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
	S0116	A. BUILDING: _____ B. WING _____	C 05/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY POINTE	1020 S SCOTT BLVD IOWA CITY, IA 52240

(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: 62 Number of tenants with cognitive impairment: 8 Total census: 70 The following regulatory insufficiencies were cited during the investigation of Complaints #119003-C and #120010-C:	A 000	See Attached POC 8/29/24	
A 160	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide care, treatment and services that were adequate and appropriate related to COVID-19 diagnosis with symptoms and pre-existing comorbities. This pertained to 1 of 2 discharged tenants reviewed (Tenant C1). Findings follow: 1. Record review on 5/8/24 and 5/13/24 of Tenant C1's file revealed Progress Notes indicated the following:	A 160		

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

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A 160	Continued From page 1 a. On 2/17/24 it was noted Tenant C1 had a mild cough and congestion. Tenant C1 was tested for COVID-19 and tested positive. Tenant C1 said he felt tired with a little cough. Tenant C1 denied shortness of breath (SOB) and fluids were encouraged. b. On 2/20/24 it was noted a change of condition assessment was completed related to Tenant C1 testing positive for COVID-19. Tenant C1 was staged at a three on the Global Deterioration Scale, which indicated mild cognitive decline. c. On 2/22/24 it was noted Tenant C1 was retested positive for COVID-19 and had another positive result. He was encouraged to quarantine for the full 10 days. Fluids were encouraged. Tenant C1 said he felt fine but was a little tired. d. On 2/28/24 it was noted at 10:10 a.m. Tenant C1 pulled his bathroom call light and staff responded. He was observed on the floor in his bathroom on the left side. Staff called the Director of Nursing to his apartment and she responded. Tenant C1 was alert; however, his speech was garbled. Tenant C1 said he was in pain. Tenant C1's hands and feet were blue and purple in color. Staff called 911 and paramedics arrived. Tenant C1 was transported to the hospital. Tenant C1's family was contacted and updated. e. On 2/28/24 it was noted the Director of Nursing received a telephone from the medical examiner (ME) who said Tenant C1 had died at the hospital and the medical examiner asked questions and the questions were answered. f. On 2/29/24 it was noted on 2/28/24 at 10:10	A 160		

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a.m. Tenant C1 used his call light and staff went to the apartment and found him laying on the bathroom floor. He had a small cut next to the left eyebrow and some blood on his lower lip. Staff called 911 due to pain, his speech and abnormal vitals. His vitals were as follows: blood pressure 116/67, temperature was 97 degrees, pulse was 113, respiration rate was 32 and his oxygen saturation was 51% on room air. He was transported to the hospital via ambulance and they received a call later that afternoon that he had died at the hospital.

2. Continued record review revealed an Incident Report dated 2/28/24 at 10:15 a.m. Tenant C1 called for assistance, when staff arrived he was observed on the floor. He was bleeding and had a cut on bottom lip and his left eyebrow. Tenant C1 was sent to the hospital via ambulance. The legal representative and nurse were notified.

3. Record review revealed Tenant C1's diagnoses included essential hypertension, seizures, hyopthyroidism, hypopituitarism, unspecified mental disorder, due to unknown physiological condition, alcohol abuse, epilepsy, obstructive sleep apnea, Athersclerotic heart disease of native coronary artery without angina pectoris, unspecified atrial fibrilation, cerebrovasuclar diseases, acute cystitis without hematuria, arteriovenous malformation.

Further record review the service plan updated on 2/20/24 reflected Tenant C1 was independent with cares and medications, except staff assisted with applying his CPAP at night as needed. The service plan was updated after his COVID-19 diagnosis; however, did not include any changes related to COVID-19 positivity or cares.

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Evaluations were last completed on 2/20/24 related to a change in condition (COVID-19 positive). The evaluations did not indicate anything related to Tenant C1's COVID-19 symptoms.

Continued record review revealed an All Vitals document reflected vitals were taken on 2/3/24 and 2/28/24. His vital signs on 2/3/24 were as follows: blood pressure 114/62, pulse was 66, respiration rate was 16 and oxygen saturation was 97%. On 2/28/24 his vital signs were as follows: blood pressure was 116/67, pulse was 113, respiration rate was 32, temperature was 97 degrees and oxygen saturation was 51%. There were no other recorded vitals signs for February including when Tenant C1 tested positive for COVID-19, during his 10 day isolation or at the end of this COVID-19 positivity.

Further record review revealed the Resident Face Sheet indicated Tenant C1 was a full code. The evaluations dated 2/20/24 indicated Tenant C1 was a full code. An IPOST provided dated 1/25/23 indicated his designation was a do not resuscitate (DNR) with limited interventions including do not intubate (DNI).

