

INSPECTIONS & APPEALS

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LT. GOVERNOR

May 14, 2008

Ms. Kay Stevenson, Administrator
Rosebush Gardens Assisted Living
4925 West Ave.
Burlington, IA 52601-9469

RE: Recertification Monitoring Evaluation Report, Rosebush Gardens, Burlington, IA

Dear Ms. Stevenson:

The Department of Inspections and Appeals (DIA) has completed the review of your Plan of Correction (POC) in response to the **Recertification Monitoring Evaluation Report**. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiencies, DIA accepts your POC.

Enclosed you will find the Assisted Living Program Certificate with effective dates of **March 26, 2008 through March 25, 2010**. If you have any questions regarding this certification, please contact me at 515/281-4116.

Sincerely,

Chris Nothhaft

Chris Nothhaft
Certification Coordinator – Eastern Iowa
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Mr. Kirk Erickson, Administrator
Rosebush Gardens Assisted Living
4925 West Ave.
Burlington, IA 52601-9469

Date of Monitoring Visit:

April 2, 2008

Monitor(s):

Hal L. Chase, RN BSN MPH

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 an Initial Certification 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 Rosebush Gardens Assisted Living on April 2, 2008. 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: 39

Current number of tenants with cognitive disorder: 0

Total Population: 39

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.**

Tenant/Family Satisfaction Results – A community meeting was held with 28 tenants in attendance. Tenants stated the program was “the nicest place to be living.” They stated staff has been “very kind,” with one tenant stating staff has helped her through a lot of things in the last several years. Tenants stated the food was “wonderful” and they like the choices that are offered. There are plenty of activities and there is always something to do. Tenants stated they never worry about their safety and receive the care included in their contracts. One tenant stated “we pay a lot but we get a lot in return.” Tenants stated they make their own decisions, are satisfied with the program and would recommend it to their friends.

Program History – There are no substantiated Regulatory Insufficiencies this certification period, starting March 26, 2008.

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

A. Evaluation of Tenant - The program evaluates each tenant's functional and cognitive abilities and health status and the determination of needed services as required. [321 IAC 25.23(1) and/or (2)]

Monitoring Observation: Tenant #1, an 88 year old, was admitted on 3-15-08 and has diagnoses of: Hypertension (HTN), Mild Hyperlipidemia, Degenerative Arthritis, Osteoporosis, History of Chronic Anxiety, History of Essential Tremors, History of Abdominal Pain, Weakness and Electrolyte Imbalance. The program completed a cognitive evaluation on 2-27-08 and a health evaluation on 3-12-08, but did not complete a functional evaluation, prior to admission.

Tenant #2, an 87 year old, was admitted on 12-1-06 and has diagnoses of: Subtotal Thyroidectomy, Appendectomy, Dilation and Curettage (D & C), Right Post Status Total Knee Replacement and a Bunionectomy. Nurse's notes of 3-26-08 indicated the tenant was admitted to the hospital with a right wrist fracture and returned to the program on 3-28-08. The program updated the tenant's service plan but did not complete a functional, cognitive and health evaluation, to determine if modifications to services were needed.

Tenant #3, an 84 year old, was admitted on 12-30-07 and has diagnoses of: Atrial Fibrillation, Hypertension (HTN), Coronary Artery Disease with Stable Angina, Chronic Obstructive Pulmonary Disease (COPD) Advanced and a Degenerative Back. The program completed a cognitive and health evaluation but did not complete a functional evaluation prior to admission. The program completed a functional evaluation but did not complete a cognitive and health evaluation within 30 days of admission.

Tenant #4, a 90 year old, was admitted on 1-7-06 and has diagnoses of: Alzheimer's Disease, Osteoarthritis, Macular Degeneration, Large Right Inguinal Hernia, Osteoporosis and Severe Kyphosis. Nurse's notes of 3-18-08 through 3-22-08 indicated several instances of the tenant wandering the halls. The program did not complete a functional, cognitive and health evaluation to determine modifications to services needed.

- Regulatory Insufficiency: The program did not consistently evaluate each proposed tenant's functional status prior to the tenant's signing the occupancy agreement and taking occupancy in order to determine the tenant's eligibility for the program, including whether services needed, can be provided. (25.23(1))
- Regulatory Insufficiency: The program did not consistently evaluate each tenant's functional, cognitive and health status within 30 days of occupancy and as needed, to determine the tenant's continued eligibility for the program and to determine any modifications to needed services. The evaluation shall be conducted by a health care professional or a human service professional. (25.23(2))

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

Monitoring Observation: Tenant #1's service plan was developed on 3-5-08, but was not based on a functional and health evaluation.

Tenant #2's service plan was updated on 3-28-08, but was not based on a functional, cognitive and health evaluation.

Tenant #3's initial service plan of 12-17-07 was not based on a functional evaluation and the service plan of 1-28-08 was not based on a cognitive and health evaluation.

Tenant #4's nurse's notes of 3-18-08 through 3-22-08 indicated several instances of the tenant wandering the halls. The program did not update the service plan establishing interventions related to the tenant's wandering.

- Regulatory Insufficiency: The program did not develop a service plan for each tenant based on the evaluations conducted in accordance with 25.23(1) and 25.23(2), and designed to meet the specific service needs of the individual tenant. (25.28(1))
- Regulatory Insufficiency: The program did not individualize the tenant's service plan and did not indicate, at a minimum: the tenant's identified needs and the tenant's requests for assistance and expected outcomes. (25.28(4))

Dated this 14th day of May, 2008.