for the tenants listed above were provided.	A 350		
A 465	481-69.28(5) 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	A 465		

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A 465	Continued From page 12 in-service training on food protection. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide staff with an orientation on safe food handling prior to handling food and failed to provide an in-service on food safety annually. This pertained to 4 of 5 staff reviewed that served or prepared food (Staff A, B, C and D). Finding follow: 1. Record review on 4/18/23 and 4/25/23 of Staff A's training documents revealed a hire date of 5/12/22. Staff A had a food safety and sanitization training completed in January 2023. A training prior to handling food and prior to the January 2023 training was not completed. 2. Record review on 4/18/23 and 4/25/23 of Staff B's training documents revealed a hire date of 10/17/22. Staff B had a food safety and sanitization training completed in January 2023. A training prior to handling food and prior to the January 2023 was not completed. 3. Record review on 4/18/23 and 4/25/23 of Staff C's training documents revealed a hire date of 2/21/21. Staff C had food safety training completed in February 2021, August 2021 and January 2023. Staff C did not an in-service training on food safety completed in 2022 (annual requirement). 4. Record review on 4/18/23 and 4/25/23 of Staff D's training documents revealed a hire date of 7/7/22 and an assisted living (AL) start date of 9/1/22. Staff D had a food safety and sanitation training completed in January 2023. A training prior to handling food and prior to the January	A 465		

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A 465	Continued From page 13 2023 training was not completed. 5. When interviewed on 5/3/23 at 11:51 a.m. the Assisted Living Administrator confirmed all food safety training was provided for the staff listed above. She also confirmed all of the staff listed above served food.	A 465		
A 515	481-69.29(1) Staffing 69.29(1) Each tenant shall have access to a 24-hour personal emergency response system that automatically identifies the tenant in distress and can be activated with one touch. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to have a functioning 24-hour personal emergency response system for tenants in distress to activate with one touch. This pertained to 1 of 4 tenants reviewed (Tenant #3) and potentially affected all tenants (census of 35). Findings follow: 1. Record review on 4/26/23 and 4/27/23 of Tenant #3's file revealed a incident report dated 12/14/22 indicated on 12/9/22 at 5:30 a.m. Tenant #3 was found laying next to the chair in the living room. The fall was not witnessed. Tenant #3 asked where he was, said his shoulder hurt and asked to go to the hospital. The fire department and ambulance staff assisted with getting Tenant #3 up from the floor. Continued record review revealed nurse's notes indicated the following:	A 515		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0035	A. BUILDING: _____ B. WING _____	C 05/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COTTAGE GROVE PLACE	2115 1ST AVENUE SE CEDAR RAPIDS, IA 52402

(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 515	Continued From page 14	A 515		

-On 12/12/22 it was noted on 12/9/22 Tenant #3 fell during the night, went to the emergency department and was admitted for kidney failure and a urinary tract infection.

-On 1/5/23 it was noted Tenant #3 was readmitted to the Program from skilled care on 1/4/23.

When interviewed on 4/27/23 Tenant #3 said he lived on third floor at that time of the fall and was the only tenant on that floor at that time. He got up to go to the bathroom and fell. He pressed his pendant and he said seemed like two to three hours and no one came. He said contractors working at the building heard him yelling and told staff. It had been quite awhile. He went out to the hospital after the fall. He had since moved to the second floor. He said now if staff did not respond in about 15 minutes he called on the phone.

Further record review revealed pendant history records were requested from December 2022, including at the time of Tenant #3's fall (12/9/22); however, were not available.

2. When interviewed on 4/27/23 at 3:47 p.m. Staff H said she remembered going upstairs and Tenant #3 was on the floor in his living room. Tenant #3 told the ambulance provider he had been on the floor for four hours. She said she responded to the page within 5 to 10 minutes but she wasn't sure what page alert it was when she received it and it might have the fifth page. The ambulance staff called the fire department to assist in getting him up. She said staff would need a lift to get him up. Staff H said within the last week there had been issues with the pendants and the first page not being received. She said also not all staff were receiving all of the

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	S0035	A. BUILDING: _____ B. WING _____	C 05/03/2023

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A 515	Continued From page 15	A 515		

pages. Staff H said staff had started to track issues with the pages in the last four to five days.

When interviewed on 4/27/23 at 2:22 p.m. Staff G said one night with Tenant #3 he called and she did not receive the page. He called the health center and the Assisted Living Director of Nursing (DON) then called her. Staff G said a few days ago a tenant paged and she did not receive the page. She said some nights the pendant alerts at the second page and not on the first page or alert.

