IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

February 26, 2009

Certified

Vicki Truby, Administrator
Rose of East Des Moines
1331 Idaho Street
Des Moines, IA 50316-2463

RE: **I. Final Initial Certification Report**
II. Civil Penalty
III. Hearings and Appeals
IV. Standard Certification
IV. Conclusion

Dear Ms Truby:

I. Final Initial Certification Report – Rose of East Des Moines Assisted Living, Des Moines, IA

Enclosed is the **Final Initial Certification Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code section 231C.7 (2009) and Iowa Administrative Code, chapters 321—25, pertaining to assisted living programs and 321—26, pertaining to monitoring, civil penalties and complaints regarding assisted living programs. The Final Report notes the **Regulatory Insufficiencies,** as defined in the areas of: Evaluation of Tenant, Service Plan and Record Checks

DIA is accepting the Plan of Correction (POC) following the program's submission of additional information.

II. Civil Penalty

If no appeal is requested within 30 days of this Final Initial Certification Report, the civil penalty obligation, in the amount of five hundred ($500.00) dollars, is required.

III. Hearings and Appeals

The Program may appeal the DIA decision in accordance to 321 IAC 26.4, within 30 days of notice, by submitting a request for appeal to the DIA. Hearings will be held pursuant to 481 IAC Chapter 10. If the program appeals, the civil penalty will be suspended, pending appeal. If the program does not appeal, the fine is due within 30 days of notice.

IV. Standard Certification

Enclosed you will find the Assisted Living Program Certificate with effective dates of September 9, 2008 through September 8, 2010.

V. Conclusion

The Plan of Correction that was submitted is accepted. DIA may revisit the program to confirm compliance in fulfilling the POC's corrective measures. If the program wishes to appeal or request a hearing on the final findings, the program may do so within 30 days of this letter. If you have any questions in regard to these matters, please contact me at 515-281-5077.

Sincerely,

Ann Martin

Ann Martin
Bureau Chief
Health Facilities Division
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Initial Certification Monitoring Evaluation Report

Assisted Living Program:

Vicki Truby, Administrator
Rose of East Des Moines
1331 Idaho Street
Des Moines, IA 50316-2463

Date of Monitoring Visit:

December 24, 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 Rose of East Des Moines on December 24, 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:	30
Current number of tenants with cognitive disorder:	0
Total Population:	30

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 22 tenants attending. Tenants stated the program was a nice place to live, but housekeeping services could be better. Staff were polite and courteous; however, tenants would like to have a Registered Nurse (RN) at the program at all times. There is a variety of food offered and the temperature of the food is appropriate. The tenants stated they do not like the food or the way the food is prepared as it is "commodity food, canned and processed." Tenants stated they would like more activities offered at night and on weekends. Tenants stated they feel safe living at the program, are getting the services they expected and make their own decisions regarding personal and health directed care. Tenants stated they are generally satisfied with the program and would recommend it to friends and family.

Program History – There have been no substantiated Regulatory Insufficiencies during this certification period.

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 84 year old, was admitted on 10-3-08 and has diagnoses of: Congestive Heart Failure (CHF), Diabetes Mellitus, Hypercholestremia and Hypertension (HTN). (The program used a form, "Medical History/Functional Assessment" but this form does not have a functional component related to Individual Activities of Daily Living (IADLs) and Activities of Daily Living (ADLs)). Cognitive and health evaluations were completed prior to admission, on 9-24-08, but a functional evaluation was not completed prior to admission.

The tenant was hospitalized on 10-28-08 with an admitting diagnoses of: Acute CHF and Urinary Tract Infection (UTI). Functional and health evaluations were completed on 11-1-08 and indicated the tenant was a high risk for falls and needed to be evaluated for a wheelchair. An admission summary completed by the program on 11-1-08 indicated the tenant had increased confusion evidenced by difficulty making it to the dining room, medication errors and required an escort to and from activities as the tenant had forgotten where his/her apartment is located. The program did not complete a cognitive evaluation with a change in health status.

Functional and health evaluations of 11-23-08 indicated the tenant was hospitalized 11-19-2008 through 11-23-08 for CHF, increased fluid retention, Atrial Fibrillation, Hyperglycemia and continuous oxygen at 2 liters and increase to 3 liters with activity and having a boil on the right buttocks 2.5 inches away from the anal opening. The program did not complete a cognitive evaluation with a change in health status.

Functional and health evaluations completed on 12-15-08 indicated increased symptoms of dementia and was being evaluated for hospice care. The program did not complete a cognitive evaluation with a change in health status.

