IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

March 16, 2010

Mary Michelle VanDolah
Rosebush Gardens
4925 West Avenue
Burlington, IA 52601-9469

RE: Final Recertification Monitoring Evaluation Report and Complaint Investigation, Rosebush Gardens, Burlington, IA

Dear Ms. VanDolah:

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 and Complaint Investigation**. Based upon a complete review of the Report and your actions to correct the identified RegulatoryInsufficiencies, DIA accepts your POC. The Final report is enclosed.

The review of the recertification documents you submitted has been completed and the documents are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Enclosed you will find the Assisted Living Program Certificate #S0067 with effective dates of **March 26, 2010 through March 25, 2012**. If you have any questions in regard to this certification, please contact me at 515/281-4116.

Sincerely,

Chris Nothaft
Certification Coordinator – Eastern Iowa
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Complaint Intake #: 26790-C

Mary Michelle VanDolah
Rosebush Gardens
4925 West Avenue
Burlington, IA 52601-9469

Date of Investigation:

January 13, 2010

Monitor(s):

Stephanie Cummins, 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. IAC r. 481-67.10(5). 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 481 IAC chapter 69 that: serves fewer than fifty-five (55) tenants and has five (5) or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

A complaint investigation and monitoring evaluation on-site visit was conducted at Rosebush Gardens on January 13, 2010. In preparing this report, the following information was considered:

Current Program Census

General Population Program (GPP)* – A program that does is not include a Dementia Specific unit, but may include 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 with 19 tenants, two family interviews and two tenant interviews were held. The tenants stated the parking lot and sidewalks were cleared appropriately and salt was put down as needed. They ask for staff assistance to their cars and reported there were no negative outcomes related to the parking lot. Tenants stated the trimming of weeds needed improvement. They stated the apartment doors extend and hit the kitchen closets at times. Tenants described staff as good, stated there were enough staff to answer requests for assistance, indicated they were treated well and received all the services they required and the nurse was always available. Staff knock on the door before entering their apartments. Family stated staff were wonderful and they had no issues with staffing. They described the food as good and stated they enjoyed the salad bar and dessert bar. One tenant stated the pork was tough, but the other tenants did not voice any complaints. The quantity, temperature and variety of the food was appropriate. The program did not provide transportation; however, the tenants had questions and requested more information on local transportation options and staff assisted them. Tenants requested a pull cord be placed in the foyer area to call staff if there was an emergency. They indicated the mailboxes were hard to reach for some tenants. Tenants indicated there were enough activities and they received an activity calendar. They requested activities with more community involvement and transportation to activities. Tenants felt safe and made their own decisions. They were satisfied and would recommend the program to others. Family indicated they had piece of mind with their family member at the program.

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

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

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

A. Evaluation of Tenant

Monitoring Observation: Four tenant files were reviewed

Tenant #1, 91 years old, was admitted on 5-1-07 and diagnoses include: Hypertension (HTN), Diabetes Mellitus Type II, Hypercholestemia and Osteoporosis. A cognitive evaluation was not completed annually.

Tenant #2, 89 years old, was admitted on 9-29-09 and diagnoses include: Atrial Fibrillation, Fall Risk, Parkinson's Disease and Prostate Enlargement. A cognitive evaluation was not completed within 30 days of occupancy.

- Regulatory Insufficiency: A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. (IAC r.481—69.22(2))

B. Service Plan

Monitoring Observation: Four tenant files were reviewed.

Tenant #1's file was reviewed. A service plan was developed annually; however, this service plan was not based on a cognitive evaluation.

Tenant #2's file was reviewed. A service plan was developed within 30 days of occupancy; however, the service plan was not based on a cognitive evaluation.

- Regulatory Insufficiency: A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. (IAC r.481—69.26(1))

C. Staffing

Monitoring Observation: Four staff files were reviewed.

Staff #1, #2, #3 and #4 did not have documented training on activities of daily living (ADLs). Staff #2 and #3 had initial nurse delegation training regarding medication administration and management completed by a licensed practical nurse (LPN). The initial nurse delegated training was not completed by a registered nurse (RN). The program employed certified and non-certified staff.

