

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0209	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/29/2023
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NAME OF PROVIDER OR SUPPLIER ROSE OF AMES	STREET ADDRESS, CITY, STATE, ZIP CODE 1315 COCONINO DRIVE AMES, IA 50014
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(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: 42 Number of tenants with cognitive impairment: 0 Total census: 42 No regulatory insufficiencies were cited during the investigation of Complaint #110547-C. The following regulatory insufficiencies were cited during the investigation of Complaint #113153-C. 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. Based on observation and interview the Program failed to meet the standards of state and local health laws related to storage and preparation of food. Findings follow: Observations on 6/29/23 of the Program's kitchen and food storage areas revealed the following: 1. Eggs and cheese stored in the refrigerator failed to be labeled with name of item and date opened and/or prepared. A sign on the refrigerator door noted staff to label items when opened. 2. Packaged hamburger was in a container filled with water in the sink.	A 000	<i>See attached Plan of Correction for Statement of Deficiencies</i>	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 000	Continued From page 1 3. The freezer had boxes of food stored on the floor and unboxed items were not labeled to identify the item. 4. The walk-in refrigerator had raw hamburger stored on top of sour cream, butter, and fresh produce. Record review revealed the Program held a food establishment license issued 3/7/23. On 6/29/23 at 11:07 a.m. Staff C confirmed she placed the frozen hamburger in a container of water and admitted the water should be running as it thawed. On 6/29/23 at 12:58 p.m. Staff F reported other staff failed to label food and stated raw meat should not be stored above other food. On 6/29/23 at 1:16 p.m. the Administrator confirmed staff failed to follow proper food storage and handling.	A 000			
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 training on sanitation and safe food handling prior to handling food for 5 of 7 staff reviewed. (Staff A, Staff B, Staff C, Staff	A 465	See attached Plan of Correction for Statement of Deficiencies		

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A 465	Continued From page 2 D, and Staff E). Findings follow: Record review of staff files on 6/29/23 revealed the following: 1. Staff A was hired 4/19/23 and no training on sanitation and safe food handling could be located. 2. Staff B was hired 6/6/22 and no training on sanitation and safe food handling could be located. 3. Staff C was hired 4/26/23 and no training on sanitation and safe food handling could be located. 4. Staff D was hired 5/25/23 and no training on sanitation and safe food handling could be located. 5. Staff E was hired 5/22/23 and no training on sanitation and safe food handling could be located. On 6/29/23 at 1:16 p.m. the Administrator confirmed these findings.	A 465			

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
STATE FORM

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If continuation sheet 3 of 3

The Rose of Ames, L.P.
By: *EverGreen Real Estate Development Corp., Gen. P+R.*
By: *[Signature]*, President
Gregory A. McClenahan

08-04-2023

PLAN OF CORRECTION FOR STATEMENT OF DEFICIENCIES COMPLAINT INVESTIGATION INSPECTION

COMPLAINT # 113153-C

August 4, 2023

Facility Name: The Rose of Ames, L.P.

Street Address, City, ZIP: 1315 Coconino Road, Ames, IA 50014

Facility Cert Number: S0209

Survey Completion Date: 06/29/2023

481 IAC 69.28(6) Food Service Standards related to preparation and service of food. 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.

Completion Date: 08/01/2023

Narrative: It is a challenge to staff the kitchen with qualified and competent personnel. At the time of the inspection, the kitchen was without a kitchen manager. The facility was making significant efforts to train staff and maintain appropriate food safety practices with the two cooks and part-time dietary aides who comprised the kitchen staff at the time of the inspection. Despite having provided guidance and training and encouragement, the kitchen staff too often underperformed with respect to following safe food handling protocols. Immediately following the inspection, extraordinary efforts were implemented to correct the observed deficiencies and to reemphasize safe food handling protocols with the two cooks and part-time dietary aides. Since that initial corrective effort, a kitchen manager has been hired and trained and is doing well with supervising and maintaining appropriate safe food handling practices. One of the two cooks is no longer employed, and the other cook performs dietary aide functions during the week and cooks only on weekends. Ongoing compliance with safe food handling protocols is monitored closely by the kitchen manager and the Rose corporate Culinary Director. A comprehensive written kitchen manual, which parallels new employee orientation, instructions and assigned tasks, has been generated for ongoing training and on-site reference by staff as questions arise.

Position	DOH	Food Safety Cert date
Kitchen Manager	07-03-2023	07-03-2023 - attached
Dietary Aide – Cook	10-06-2022	10-08-2022 - attached
Dietary Aide – Cook	08-01-2023	08-01-2023 - attached
Dietary Aide – Cook	04-26-2023	06-29-2023 - attached
Dietary Aide	09-28-2022	07-10-2023 - attached
Dietary Aide	05-22-2023	05-26-2023 - attached

Recurrence will be avoided by maintaining compliance with food safety training (new hire and annual) and periodic review by the corporate Culinary Director of adherence to expectations with regard to safe food handling expectations, among other standards. Compliance threshold is 100%.

481 IAC 69.28(5) Food Service 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.

Completion Date: 08/01/2023

Narrative: The current kitchen staff consists of the following persons:

	Position	DOH	Food Safety Cert date
	Kitchen Manager	07-03-2023	07-03-2023 - attached
	Dietary Aide – Cook	10-06-2022	10-08-2022 - attached
	Dietary Aide – Cook	08-01-2023	08-01-2023 - attached
	Dietary Aide – Cook	04-26-2023	06-29-2023 - attached
	Dietary Aide	09-28-2022	07-10-2023 - attached
	Dietary Aide	05-22-2023	05-26-2023 - attached

Recurrence of the deficiency will be avoided by maintaining compliance with food safety training (new hire and annual), which will be monitored quarterly by the facility administrator and the corporate administrative assistant who monitors compliance with employee staff training requirements. Compliance threshold is 100%.



Gregory A. McClenahan, President of Gen. Ptr.



Dated