Iowa Department of Inspections and Appeals
Assisted Living Program
Recertification Monitoring Evaluation and Complaint Report

Assisted Living Program: **Complaint Intake:** 13308

Angela Adams, Administrator
Rose of Ames
1315 Coconino Dr.
Ames, IA 50014

Date of Monitoring Visit:

December 8, 2006

Monitor(s):

Jan O'Briant, LISW
Mary Oliver, LISW

Definitions:

The following definitions are relevant:

Regulatory Insufficiency - A violation of a statutory or rule provision within the Iowa Code or Iowa Administrative Code (IAC) governing assisted living programs. A regulatory insufficiency requires a plan of correction to be presented to, and approved by, the Department of Inspections and Appeals (DIA).

Plan of Correction - A written response to one or more regulatory insufficiencies that are rule violations [321 IAC 25.8(3)]. The plan should identify how, and by a specific date, an insufficiency will be corrected. The plan is due to DIA within ten (10) working days of the program's receipt of a Recertification Monitoring Evaluation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Dementia-specific assisted living program - An assisted living program certified under this chapter that either serves five or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

An on-site monitoring evaluation was conducted at Rose of Ames on December 8, 2006. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* **–** A program that does not include a Dementia Specific program, but may have tenants with cognitive disorder.

Current number of tenants without cognitive disorder:	58
Current number of tenants with cognitive disorder:	0
Total Population:	58

Dementia Specific Program (DSP)* **–** Not applicable.

***These are the census numbers represented by the program to be applicable.**

Tenant/Family Satisfaction Results – A community meeting was held with nine tenants attending. Tenants were generally satisfied with the program stating they "couldn't find better" and have recommended the program to others. Tenants reported the program supports autonomy and visitors are okay, they feel safe and the staff are "real nice". Tenants had questions about whether or not they are charged extra for staff attention when they use their emergency response pendants. Tenants stated concerns about the dining room and apartments on the north and southeast sides being too cold and some apartment windows not fitting properly.

Complaint History – There were no substantiated complaints during this certification period.

On-Site Monitoring Evaluation – The monitor(s) made the observations detailed in the following areas.

A. Criteria for exclusion of tenants - Program does not admit or retain tenants that require a higher level of care, unless a written exception has been applied for and approved. [321 IAC 25.23(3); 25.24]

Complaint Allegation: It is alleged the program admits and retains tenants that require a higher level of care than is appropriate for assisted living. The complainant reported Tenant #1 may have already been discharged and the tenant needs more care than can be provided in an assisted living program. Also reported as needing a higher level of care was Tenant #2 who had a leg amputated, is incontinent and can barely move. The complainant further alleged some family members come and stay with them for extended periods to provide cares and these tenants should not be at the program. It is further alleged the staff are so focused on the tenants who require too much care, they ignore the more functional tenants that are appropriate.

Monitoring Observation: The monitors interviewed LuAnn Williams, Lutheran Community Services RN who stated Tenant #1 has been discharged from the program and is deceased. It was reported by the RN Tenant #1 had a diagnosis of Parkinson's Disease and begun to experience falls while living at the program. Tenant #1 was suspected of having a CVA but was subsequently diagnosed with a Stage 4 brain tumor. The tenant was not readmitted to the program following the brain tumor diagnosis.

Tenant #2 is a 57 year old, admitted on 5-20-05 with a diagnoses of History of Transient Ischemic Attack (TIA), Chronic Obstructive Pulmonary Disease (COPD), Major Depressive Disorder, Bronchitis, Asthma, Type II Insulin Dependent Diabetes, Left Lower Leg Fracture in October 2006 and Right Lower Leg Amputation in November 2006. Nursing notes dated November 11, 2006 when Tenant #2 returned to the program showed the tenant to be independent with transfers, toileting and non-ambulatory. There was no noticeable urine smell detected by the monitors.

The allegation that family members come and stay for extended periods of time to provide care does not violate assisted living rules. The allegation that staff are so focused on tenants who require too much care that they ignore the more functional tenants was refuted by tenants in the community meeting who reported call lights are answered within a minute and a half. Staff interviewed reported there is enough staff to meet the needs of the tenants and tenants only rarely complain that staff is late in providing service.

- Regulatory Insufficiency: None noted.

Dated this 29th day of December, 2006.