4. Record review of hospital records indicated Tenant C1's date and time of death was 2/28/24 at 11:49 a.m. The history and physical indicated per emergency medical services (EMS) report he was normal at 10:00 a.m. and at 10:15 a.m. he was found on the floor in the bathroom with blood on his face and unresponsive. When EMS arrived he was hypoxic and hypotensive. EMS reported there were no breath sounds bilaterally. A bilateral needle decompression was completed and a large gush of blood came from the right side needle. The program had him listed as a full

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code; however, his IPOST indicated that he was DNR and DNI. Emergency department (ED) staff were present and were beginning the resuscitation at the time the trauma team arrived. Tenant C1 was being oxygenated via a bag mask. Tenant C1 continued to be hypoxic and it was noted at that time Tenant C1's code status came into question as conflicting information was provided. Tenant C1 was listed as a full code per the program but was listed on as a DNR/DNI per hospital PCP notes. The IPOST scanned dated 2/13/23 indicated DNR with minimal interventions including intubation. Tenant C1's PCP and legal representative were called and both confirmed he was DNR/DNI. His pulse was lost at 11:40 a.m. and time of death was 11:49 a.m. The medical decision making section indicated Tenant C1 had recently been quarantining due to COVID and had a fall. He was hypoxic (oxygen saturation in the 70's) upon arrival to the hospital. They initially prepared for intubation but verified the IPOST and he was a DNR and DNI. A chest x-ray was obtained did not show pneumothorax, rib fractures or hemothorax. At that point it was noted it was not sure what the cause of the hypoxia the following were considered: ACS, pneumothorax, hemothorax, pulmonary embolism, brainstem bleed, underlying lung disease and COVID. An autopsy was completed; however, it was limited to the brain. The manner of death was natural and the cause of death was "atherosclerotic and hypertensive cardiovascular disease."

5. When interviewed on 5/14/24 at 11:09 a.m. the Assistant Director of Nursing she did not believe Tenant C1 received a lot of cares from nursing staff. She said he isolated for a full 10 days and was agreeable to do so. He had tested positive and had some slight congestion. His meals were

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delivered. She said his oxygen was checked but it was not documented. On 2/20/24 she saw him and he said he felt okay and denied shortness of breath. On 2/28/24 the Director of Nursing asked her to print off of his paperwork and it went with him to the hospital. She said it was face sheet. She went to his apartment and there were two paramedics in the door and she was not able to see much. Tenant C1 was taken to the ED. She said the Director of Nursing spoke with the ME.

When interviewed on 5/14/24 at 9:30 a.m. the Director of Nursing said Tenant C1 had very mild symptoms with COVID-19, he had a mild cough, congestion and was tired. He was in isolation for 10 days and there were no routine vital signs during that time. He was pretty independent and had meals delivered. Staff found Tenant C1 in the bathroom after he pushed his pendant. They called her and she responded. When she observed him, his skin color was off and it was gray in color and he was not doing well. He verbalized he had pain but could not verbalize the location of his pain. He had a cut on his left eyebrow and lower lip. His pulse was very high and oxygen saturation was very low (51%). She said he would have been out of isolation and she did not recall if any vital signs were documented when he left isolation. Staff reported he had been seen earlier in the day, approximately one to two hours before out by the fireplace. She believed it was a product of the fall or whatever was going on with him, regarding his oxygen saturation. The ME called and she did not recall what the ME asked her. She said Tenant C1 did not have issues with oxygen saturation previously. She said his code status was DNR. When a tenant was sent to the hospital a face sheet, medication list (if they administered medications) and the IPOST were sent. She confirmed there were no

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documented vitals, including oxygen saturation during COVID positivity.

In summary, Tenant C1 was primarily independent with cares, he tested positive for COVID-19 on 2/17/24 and isolated for 10 days in his apartment. There were no vital signs, including oxygen saturation, documented with his COVID-19 positive test, during the isolation period or at end of the 10 days. Evaluations were completed on 2/20/24 related to his COVID-19 positive result; however, did not include information related to his symptoms. The service plan was updated; however, did not include information related to his symptoms and any changes in services during isolation. Tenant C1 paged for assistance on 2/28/24 at about 10:10 a.m. (first day out of isolation) and was found with injuries to his left eyebrow and lower lip. He had garbled speech and said he was in pain. His oxygen saturation was 51%, his pulse was 113 and his respiration rate was 32. Staff called 911 and when they arrived no breath sounds were heard bilaterally. He was noted to be hypoxic. Staff sent the face sheet with Tenant C1 to the hospital. Hospital staff were starting the resuscitation process when the trauma team arrived. It was reported in hospital records the records provided by the Program indicated Tenant C1 was a full code and there was conflicting information with the hospital IPOST dated 2/13/23. It was confirmed with the PCP and legal representative that Tenant C1 was a DNR/DNI. He died at 11:49 a.m. It indicated Tenant C1 had been quarantining due to COVID. He was hypoxic and the cause of hypoxia could not be determined but considerations included a number of health concerns (noted above). Additionally, the Program information related to his resuscitation status when he was sent out to

