Iowa Department of Inspections and Appeals
Assisted Living Program
Complaint Investigation Report

Assisted Living Program: **Complaint Intake: #12797**

Angela Adams, Administrator
The Rose of Des Moines Assisted Living
1330 19th Street
Des Moines, IA 50314-1305

Dates of Investigation:

July 27, 2007
August 24, 2007

Monitor(s):

Hal L. Chase, RN BSN MPH
Ann Martin, RN
Lincoln Newsom, RN

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 26.2(5)(a)]. 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 Complaint Investigation 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 321 IAC - chapter 25 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 special care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

A complaint investigation on-site visit was conducted at The Rose of Des Moines Assisted Living on July 27, 2007 with a follow-up on August 24, 2007. In preparing this report, the following information was considered:

Current Program Census:

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

Current number of tenants without cognitive disorder:	53
Current number of tenants with cognitive disorder:	0
Total Population:	53

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

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Accreditation Status – Not applicable.

Complaint History – There was a substantiated complaint in the area of Service Plan during this certification period.

Complaint Investigation – The complaint investigator(s) made the observations detailed in the following areas.

A. Service Plan – Program has an individualized service plan developed and updated for each tenant as required. [321 IAC 25.28]

Complaint Allegation: It is alleged the program did not identify and provide specific nutritional needs for Tenant #1.

Monitoring Observation: A review of the tenant's service plan of 8-23-06 indicated the tenant was independent with meals and would utilize the program's dining room for meals. According to the administrator, the tenant would often request meals be delivered to the tenant's room. The administrator stated she met with the tenant sometime "the first part of July 2007" and identified food items the tenant did and didn't like. A list identifying both likes and dislikes was found taped to a refrigerator in the program's kitchen. The cook stated initially they would use food prepared from the published menu but would have difficulty finding food items the tenant would eat. At the July 27, 2007 on-site, the cook stated kitchen staff would serve tenants in the dining room first and the cook would prepare a meal for Tenant #1, which staff would take up to the tenant's room. The cook stated staff would take meals up to the tenant and if the tenant didn't answer the door, staff would leave the prepared meal in the community room kitchen as agreed upon by the tenant and administrator.

An interview with Staff #1 on August 24, 2007 indicated that the cook who had recently resigned had stated to Staff #1 that the lists of the tenant's likes and intolerances conflicted. He had stated to Staff #1 that he was frustrated by her lists. A review of the tenant's file did not indicate a physician's order for dietary restrictions; the tenant stated to the monitor that he/she had developed the lists of likes/dislikes and intolerances.

During interview with Tenant #1, he/she stated that his/her knees prevented ambulation to the dining room on a lower floor. A cane was used and ambulation was slow, according to the tenant. Tenant stated he/she had eaten in the dining room only once in the last year. Tenant also stated that he/she doesn't often feel like eating between 5-6 pm, when the evening meal is delivered. Tenant stated "I might of just eaten and am not hungry". An email from Staff #2 dated July 16, 2007 stated that meals are delivered to the room, after the meal was served in the dining room, to ensure that tenants who did not attend the meal are offered food. If the tenant does not answer the door to receive the boxed food, the meal is left in the community room refrigerator. Staff #1 stated meals are retained in the community room refrigerator for a day and a half; they are then thrown away by staff. The tenant stated he/she had missed one meal two weeks ago during the week, due to being out of the building.

Interview with Tenant #1 indicated that he/she had not talked to Staff #2 "much" about the meal issues. Interview with Staff #2 at exit indicated that plans are underway to increase Tenant #1's satisfaction with meals for September and a dietician is involved. Tenant #1 stated he/she would like to see the menus ahead of time routinely and would consider taking a wheelchair downstairs to meals and activities. When questioned by the monitor regarding satisfaction with The Rose, the tenant said "I like it very much" and "the staff is nice".

One other tenant in the building routinely received room-delivered meals and was satisfied; other tenants received meals in their rooms irregularly. A sign-up sheet for tenants to request occasional meals in their rooms is on a table in the dining room.

- Regulatory Insufficiency: None noted.

B. Food Service – Program shall provide or coordinate with other community providers to provide hot or other appropriate meal(s) at least once a day or make arrangements for the availability of meals. Menus shall be appropriately planned. If applicable, therapeutic diets shall meet all requirements. Food preparation personnel shall meet all requirements. [321 IAC 25.32]

Complaint Allegation: It is alleged the program did not prepare a meal that meets one-third of the daily recommended dietary allowances.

- Monitoring Observation: A review of program menus indicated the menus were prepared by the program food service provider's licensed dietician. Pictures of two room-delivered meals were taken on-site by a monitor. One meal in Tenant #1's refrigerator contained three pieces of chicken, a baked potato, a mixed vegetable and pear halves. It had been untouched by the tenant. The second meal in the refrigerator contained a hamburger patty on two slices of wheat bread and carrots, untouched by the tenant as well.

- Regulatory Insufficiency: None noted.

Dated this 7th day of September, 2007.