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
	S0363	A. BUILDING: _____ B. WING _____	07/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERRACE AL OF HILLCREST HOME, INC	915 WEST 1ST STREET SUMNER, IA 50674

(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: 10 Number of tenants with cognitive disorder: 2 TOTAL census of Assisted Living Program: 12 There were no regulatory insufficiencies cited during the onsite infection control survey completed on 7/20/21 and 7/21/21. The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000	This Plan of Correction constitutes The Terrace's written response to the written allegation of non-compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet the requirements established by the state and federal law.	
A 430	481-69.27(1)c Nurse Review 69.27(1) If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse: c. To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status; This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete nurse reviews every 90 days for 2 of 3 tenants reviewed (Tenants #2	A 430	9/14/21	

9/11/21

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A 430	Continued From page 1 and #3). Findings follow: 1. Record review on 7-21-21 of Tenant #2's file revealed the most recent 90 day nurse review was completed on 1-6-21. Nurse reviews were not completed every 90 days after 1-6-21. 2. Record review on 7-21-21 of Tenant #3's file revealed a 90 day nurse review was completed on 8-6-20 and the next 90 day nurse review was completed on 2-2-21. Nurse reviews were not completed every 90 days. 3. When interviewed on 7-21-21 at 10:40 a.m. the AL Clinical Care Coordinator confirmed no additional 90 day nurse reviews were found for Tenant #2 and Tenant #3 related to the time periods noted above.	A 430	Tenant #2 full nursing assessment was completed on 7/26/21 with the next 90 day review scheduled for 10/22/21. Tenant #3 full nursing assessment was completed on 7/30/21 with the next 90 day review scheduled for 10/22/21. The AL Clinical Care Coordinator, along with the assistance from the Executive Director, will complete quarterly audits to ensure compliance with quarterly nursling reviews.	7/26/21 7/30/21 7/22/21
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 safe food handling as required to 3 of 4 staff reviewed who handled food (Staff A, C, and D). Findings follow: 1. Observations revealed staff serving lunch to tenants on 7-21-21 at approximately 11:45 a.m. Staff C was one of the staff observed serving	A 465		

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A 465	Continued From page 2 food to the tenants. Review of Staff C's training documents on 7-20-21 and 7-21-21 revealed a hire date of 4-22-19. A Certificate of Completion for a training on Food Safety and Sanitation: The Basics was completed on 6-23-19. No annual food safety and sanitation training could be located for Staff C. 2. Review of Staff A's training documents on 7-20-21 and 7-21-21 revealed a hire date of 8-20-20. A Customer Service Dietary QA Audit Tool was completed for Staff A dated 9-3-20; however, an orientation on sanitation and safe food handling was not completed prior to serving food. 3. Review of Staff D's training documents on 7-20-21 and 7-21-21 revealed a hire date of 4-10-19. A Certificate of Completion for a training on Food Safety and Sanitation: The Basics was completed on 6-10-19. No annual food safety and sanitation training could be located for Staff D. 4. When interviewed on 7-21-21 at 10:40 a.m. the AL Clinical Care Coordinator confirmed Staff A, C and D served food.	A 465	Staff C completed the Food Safety and Sanitation 1 hour course on July 31, 2021. Staff A completed the Food Safety and Sanitation 1 hour course on July 27, 2021 Staff D completed the Food Safety and Sanitation 1 hour course on July 22, 2021 The Food Safety and Sanitation 1 hour course has been added to the online CE Solutions in-service as a part of new hire orientation. New hires will not work until all CE Solutions orientation in-services are complete, which will be monitored by the AL Clinical Care Coordinator.	7/31/21 7/27/21 7/22/21 7/21/21