IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

October 1, 2015

Mr. Joe Heitritter, Director
Franken Manor
527 North Main Avenue
Sioux Center, IA 51250

RE: Final Recertification Monitoring Evaluation Report – Franken Manor, Sioux Center, IA

Dear Mr. Heitritter:

Enclosed is the **Final Recertification Monitoring Evaluation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C and Iowa Administrative Code (IAC) chapters 481—67 and 481—69, following a survey by DIA on **September 23, 2015.** The Report notes Regulatory Insufficiencies in the area(s) of: Staffing and Food Service.

Each Regulatory Insufficiency requires that the Program submit a written Plan of Correction (POC).

In preparing the POC, please use the tenant identifiers from the Report, i.e. Tenant #1, when reference is made to specific tenants. If your response includes a specific tenant's assessment or service plan, it is the Program's responsibility to conceal the tenant's name in order to maintain the tenant's anonymity. Your response shall include the following:

1. Elements detailing how the Program will correct each regulatory insufficiency.
2. What measures will be taken to ensure the problem does not recur.
3. How the Program plans to monitor performance to ensure compliance.
4. The date by which the regulatory insufficiency will be corrected.

Please note that all regulatory insufficiencies must be **corrected within 30 days of the date of the exit conference**; however, there may be situations where the timeframe may be shortened or lengthened, at the discretion of the department.

The POC must be submitted/emailed to DIA to my attention within ten (10) working days of receipt of this letter. It may be necessary for DIA to revisit the Program to confirm progress in fulfilling the POC's corrective measures.

As provided by IAC rule 481-67.14, you are afforded one opportunity to refute cited regulatory insufficiencies through the informal conference process. A request for an informal conference or a contested case hearing must be made within 20 working days of the notice or service of this letter and the final report. Please refer to rule 67.14 for more information.

If you have any questions in regard to this report, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

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
	S0076	A. BUILDING: _____ B. WING _____	09/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANKEN MANOR	527 NORTH MAIN AVE SIOUX CENTER, IA 51250

(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	481-67 Initial Comments General Population Program Number of tenants without cognitive disorder: 26 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 27 TOTAL census of Assisted Living Program: 27 The following insufficiencies were cited during the recertification to determine compliance with certification for an Assisted Living Program:	A 000		
A 062	481-67.9(4)e Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(4) Nurse delegation procedures. The program ' s registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: e. The program ' s registered nurse(s) shall provide direct or indirect supervision of all certified and noncertified staff as necessary in the professional judgment of the program ' s registered nurse and in accordance with the needs of the tenants and certified and noncertified staff. This REQUIREMENT is not met as evidenced by: Based on interviews and record review the Program's Registered Nurse (RN) failed to provide direct or indirect supervision of certified and non-certified staff per the Program's policy.	A 062		

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A 062	Continued From page 1 Findings follow: Interview on 9/23/15 at 12:40 p.m.with Program Staff A revealed she received assessment of skills/training from a former supervisor but had not received any lately. Program Staff A had completed certified nurse aide (CNA) training prior to employment at the Program. Review of four staff files revealed the following: a. Program Staff C's file contained no documentation of RN delegation training or any ongoing training since her employment on 5/12/13. b. Program Staff D's file revealed RN delegation training documentation dated 6/13/14 for medication administration, bathing, laundry, wake up, vital signs, escort, fingernail care, and providing reminders to tenants. The file contained no evidence of ongoing training/supervision for personal or health cares provided to tenants. c. Program Staff E's file revealed RN delegation training documentation dated 1/14/14 for medication administration, bathing, laundry, wake up, vital signs, escort, fingernail care and reminders to tenants. The file contained no evidence of ongoing training/supervision for personal or health cares provided to tenants. Further record review revealed Program policy and procedure "AL Staffing Guidelines", revised 3/13. The procedure portion of the policy stated, "4. The Nurse Supervisor will train each staff person for the delegated tasks necessary for the position and re-assess skills annually.	A 062		

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A 062	Continued From page 2 Documentation of this training will be kept on-site." When interviewed on 9/23/15 at 2:00 p.m., the Program supervisor confirmed staff had not received ongoing training or supervision on performance of delegated tasks since the RN started in 2013 or since the previous supervisor left earlier in 2015. She also acknowledged staff should have had re-assessment of skills annually according to the Program policy.	A 062		
A 109	481-69.28(6)b Food Service 481-69.28(231C) Food service. 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. The department will not require the program to be licensed as a food establishment if the program limits food activities to the following: b. Baked goods that do not require temperature control for safety and single-service juice or milk may be stored in the program ' s kitchen and provided as part of a continental breakfast. This REQUIREMENT is not met as evidenced by: Based on observations and interview the Program failed to ensure service of meals met the standards of state health laws according to Iowa Code Chapter 137F. Findings follow: Interview with the Program's Senior Services	A 109		

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A 109	Continued From page 3 Officer on 9/23/15 at 10:15 a.m. revealed the Program did not hold a food license. The tenants' meals were prepared at and delivered from a local nursing facility. The Senior Services Officer said the food was delivered in large trays and kept warm or cool until meal time. Program staff dished and served the meals to tenants in the dining room. Observations on 9/23/15 at lunch time revealed staff poured tenants' milk from gallon milk containers. Further observation revealed several gallon containers of milk and quart boxes of juice in the refrigerator in the dining area. When interviewed at 2:00 p.m., the Program Supervisor confirmed beverages were served from bulk containers from the refrigerator in the dining area.	A 109		

Sioux Center Health
Senior Living

October 9, 2015

Rose Boccella
Program Coordinator
Adult Services Bureau
321 E. 12th Street, 3rd Floor, Lucas Bldg.
Des Moines, IA 50319
Rose.Boccella@dia.iowa.gov

Plan of Correction for Final Recertification Monitoring Evaluation
Franken Manor, Sioux Center, IA

A 062 Staffing
Sioux Center Health Franken Manor failed to provide direct or indirect supervision of certified and non-certified staff per the Program's Policy. Franken Manor will correct this failure by providing a mandatory education and skills assessment to all certified nurse aides (CNA) on October 12 and 19, 2015. This education and skills assessment will include, but is not limited to: medication administration, bathing, laundry, wake up, vital signs, escort, fingernail care, and providing reminders to tenants. This mandatory education and skills assessment will continue to be provided upon hire and annually for all CNAs. Dates of initial and annual CNA education and skills assessment for each employee will be monitored by the RN Resident Care Supervisor to verify each employee receives education and skills assessment upon hire and annually. The RN Resident Care Supervisor will be responsible for ensuring ongoing compliance. Substantial compliance will be achieved on October 19, 2015.

A 109 Food Service
Sioux Center Health Franken Manor failed to ensure service of meals met the standards of state health laws according to Iowa Code Chapter 137F, as shown by serving tenants milk and juice using gallon milk and quart juice containers. Franken Manor will correct this failure by providing tenants milk and juice in single serving containers. This provision will be continued indefinitely. The RN Resident Care Supervisor will be responsible for ongoing compliance. Substantial compliance will be achieved on October 19, 2015.

Joe Heitritter
Senior Services Officer