- Regulatory Insufficiency: A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. (IAC r.481—67.9(1))

D. Structural requirements.

Complaint Allegation: It was alleged the program's driveway and parking lot contained packed snow and ice. It was alleged people had difficulty walking on it and appeared to have trouble.

Monitoring Observation: A Health Facility Surveyor was on-site on 12-23-09 at approximately 2:50 p.m. The Surveyor examined the parking lot and took pictures. The parking lot had a couple of slushy areas, but was otherwise clear and wet. The pavement on the sidewalks and the driveway near the front door were clear of snow, ice and slush.

A monitor completed the recertification visit and complaint investigation on 1-13-10. The monitor arrived at approximately 9:50 a.m. and parked in an end spot in the parking lot. She walked through the parking lot and did not have any issues traveling to the building. The parking lot appeared clear with some small amounts of snow left around cars and a few slush spots.

The monitor returned to the parking lot at 11:58 a.m. Pictures were obtained. The driveway, sidewalks and pavement near the front door were clear. The parking spots had some snow remaining where cars were parked in the lot. The amount of snow left in the parking lot was minimal.

A community meeting with 19 tenants was held. Tenants stated the parking lot and sidewalks were cleared appropriately and salt was put down as needed. They indicated they could ask for staff assistance to their cars and reported there were no negative outcomes related to the parking lot.

Two family members were interviewed. They indicated the parking lot and sidewalks were clear and there were no issues.

According to an Incident/Accident Report dated 12-11-09 at 1:40 p.m., Tenant #1 and his/her spouse were going to their car. The spouse was assisted by a staff member when Tenant #1's foot slipped and the tenant fell. The incident occurred outside on the driveway. The tenant's family and doctor were notified. The tenant was taken to the hospital by ambulance and had a left ankle fracture/dislocation. The program reported the incident to the Department.

According to a written statement provided by the Maintenance Supervisor, Staff #5, on 12-8-09 he shoveled and put ice melt on all the walks, front drive and all exit doors. On 12-9-09 he removed snow from the sidewalks, front drive and exit doors and put down ice melt. On 12-10-09 when Staff #5 came in to the program the sidewalks were clear of snow and ice; however, he then put another layer of ice melt down in case of any more snow.

The owner of the contracted snow removal company provided a written statement. According to the statement, on 12-8-09 an employee of the company plowed and salted the parking lot. On 12-9-09, the same employee came back and touched up drifts from the blowing snow. On 12-12-09 the owner went to the program and spread salt in and around the cars, lot and entry.

Staff #1 and Staff #2 were interviewed and stated the grounds were kept clean and well maintained. Staff #1 and #2 indicated snow and ice was removed from the parking lot and sidewalks promptly and they had not heard any complaint from tenants, family or visitors regarding the grounds and parking lot.

Staff #1 stated the parking lot was pretty clear and had comparable conditions to the day of the onsite, 1-13-10. Staff stated she was walking with a tenant and his/her spouse, when the tenant slipped and fell. Staff #1 stated the patch of ice was approximately grapefruit size. After the tenant slipped and fell, Staff #1 used her cellular phone and called for assistance. A nurse assessed the tenant and an ambulance was called.

Tenant #1 went to the hospital and following surgery, went to a higher level of care, returning on 1-13-10. The tenant and his/her spouse were interviewed. Tenant #1 stated he/she went to the car earlier on 12-11-09 and cleared off the car. At that time, there were no issues with the parking lot. In the afternoon, the tenant and his/her spouse went to the car and apparently the snow removed from the morning had melted and frozen again and there was a small patch of ice. The tenant reported the program kept the parking lot pretty clear and did the best they could. Tenant #1 indicated that when cars are not moved there will be snow between them. The tenant reported the staff with him/her at the time of the fall called for assistance and additional staff arrived in approximately 15 seconds.

- Regulatory Insufficiency: None noted.

Dated this 16th day of March, 2010.