Tenant #2, an 88 year old, was admitted on 9-2-08 and has diagnoses of: Mild Dementia, Arthritis, Hearing Impaired and Hypothyroidism. (The program used a form "Medical History/Functional Assessment" but this form does not have a functional component related to IADLs and ADLs.) Cognitive and health evaluations were completed on 8-18-08 but a functional evaluation was not completed prior to admission.

Tenant #3, an 82 year old, was admitted on 10-22-08 and has diagnoses of: Mild Dementia, Asthma and Diabetes Mellitus. (The program used a form "Medical History/Functional Assessment" but this form does not have a functional component related to IADLs and ADLs.) Cognitive and health evaluations were completed on 10-9-08 but a functional evaluation was not completed prior to admission. The program completed functional and health evaluations on 12-16-08, but not within 30-days of admission and did not complete a functional evaluation within 30-days as required.

- Regulatory Insufficiency: The program did not consistently complete functional evaluations 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 complete functional and cognitive evaluations within 30-days as required and with a change in health status as needed, to determine the tenant's continued eligibility for the program and to determine any modifications to services needed. (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 initial service plan of 9-24-08 was not supported by a functional evaluation prior to admission. Functional and health evaluation completed on 10-21-08 indicated increased confusion and changes in medication management. Progress notes of 10-27-08 indicated the tenant demonstrated increased confusion and hallucinations such as seeing "bugs on the wall." Family stated the last time the tenant had hallucinations the tenant was in acute CHF. The tenant's service plan was updated on 10-28-08 but did not reflect establish nursing interventions related to changes in medication administration, increased confusion and hallucinations.

The tenant was hospitalized on 10-28-08 with an admitting diagnoses of: Acute CHF and Urinary Tract Infection (UTI). Functional and health evaluations were completed on 11-1-08 and indicated the tenant was a high risk for falls and needed to be evaluated for a wheelchair. An admission summary completed by the program on 11-1-08 indicated the tenant had increased confusion evidenced by difficulty making it to the dining room, medication errors and required an escort to and from activities as the tenant had forgotten where his/her apartment is located. The program did not update the tenant's service plan to reflect a change in health status, did not establish nursing interventions related to falls, confusion, staff assist to meals and activities, symptoms of CHF and UTI's.

Functional and health evaluations of 11-23-08 indicated the tenant was hospitalized from 11-19-08 through 11-23-08 for CHF, increased fluid retention, Atrial Fibrillation, Hyperglycemia and continuous oxygen at 2 liters and increase to 3 liters with activity and having a boil on the right buttocks 2.5 inches away from the anal opening at the. The program did not update the tenant's service plan to reflect a change in health status, did not establish nursing interventions related to the newly diagnosed Atrial Fibrillation, Hyperglycemia, and continual exacerbation of CHF and wound care for a boil.

Functional and health evaluations completed on 12-15-08 indicated increased symptoms of dementia and the tenant was being evaluated for hospice care, but the program did not establish nursing interventions related to increased care needs and increased dementia.

Tenant #2's initial service plan of 8-18-08 was not supported by a functional evaluation prior to admission.

Tenant #3's initial service plan of 10-9-08 and 12-16-08 was not supported by a functional evaluation. The service plan of 12-16-08 was not completed within 30-days as required.

- Regulatory Insufficiency: The program did not consistently develop a service plan based on the evaluations conducted in accordance with (25.23(1)) and (25.23(2)). (25.28) (1))

- Regulatory Insufficiency: The program did not consistently update the service plan within 30-days and as needed to meet the needs of the tenant. (25.28(2))

- Regulatory Insufficiency: The program did not consistently individualize the tenant's service plan to indicate the tenant's identified needs, requests for assistance and expected outcomes. (25.28(4)(a))

C. Record Checks – The program conducts applicable employee record checks. [Iowa Code section 135C.33(5)]

Monitoring Observation: Staff #1 was hired 10-9-08. Criminal background and dependent adult abuse checks completed on 10-29-08 which indicated further research was required for a final response for criminal history. Results of the final response indicated it was completed on 11-1-08. Criminal background checks were not completed prior to hire as required.

Staff #2 was hired on 9-12-08. Criminal background and dependent adult abuse checks completed on 9-8-08 indicated further research was required for dependent adult abuse registry information. Results of the final response was completed on 9-19-08. Dependent adult abuse checks were not completed prior to hire as required.

Staff #3 was hired on 10-15-08 with criminal background and dependent adult abuse checks completed on 12-23-08 and not prior to hire as required.

- Regulatory Insufficiency: The program did not complete applicable employee record checks prior to hire as required. (135C.33(5)

Dated this 27th day of February, 2009