IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

March 25, 2009

Complaint #22374-C

Stephen King, Administrator
Rose of Ames
1315 Coconino Rd.
Ames, IA 50014-8035

RE: Complaint Investigation Report, Rose of Ames, Ames, IA

Dear Mr. King:

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 #: 22374-C**

Stephen King, Administrator
Rose of Ames
1315 Coconino Rd.
Ames, IA 50014-8035

Date of Investigation:

March 16, 2009

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 Ames on March 16, 2009. 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	58
Current number of tenants with cognitive disorder	0
Total Population:	58

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 – The program has a Regulatory Insufficiency in the area of Life Safety during this certification period.

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

A. Occupancy Agreement – The program shall enter into an occupancy agreement with the tenant or tenant's legal representative, if applicable, prior to the tenant's taking occupancy that clearly describes the rights and responsibilities of the tenant and of the program, and shall sign a managed risk policy disclosure statement. [321 IAC 25.22]

Complaint Allegation: Complaint 22374-C alleges the program had increased fees with no reasonable explanation for the mandatory fee except hiring a licensed social worker

- Monitoring Observation: Interviews with the program Administrator and the Branch Director of Lutheran Services who provide nursing staff for the program and review of documentation indicates, tenants were given notice of the increase in fees on January 8, 2009 The increase was to be effective on March 1, 2009 The fee increase was the result of a new contract with Lutheran Services for a social worker and activities staff person. Tenant meetings were held January 8 and February 5 2009, to explain the rate increases and services. The meeting on February 5, being a question and answer meeting with program ownership and Lutheran Services management. Interviews with tenants named in the complaint, revealed they had in fact received the notices on January 8 and were aware of the meetings held to answer questions. Review of the notifications and documentation was in compliance with 231C.5

- Regulatory Insufficiency: None noted.

Dated this 25th day of March, 2009