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A 160	Continued From page 7 the ED that was in conflict with the IPOST and information on file at the hospital and the IPOST provided by the Program at the time of the investigation. Tenant C1 did not receive care, treatment and services adequate and appropriate related to his COVID-19 positive result with symptoms and related to not providing the correct code designation to the hospital when he was transported.	A 160		
A 145	481-69.22(3) Evaluation of Tenant 69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. 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 exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete evaluations as needed. This pertained to 1 of 2 discharged tenants reviewed (Tenant C2). Findings follow: 1. Record review on 5/8/24 of Tenant C2's file revealed Progress Notes indicated the following:	A 145		

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A 145	Continued From page 8 a. On 1/31/24 at 11:21 a.m. it was noted staff went to assist Tenant C2 with a shower and found her laying on the floor in the bathroom doorway. She complained of pain to her hip area but said her hip always hurt. Tenant C2 was able to move all extremities per normal. b. On 1/31/24 at 2:17 p.m. it was noted staff found Tenant C2 sitting on the toilet in her apartment. Tenant C2 said she took herself to the bathroom but needed help getting off of the toilet. Staff attempted to assist Tenant C2 off of the toilet and into her wheelchair. She complained of significant pain in her left hip, the pain radiated down the left outer thigh area. Tenant C2 agreed to be seen, 911 was called and she was sent to the hospital for evaluation. c. On 2/1/24 it was noted Tenant C2 returned from the emergency department (ED) and no new diagnoses were provided. She had new order for oxycodone 5 milligram (mg), give every eight hours as needed. She said her pain had improved and she transferred to her wheelchair with no issues. d. On 2/5/24 it was noted an order was received for physical therapy (PT) and occupational therapy (OT). e. On 2/5/24 it was noted Tenant C2 was not feeling well, the pain to her left leg had increased and she did not want to bear weight. Her oxygen saturation was 89% and she had increased confusion. Her family was notified and agreed to have her evaluated in the ED. She was sent out to the hospital. f. On 2/5/24 it was noted Tenant C2's family	A 145		

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reported she was admitted for a urinary tract infection (UTI) and received intravenous antibiotics. The pain to her left leg was managed and she had been working with PT and was able to take a few steps with a walker.

g. On 2/6/24 it was noted Tenant C2 returned after being treated for a UTI. She had new orders to discontinue Tramadol and oxycodone and start Lidocaine patches. Tenant C2 said her pain had improved but it still hurt when ambulating.

h. On 2/9/24 it was noted new orders were received to start Celebrex 200 mg, one capsule, twice daily for hip/back/knee pain.

i. On 2/13/24 it was noted Tenant C2 would be seen once weekly by OT.

j. On 2/13/24 it was noted Tenant C2 was seen by PT. She had increased pain the left hip/knee area and an ultrasound would be completed.

k. On 2/16/24 it was noted a new order was received for Celebrex 400 mg, twice daily and to discontinue the prior Celebrex order.

l. On 2/18/24 it was noted Tenant C2 had increased confusion, increased weakness and diarrhea on 2/18/24. She was tested for COVID-19 and was positive. Tenant C2 was unable to ambulate or transfer due to weak and pain, "which was already being addressed by family and PCP." Tenant C2's family members were contacted and agreed to have her sent out for evaluation. She was sent to the ED.

