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
	S0047	A. BUILDING: _____ B. WING _____	C 12/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCK RAPIDS PE, LLC	1510 S CARROLL ROCK RAPIDS, IA 51246

(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 population of Program at time of on-site: 14 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program and the investigation of Complaint #104695-C.	A 000	This plan of correction does not constitute an admission or agreement by the provider of the facts alleged or the conclusions set forth in the statement of deficiencies. This plan is prepared solely because it is required by State and Federal Law.	
A 155	481-67.3(1) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(1) To be treated with consideration, respect, and full recognition of personal dignity and autonomy. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to ensure tenants were consistently treated with respect and consideration at mealtimes, affecting all 14 tenants. Findings follow: Observation on 12/12/22 of the evening meal revealed it included canned chicken noodle soup, ham and cheese sandwich on wheat bread, rice cereal treats, and choice of beverage. The posted	A 155	A 155 1. The Assisted Living Director (ALD) hired a cook for the facility and staff were re-educated on 01/23/23 related to the requirements of providing dietary allowances and following menus. 2. The ALD provided mandatory in-service to assisted living staff related to the dietary allowances and following the menus on 2/9/23. 3. The ALD or designee will audit meals 2 times a week for 12 weeks to verify the residents continue to be provided dietary allowances and following menus as required. The ALD is responsible for monitoring and follow up as needed. 4. Date of compliance: 2/20/23	02/20/2023

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A 155	Continued From page 1 menu for the meal was cheesy vegetable soup, deli sandwich, potato chips, fruit, and milk. Observation on 12/13/22 of the noon meal revealed it included hamburger stroganoff, peas, mandarin oranges, and choice of beverage. Further observations in the kitchen revealed a tray of rice cereal treats. The posted menu for the meal was hamburger stroganoff casserole, tossed salad with dressing, bread with margarine, pudding, and milk. On 12/13/22 at 12:14 p.m. the tenants present in the dining room confirmed meals failed to include all food groups regularly and were served only soup and a sandwich routinely for the evening meal. They stated they wanted dessert served with their meals. On 12/12/22 Staff B confirmed the nursing home delivered whatever food they wanted to and at times failed to include all food groups. On 12/13/22 at 12:02 p.m. Staff A stated the tray of rice cereal treats was from the previous night and no pudding was delivered for the noon meal. She reported the dietary staff from the nursing home told the Program not to serve the tenants desserts as they did not need them.	A 155		
A 140	481-69.22(2) Evaluation of Tenant 69.22(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not	A 140	A 140 1. Tenant #1 evaluations and Medical History/Physical/Functional Assessment was completed by the licensed nurse on 4/6/2022. 2. The ALD completed an audit by 1/23/23 to verify that evaluations have been completed for current tenants. Any identified concerns were address at the time of the audit. An RN will available bi-monthly to verify 30-day evaluations are completed as required. The RN/ALD provided education to the current ALD on or before 02/09/23 related to the requirements of tenant evaluations and Medical History/Physical/Functional Assessment. 3. The ALD or designee will audit 2 residents a weekly for 12 weeks to verify the 30-day evaluations continue to be completed as required. Results of these audits will be taken to the QAPI monthly meeting for 3 months for review and recommendations as needed. The ALD is responsible for monitoring and follow up as needed. 4. Date of compliance: 2/20/23	02/20/2023

