| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IAALPD384 HFD | A. BUILDING _____ B. WING _____ | 02/13/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ASBURY SUITES | 5575 PENNSYLVANIA AVENUE ASBURY, IA 52002 |

| (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 |
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| A 000 | Initial Comments<br><br>Assisted Living Programs for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site.<br><br>General Population<br><br>Number of tenants without cognitive disorder: 7<br>Number of tenants with cognitive disorder: 0<br>Total for General Population: 7<br><br>Memory Care Unit<br><br>Number of tenants without cognitive disorder: 0<br>Number of tenants with cognitive disorder: 4<br>Total for Memory Care: 4<br><br>Total for the Dementia-Specific Assisted Living Program: 11<br><br>The following regulatory insufficiencies were cited during the initial certification conducted to determine compliance with certification for a Dementia-Specific Assisted Living Program. | A 000 | See attached!<br>POC 2/19/19 | |
| A 104 | 481-69.28(5) Food Service<br><br>481-69.28(231C) Food service.<br>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. | A 104 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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| A 104 | Continued From Page 1<br><br>This Requirement is not met as evidenced by:<br>Based on observations, interview and record review, the Program failed to ensure staff were trained in an orientation course of sanitation and food safety. This affected 5 of 5 staff involved in meal service (Staff A, B, C, D, E). Findings include:<br><br>During observations on 2/11/19 at 11:30 AM, Staff A and Staff B were observed serving the noon meal to tenants.<br><br>On 2/13/19 during a review of personnel records, the records of Staff A (hired on 10/9/18), Staff B (hired on 9/22/18), Staff C (hired on 12/7/18), Staff D (hired on 12/14/18) and Staff E (hired on 1/26/19) lacked an orientation course for sanitation and food safety.<br><br>Continued record review revealed the Program's Food Service policy included the following: "Personnel who are employed by or contract with the Program and who are responsible for food preparation and/or service shall have an orientation on sanitation and safe food handling prior to handling food."<br><br>On 2/13/19 at 10:11 AM, the Registered Nurse confirmed no staff had the orientation for sanitation and food safety course and the Program was in the process of setting up this training for all current staff to have as well as all future new hires. | A 104 | | |
| A 109 | 481-69.28(6)b Food Service<br><br>481-69.28(231C) Food service.<br>69.28(6) Programs engaged in the preparation and service of meals and snacks shall meet the standards of state and local health | A 109 | | |

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| A 109 | Continued From Page 2<br><br>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:<br>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.<br><br>This Requirement is not met as evidenced by:<br>Based on observations and interview, the Program failed to appropriately store food and drink according to requirements for a program without food establishment licensure. Findings include:<br><br>During an observational tour on 2/11/19 at 10:10 AM, the refrigerator in the memory care unit of the Program was found with the following items: a gallon of chocolate milk, a variety of condiments and a pitcher of lemonade. At 10:14 AM, the refrigerator in the general population unit of the Program was found with the following items: large carton of juice, a gallon of milk and a variety of condiments. The Program did not have a food establishment license and received tenant meals through the attached long-term care facility that did contain appropriate licensure.<br><br>On 2/11/19 at 11 AM, the Registered Nurse confirmed the above findings. | A 109 | | |
| A 148 | 481-69.33(7) Transportation<br><br>481-69.33(231C) Transportation. When transportation services are provided directly or under contract with the program: | A 148 | | |

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| A 148 | Continued From Page 3<br><br>69.33(7) Each vehicle shall have a first-aid kit, fire extinguisher, safety triangles and a device for two-way communication.<br><br>This Requirement is not met as evidenced by:<br>Based on observations and interview, the Program failed to ensure all required safety items within the vehicle used for tenant transportation. Findings include:<br><br>During an observational tour of the Program vehicle on 2/13/19 at 11:09 AM, the following items were not found: a fire extinguisher, first-aid kit or emergency triangles.<br><br>The Administrator and Registered Nurse confirmed this finding at the time of the observational tour. | A 148 | | |
| A 155 | 481-69.35(1)c Structural Requirements<br><br>481-69.35(231C) Structural requirements.<br>69.35(1) General requirements.<br>c. Programs shall have private dwelling units with a single-action, lockable entrance door.<br><br>This Requirement is not met as evidenced by:<br>Based on observation and interviews, the Program failed to install locks on all tenant dwelling units. Findings include:<br><br>On 2/11/19 at 11:00 AM during a medication pass observation, apartments 401, 402 and 426 were found to not have locks on the doors. During a group tenant meeting on 2/11/19 at 12:30 PM, Tenant # 1 stated the dwelling units did not have locks on the doors but that he didn't care one way | A 155 | | |

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| A 155 | Continued From Page 4<br><br>or the other.<br><br>On 2/13/19 at 10:50 AM, the Registered Nurse confirmed no dwelling units within the Program contained a lock, except one as of 2/13/19, it was being installed for a new tenant per request prior to him moving in. | A 155 | | |

OK
5/29/19

03/01/2019

✓ 6/24/19

Plan of Correct for Asbury Suites

A104

Each employee will be educated on Food Sanitation by March 15th, 2019. Each new employee will have this class prior to beginning work in the assisted living. The Assisted Living supervisor/designee will ensure proper education is completed for each new staff member.

A109

All bulk items were removed from the kitchen while surveyor was still in the building. These items will remain in the main kitchen until needed for food service. CDM/designee will ensure these items are not left in the Assisted Living kitchen.

A148

Fire Extinguisher, safety triangles, and first aid kit were purchased on 02/14/2019 and placed on the bus. The Maintenance supervisor will ensure these items remain on the bus and will replace when needed. Maintenance department will check monthly to ensure the items remain on the bus.

A155

All residents we offered locks on their doors. One resident requested lock be installed it was installed on 02/19/2019. Each new resident will be offered a lock and it will be installed upon request. Assisted Living supervisor will ensure each individual is offered locks as they come into the Assisted Living and have it installed if needed.