2. Continued record review of Tenant C2's file revealed evaluations were completed on 1/23/24.

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A 145	Continued From page 10 The evaluations were not completed as needed related to the increased assistance Tenant C2 required for transfers and ambulation and the pain in her hip/back/knee. 3. When interviewed on 5/14/24 at 9:30 a.m. the Director of Nursing confirmed all evaluations were provided for the tenants reviewed.	A 145		
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 needed. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update service plans as needed and failed to have the service plan reflect the service needs of the tenant. This pertained to 1 of 1 discharged tenant reviewed (Tenant C2). Finding follow: 1. Record review on 5/8/24 of Tenant C2's file revealed Progress Notes indicated the following: a. On 1/31/24 at 11:21 a.m. it was noted staff went to assist Tenant C2 with a shower and found her laying on the floor in the bathroom doorway.	A 350		

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She complained of pain to her hip area but said her hip always hurt. Tenant C2 was able to move all extremities per normal.

b. On 1/31/24 at 2:17 p.m. it was noted staff found Tenant C2 sitting on the toilet in her apartment. Tenant C2 said she took herself to the bathroom but needed help getting off of the toilet. Staff attempted to assist Tenant C2 off of the toilet and into her wheelchair. She complained of significant pain in her left hip, the pain radiated down the left outer thigh area. Tenant C2 agreed to be seen, 911 was called and she was sent to the hospital for evaluation.

c. On 2/1/24 it was noted Tenant C2 returned from the emergency department (ED) and no new diagnoses were provided. She had new order for oxycodone 5 milligram (mg), give every eight hours as needed. She said her pain had improved and she transferred to her wheelchair with no issues.

d. On 2/5/24 it was noted an order was received for physical therapy (PT) and occupational therapy (OT).

e. On 2/5/24 it was noted Tenant C2 was not feeling well, the pain to her left leg had increased and she did not want to bear weight. Her oxygen saturation was 89% and she had increased confusion. Her family was notified and agreed to have her evaluated in the ED. She was sent out to the hospital.

f. On 2/5/24 it was noted Tenant C2's family reported she was admitted for a urinary tract infection (UTI) and received intravenous antibiotics. The pain to her left leg was managed and she had been working with PT and was able

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to take a few steps with a walker.

g. On 2/6/24 it was noted Tenant C2 returned after being treated for a UTI. She had new orders to discontinue Tramadol and oxycodone and start Lidocaine patches. Tenant C2 said her pain had improved but it still hurt when ambulating.

h. On 2/9/24 it was noted new orders were received to start Celebrex 200 mg, one capsule, twice daily for hip/back/knee pain.

i. On 2/13/24 it was noted Tenant C2 would be seen once weekly by OT.

j. On 2/13/24 it was noted Tenant C2 was seen by PT. She had increased pain the left hip/knee area and an ultrasound would be completed.

k. On 2/16/24 it was noted a new order was received for Celebrex 400 mg, twice daily and to discontinue the prior Celebrex order.

l. On 2/18/24 it was noted Tenant C2 had increased confusion, increased weakness and diarrhea on 2/18/24. She was tested for COVID-19 and was positive. Tenant C2 was unable to ambulate or transfer due to weak and pain, "which was already being addressed by family and PCP." Tenant C2's family members were contacted and agreed to have her sent out for evaluation. She was sent to the ED.

2. Continued record review of Tenant C2's file revealed the Service Plan dated 1/23/24 indicated Tenant C2 was independent with ambulation and transfers and used a walker. Staff was to escort her to and from meals. The service plan reflected PT and OT to evaluate and treat. The service

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0116	A. BUILDING: _____ B. WING _____	C 05/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY POINTE	1020 S SCOTT BLVD IOWA CITY, IA 52240

(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 350	Continued From page 13 plan was not updated as needed and did not reflect the assistance Tenant C2 required for transfers and ambulation and the pain in her hip/back/knee. 3. When interviewed on 5/14/24 at 9:30 a.m. the Director of Nursing confirmed all service plans were provided for the tenants reviewed.	A 350		
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 observation, interview, and record review the Program failed to ensure cold beverages were maintained at the required temperatures. This potentially affected all tenants (census of 70). Findings follow: 1. When observed on 5/7/24 at approximatley 4:30 p.m. there were two gallons of milk on the counter in service area for beverages in the dining room. The gallons of milk were not in a container with ice and were sitting on the counter. Continued observation on 5/7/24 at 4:55 p.m. staff served beverages including milk to tenants per their request at the meal and the gallons of milk remained on the counter and were not kept in a container with ice. Further observation on 5/7/24 indicated at 5:20 p.m. the two gallons on milk remained on the counter and were not in a container with ice. The	A 510		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 510	Continued From page 14 gallons of milk appeared to have condensation on the outside of the containers. It was requested a check the temperature of the milk be completed. The Dining Director initially put the thermometer on the outside of the containers and attempted to take both readings from the outside of the containers. It was requested that the milk itself (liquid) be checked and that it be checked separately. The 2% milk was 53.2 to 53.4 degrees, the 1% milk was 54.2 degrees. He then told staff both gallons of milk needed to discarded. 2. Record review of the Program's policy regarding Food Service indicated all perishable or potentially hazardous food would be cooked to recommended temperatures and held at safe temperatures of 41 degrees or below (cold items) or 135 or above (hot items). 3. When interviewed on 5/7/24 at 1:34 p.m. the Dining Director confirmed the standard of practice for temperatures for cold foods was 40 or below.	A 510		

1020 S. Scott Blvd. **Iowa City, IA** **(319) 341-0911**

Plan of Correction for Legacy Pointe
In Response to
Complaint #120010-C
Dated August 12th, 2024

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 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 state law.

