DEPARTMENT OF INSPECTIONS AND APPEALS ok

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0462	A. BUILDING: _____ B. WING _____	11/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KAHL HOME ASSISTED LIVING AND MEMORY CARE	6701 JERSEY RIDGE ROAD DAVENPORT, IA 52807

(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 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. Number of tenants without cognitive disorder: 2 Number of tenants with cognitive disorder: 1 Total Census of Assisted Living Program: 3 The following regulatory insufficiency was cited during the initial certification conducted to determine compliance with certification for an Assisted Living Program for People with Dementia.	A 000	See Attached POC 2/13/23	
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 observation, interview and record review, the program failed to provide an orientation on food safety to 6 of 6 employees who served food (Staff A, Staff B, Staff C, Staff D, Staff E and Staff F). Findings follow: Observation on 10/31/22 at 12:05 PM revealed Staff E served the noon meal to Tenant #1 and Tenant #2. Record review on 10/31/22 revealed Tenant #1	A 465		

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

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 465	Continued From page 1 and Tenant #2 were admitted to the program on 5/23/22. Many staff were working for the organization in other capacities prior to transferring to work at the assisted living program. Staff A was hired on 8/23/2002. There was no record of an orientation on food safety or sanitation in her record. Staff B was hired on 2/15/2022. There was no record of an orientation on food safety or sanitation in her record. Staff C was hired on 2/9/2015. There was no record of an orientation on food safety or sanitation in her record. Staff D was hired on 7/3/2007. There was no record of an orientation on food safety or sanitation in her record. Staff E was hired on 6/10/2002. There was no record of an orientation on food safety or sanitation in her record. Staff F was hired on 3/27/1997. There was no record of an orientation on food safety or sanitation in her record. The program Director confirmed these employees did not receive an orientation on food safety or sanitation prior to serving tenants food on 10/31/22 at 3:30 PM.	A 465		

PLAN OF CORRECTION

Kahl Home Assisted Living and Memory Care
Cert #S0462
6701 Jersey Ridge Road
Davenport, IA 52807
Survey Date Completed: November 1, 2022
Survey Type: Initial Certification

Preparation and/or execution of this document and Plan of Correction does not constitute admission or agreement by the Provider of the truth of facts alleged or conclusion set forth in the Statement of Deficiencies. These documents and Plan of Correction are prepared and/or executed solely because they are required by provisions of Federal and State law. Let these documents and Plan of Corrections serve as this facility's credible allegation of compliance.

The following Plan of Correction is being submitted because it is required under federal law and is not an admission of any wrong doing or the existence of any deficiency under the Assisted Living Program. This Plan of Correction is not an admission that there are measures or steps that the facility could have or should have taken to address the alleged deficiency in the past.

A465: 481-69.28(5) Food Service

The facility has taken the following action concerning the deficiency identified:

- On 11/1/22, in-service training was completed with nursing department and activities staff who work in the ALP regarding the need to complete a Food Handlers Certification.

- A complete audit was conducted on all employees to ensure they would be registered and take the course if they had not yet completed one.

The facility has identified other employees similar to those identified and are taking the following actions:

- On 11/1/22, an audit was completed on all employees who work in the ALP to check for a State Food Safety Food Handlers Certification course.

- All employees who work in the ALP completed a State Food Safety Food Handlers Certification course.

To ensure the proper practices continue and that the problem does not recur:

- Random audits will be conducted by the ALP director to ensure all employees are current with the Food Handlers Certification

- New hires in the ALP will complete the Food Handlers certification upon hire.

- The results of the monitoring completed under this Plan of Correction will be submitted to the QA Committee for review and follow up to ensure that solutions are permanent.

Completion Date: February 13, 2023