IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

October 8, 2008

Complaint #19372-C

Bonny Winger, Administrator
Rose of Des Moines
1330 19th Street
Des Moines, IA 50314-1305

RE: Complaint Investigation Report, Rose of Des Moines, Des Moines, IA

Dear Ms. Winger:

Enclosed is the **Complaint Investigation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with the Code of Iowa, section 231C.7, Iowa Administrative Code, chapter 25, pertaining to assisted living programs and, chapter 26, pertaining to monitoring, civil penalties and complaints regarding assisted living programs. **No Regulatory Insufficiencies were identified.**

A copy of the monitor's **Complaint Investigation Report** is enclosed for your information and as a record of the result of this investigation.

If you have any questions regarding this Report, please contact me at 515-281-5003

Sincerely,

Connie Schaffer

Connie Schaffer
Certification Coordinator – Central Iowa
Health Facilities Division
Adult Services Bureau

Enclosure

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

Assisted Living Program: **Complaint Intake #: 19372-C**

Bonny Winger, Administrator
Rose Of Des Moines
1330 19th Street
Des Moines, IA 50314-1305

Date of Investigation:

September 29, 2008

Monitor(s):

Michael Streepy 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 Rose of Des Moines on September 29, 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	53
Current number of tenants with cognitive disorder	2
Total Population:	55

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.

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

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

A. Life safety – The program shall follow written emergency policies and procedures and structural safety requirements. [321 IAC 25.37]

Complaint Allegation: Complaint 19372–C alleges there is no plan to assist tenants who have mobility problems from the third floor in the event of a fire.

- Monitoring Observation: Review of fire drill documentation, staff interviews and tenant interviews at a community meeting reveal tenants are aware of evacuation plans and fire drills are conducted in accordance with regulations. The plans have provision for the tenants requiring assistance and tenants are well versed in the plan.

- Regulatory Insufficiency: None noted.

B. Other – The provisions of this section address the program's noncompliance with other applicable statutory and administrative rule requirements.

Complaint Allegation: Complaint 19372–C alleges that the family members of tenants have keys to enter the program and do not use the call phone to be let into the program.

- Monitoring Observation: Interview with the Administrator and review of the Occupancy Agreement reveals no prohibition against family having access to keys to the program with the consent of tenants.

- Regulatory Insufficiency: None noted.

Complaint Allegation: Complaint 19372–C alleges the program has a tenant who is incontinent of bladder in the dining room, soiling furniture and making other tenants uncomfortable.

- Monitoring Observation: Interviews with program staff reveal there is a tenant who frequently is incontinent in the dining room and does soil furniture. Review of the tenant file reveals the program has intervened with risk management documentation and notice to the tenant in this regard. Staff indicates the furniture is sanitized after the tenant uses the furniture.

- Regulatory Insufficiency: None noted.

Complaint Allegation: Complaint 19372–C alleges a tenant wonders if there is some illegal drug activity going on in the program with "pimp" like visitors and "suspicious and shady" looking characters visiting second floor

- Monitoring Observation: Interview with the Administrator revealed a former tenant who had left the program some weeks ago did have questionable looking family and friends who no longer visit the program. Interviews with Administration and staff reveal a relative of a current tenant was loitering in the parking lot and occasionally in the program. The individual had been removed by the police and a court order has since barred the individual from the program. Observations at various times during

the investigation did not reveal the presence of any "pimp" like individuals or illegal drug activity on second floor or in any other area of the program.

- Regulatory Insufficiency: None noted.

Dated this 8th day of October, 2008.