Regulatory Insufficiency: Tenant Rights 481-67.3(2)

481-67.3 Tenant rights. All tenants have the following rights:

67.3(2) To receive care, treatment and services which are adequate and ` appropriate.

1. **Elements detailing how the program will correct the insufficiency.**
   All tenants will receive care, treatment and services which are adequate and appropriate.
2. **What measures will be taken to ensure the problem does not reoccur?**
   On August 21st, 2024, documented re-education related to 67.3(2) was provided to DON, Olivia English, Resource Nurse, Robert Walton, and ADON, Julie Reynolds by Jacobi Feckers, Executive Director and Morgan Fox, Regional Manager-Health Services. Both parties expressed understanding.
3. **How the program plans to monitor performance to ensure compliance.**
   a. Regional Manager-Health Service or designee will perform random audits during community visits to ensure all tenants are receiving adequate and appropriate care, treatment and services.
   b. DON or designee will perform periodic audits of code status to ensure that most current information is reflected on tenant Facesheet.
4. **The date by which the regulatory insufficiency will be corrected.**
   The regulatory insufficiency was corrected on August 21st, 2024.

Regulatory Insufficiency: Evaluation of Tenant 481-69-22(3)

69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, a human services professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change.

1. **Elements detailing how the program will correct the insufficiency.**
   Assessments and service plans will be created and kept updated to reflect residents' individual needs.
2. **What measures will be taken to ensure the problem does not reoccur?**
   On August 21st, 2024, documented re-education related to 69.22(3) was provided to DON, Olivia English, Resources Nurse, Robert Walton, and ADON, Julie Reynolds by Jacobi Feckers, Executive Director and Morgan Fox, Regional Manager-Health Services. All parties expressed understanding.
3. **How the program plans to monitor performance to ensure compliance.**
   The DON, Regional Manager-Health Services and/or designee will complete random audits of resident assessments and service plans to ensure accuracy and compliance.
4. **The date by which the regulatory insufficiency will be corrected.**
   The regulatory insufficiency was corrected on August 21st, 2024.

Regulatory Insufficiency: Service Plans 481-69.26(1)

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 needed.

1. **Elements detailing how the program will correct the insufficiency.**
   Service plans will be created to reflect the individual needs of each tenant per our program policy and within regulatory compliance.

2. **What measures will be taken to ensure the problem does not reoccur.**
   On August 21st, 2024, documented re-education related to 69.26(1) was provided to DON, Olivia English, Resources Nurse, Robert Walton, and ADON, Julie Reynolds by Jacobi Feckers, Executive Director and Morgan Fox, Regional Manager-Health Services. All parties expressed understanding.
3. **How the program plans to monitor performance to ensure compliance.**
   The Regional Manager-Health Services and/or designee will complete random audits of resident service plans to ensure accuracy and compliance.
4. **The date by which the regulatory insufficiency will be corrected.**
   The regulatory insufficiency was corrected on August 21st, 2024.

Regulatory Insufficiency: Food Service 481-69.28(8)
69.28(8) All perishable or potentially hazardous food should be cooked to recommended temperatures and held at safe temperatures of 41 degrees F or below, or 135 degrees F or above.

1. **Elements detailing how the program will correct the insufficiency.**
   All perishable or potentially hazardous food will be cooked to recommended temperatures and held at safe temperatures of 41 degrees F or below, or 135 degrees F. or above.
2. **What measures will be taken to ensure the problem does not reoccur.**
   On August 20th, 2024, documented re-education related to 69.28(8) was provided to Dining Director, Jake Paul and Dining Room Supervisor, Kati Montgomery by Executive Director, Jacobi Feckers. Both parties expressed understanding. All other dining team members will be provided re-education at an in-service scheduled on August 29th, 2024.
3. **How the program plans to monitor performance to ensure compliance.**
   The Executive Director and/or designee will complete random temperature checks to ensure food is cooked and held at a safe temperature to ensure regulatory compliance.
4. **The date by which the regulatory insufficiency will be corrected.**
   The regulatory insufficiency will be corrected by August 29th, 2024.