IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

December 8, 2008

Complaint #20851-C

Mary Glenn, Administrator
Rose of Waterloo Assisted Living
421 Oak Avenue
Waterloo, IA 50703-3401

RE: Complaint Investigation Report, Rose of Waterloo Assisted Living, Waterloo, IA

Dear Glenn:

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 #: 20851-C**

Mary Glenn, Administrator
Rose of Waterloo Assisted Living
421 Oak Avenue
Waterloo, IA 50703

Date of Investigation:

November 25, 2008

Monitor(s):

Hal L. Chase, RN BSN MPH
Rose Boccella, MA

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 Waterloo Assisted Living on November 25, 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	71
Current number of tenants with cognitive disorder	0
Total Population:	71

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 have not been any Regulatory Insufficiencies during this certification period.

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

A. 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 food supposed to be served hot is not hot.

- Monitoring Observation: The program's cook stated she checks the temperature of hot foods before it is served. The cook stated she started employment at the program on 10-27-08 and was told tenants at the program did not like the food that was served prior to her employment. Tenant #2 stated there were a lot of complaints until the new cook was hired, and she is doing a good job of serving hot food hot and cold foods cold. Tenant #2 stated tenants have a monthly meeting and discuss issues related to food and feels things were getting better but the program has a new cook and will now have to go through "the same crap again. Tenant #2 stated the evening meal is pretty good, is happy at the program and stated the program will get the situation fixed. Tenant #1 stated some foods he/she can't even eat and there is something wrong with the evening meal.

Complaint Allegation: It is alleged temperatures of the walk in cooler and the refrigerator and freezer next to the stove are not monitored. It is alleged the program did not check the dishwasher and didn't use "strips to test" the parts per million (ppm) of "sanitation properties."

Monitoring Observation: A local Public Health Food Inspector, who is responsible for the inspection of the program's kitchen, stated the program is not required to monitor or record temperatures of the walk in cooler or refrigerators. The use of strips is not required and is not required to test the sanitation properties of the dishwasher The program is required; however, to have a thermometer either inside or on the outside of the units. A monitor observed that each unit had a thermometer located on the outside and the dishwasher indicated the water temperature and volume of dishwasher detergent and sanitizer. The program provided recorded temperatures taken for the month of October 2008 for all refrigerators and freezers.

- Regulatory Insufficiency: None noted.

Dated this 8th day of December, 2008