Brooke Mowitz ALD 2/15/23

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A 140	Continued From page 2 exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to evaluate functional, cognitive, and health status within 30 days of occupancy for 1 of 2 tenants reviewed (Tenant #1). Findings follow: Record review of tenant files on 12/13/22 revealed the following Tenant #1 was admitted on 10/16/21. No functional, cognitive, or health assessments completed within 30 days of occupancy could be located. On 12/14/22 the interim Director confirmed these findings.	A 140	A 465 1. Staff members C, and F completed sanitation safety training on or before 2/9/23. Staff members D and E will complete their training on or before 02/20/23. 2. An audit was completed by ALD on or before 02/09/2023 related to sanitation safety training. Any staff member that has not completed the training on or before 02/20/23 will complete the training prior to preparing in food to the tenants. 3. The RN or designee will complete audits weekly for 12 weeks to ensure staff continue to receive sanitation and safe food handling training as required. Results of these audits will be taken to the QAPI monthly meeting for 3 months for review and recommendations as needed. The ALD is responsible for monitoring and follow up as needed. 4. Date of compliance: 2/20/23	02/20/2023
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 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 an orientation on sanitation and safe food handling prior to handling food for 4 of 4 staff reviewed (Staff C, Staff D, Staff E, and Staff F). Findings follow: Record review of staff files on 12/13/22 revealed	A 465		

Brooke Manity ALD 2/15/23

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A 465	Continued From page 3 the following: 1. Staff C assisted with serving meals. No training on sanitation and safe food handling could be located. 2. Staff D assisted with serving meals. No training on sanitation and safe food handling could be located. 3. Staff E assisted with serving meals. No training on sanitation and safe food handling could be located. 4. Staff F assisted with serving meals. No training on sanitation and safe food handling could be located. On 12/14/22 the interim Director confirmed these findings.	A 465		
A 510	481-69.28(8) Food Service 69.28(8) All perishable or potentially hazardous food shall be cooked to recommended temperatures and held at safe temperatures of 41°F (5°C) or below, or 135°F (57°C) or above. This REQUIREMENT is not met as evidenced by: Based on interview and record review it could not be detemined food was cooked and held to the recommended temperatures. Findings follow: Record review on 12/13/22 of the Food Temperature Record book for the month of December revealed staff documented the temperature for 5 of 38 meals served.	A 510	A 510 1. Staff were re-educated on 1/23/23 by ALD related to the requirements of food serving temperatures and recording temperatures on the temperature log. 2. The ALD provided mandatory in-service on 2/9/23 to assisted living staff related to the requirements of food serving temperatures and recording temperatures on the temperature log. 3. The ALD or designee will audit temperature logs 2 times a week for 12 weeks to ensure temperatures continue to be obtained and recorded as required. Results of these audits will be taken to the QAPI monthly meeting for 3 months for review and recommendations as needed. The ALD is responsible for monitoring and follow up as needed. 4. Date of compliance: 2/20/23	02/20/2023

Brooke Manity ALD 2/15/23

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A 510	Continued From page 4 On 12/13/22 at 12:02 p.m. Staff A confirmed she took the temperatures of the food and documented them but no other staff completed this step as required. She stated the former Administrator maintained the record and she recently quit with no replacement at this time to manage the kitchen.	A 510		
A 695	481-69.34(3) Activities 69.34(3) A written schedule of activities shall be developed at least monthly and made available to tenants and their legal representatives. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop and provide a monthly schedule of activities to tenants.This pertained to all tenants in the assisted living. Findings follow: On 12/13/22 the Program failed to provide a schedule of activities for the recertification visit. On 12/13/22 at 11:18 a.m. Staff A confirmed no staff was responsible for developing or ensuring activities were provided for tenants and it had been this way for a long time. She stated a person came in to do bingo but that was it. On 12/13/22 at 12:14 p.m. the tenants present at the noon meal confirmed the Program provided no activities other than bingo once in awhile. On 12/14/22 the interim Director confirmed these findings.	A 695	A 695 1. Staff were re-educated on 12/30/22 related to the requirements of providing a monthly activities calendar to tenants and families and providing posted activities daily. 2. The ALD provided a mandatory in-service to assisted living staff on 2/9/23 related to the requirements of providing a monthly activities calendar to tenants and families and providing posted activities daily. 3. The ALD or designee will audit activities calendar 2 times a week for 12 weeks to ensure activities continue to be posted and provided as required. Results of these audits will be taken to the QAPI monthly meeting for 3 months for review and recommendations as needed. The ALD is responsible for monitoring and follow up as needed. 4. Date of compliance: 2/20/23	02/20/2023

Brooke Manity ALD 2/15/23

✓ 3/31/23