When interviewed on 4/27/23 at 11:49 a.m. the Assisted Living DON said Tenant #3 fell months ago and told her he was on the floor for hours. She said he was on the floor for approximatley 20 minutes. She said when Tenant #3 first moved into the Program he was on the third floor as there were not any apartments on second floor.

When interviewed on 4/27/23 at 11:16 a.m. the Assisted Living Administrator said Tenant #3 fell on on third shift. Tenant #3 said he pushed his pendant. The next day she checked the system and there were no pages for Tenant #3. Tenant #3 said he was unassisted after his fall for two to three hours. She said the cameras were reviewed and showed staff responded in 45 minutes to 1 hour. Tenant #3 was moved to second floor. She said there was not documentation of the investigation of Tenant #3's incident related to the pendant response.

3. Record review revealed pendant response times from 4/21/23 to 4/25/23 were reviewed and indicated the following:

-Pendant calls answered with times at 15 to 19 minutes, more than 10 instances

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	S0035	A. BUILDING: _____ B. WING _____	C 05/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COTTAGE GROVE PLACE	2115 1ST AVENUE SE CEDAR RAPIDS, IA 52402

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A 515	Continued From page 16 -Pendant calls answered with times at 20 to 29 minutes, more than 15 instances -Pendant calls answered with times at 30 minutes or greater, 4 instances -Pendants that went unanswered or no response received to the page, more than 50 instances Continued record review revealed a document for staff to record when the pendant did not start at the first page. It was documented from 4/6/23 to 4/14/23. There were numerous entries in that timeframe, it included up to the seventh try/page and an unanswered alert. For example, on 4/13/23 there were 12 instances of delayed pages from 7:15 a.m. to 10:15 a.m., it included various tenants and had occurrences on each shift. 4. When interviewed on 5/3/23 at 11:51 a.m. the Assisted Living Administrator said recently with the pendant system staff were not getting alerts on the first try/page, some not until the fifth try/page. She said there was 5 minutes between each try/page and it continued until the seventh try/page. She said also staff in different areas of the building were not all getting the same pages. Most of the issues seemed to be focused in the newest addition of the building. She said the standard of practice was to respond to the pendants in 10 minutes (two pages). There had contact with pendant company to remedy the issues.	A 515		

Cottage Grove Place ALP Recertification

Plan of Correction from 04/13/23 to 05/03/23.

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or the conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and/or State Law.

A106 231C.1 Occupancy Agreement

The Assistant Living Administrator was provided education by the Executive Director on 06/13/23 regarding occupancy agreements must be signed prior to the tenant taking occupancy. Tenant #4 occupancy agreement was signed on 06/01/2023. Executive Director or designee will monitor quarterly for compliance.

A290 481-69.25(1) Tenant Documents

The Assisted Living director of nurses will review all tenant records in the Assisted Living program for proper documentation in the nurse's notes by 06/16/23. The assisted living administrator will monitor monthly for compliance.

Tenant #3 was discharged to a higher level of care on 05/14/23.

Tenant #4 was moved to memory care on 06/01/23. Tenants' nurse's notes will reflect exception documentation when appropriate.

A350 481-69.26(1) Service Plans

The Assisted Living director of nurses will review all service plans in the Assisted Living program for accuracy and to determine if a managed risk assessment needs to be performed by 06/13/23. Service plans will be designed to meet the specific service needs of the individual tenant. Service plans will subsequently be updated and at least annually and whenever changes are needed. Chart audits will occur over the next 30 days for compliance.

Tenant #1 had service plan adjusted on 06/16/23 reflecting a managed risk assessment for alcohol consumption, smoking and falls.

Tenant #2 had service plan adjusted on 06/16/23 identifying a need for pain management and assistance for weakness.

Tenant #3 was discharged to a higher level of care on 05/14/23.

Tenant #4 had service plan adjusted on 06/01/23 to reflect the tenants move to memory care and hallucinations.

A465 481-69.28(5) Food Service

The Assisted Living Administrator audited all staff for the completion of food service safety and sanitation training by 06/13/23. No issues were identified. The Assisted Living Administrator was educated on 06/01/23 by the Executive Director on proper training in food service safety and sanitation prior to staff handling food. Human Resources will monitor for compliance during new hire orientation for assisted living staff.

A515 481-69.29(1) Staffing

The Plant Manager contacted Heart Technologies to address the transmission of the lifeline call system. Heart Technologies indicated they could improve the existing 5-watt paging transmitter to a 25-watt paging transmitter with antenna, to boost the transmission of the call system. This antenna was ordered and installed on 06/15/2023. Assisted Living Administrator and Plant Manager will perform audits over the next 30 days to ensure transmission of the life-line call system is compliant.