IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

April 22, 2010

Incident: #28047-C

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

RE: Final Incident Investigation Report, Rose of East Des Moines, Des Moines, IA

Dear Ms. Truby:

Enclosed is the **Final Incident Investigation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code 231C.7 (2010) and 481 Iowa Administrative Code, chapters 481—69, pertaining to assisted living programs and 481—67.12(3), pertaining to monitoring, civil penalties and complaints regarding assisted living programs. **No Regulatory Insufficiencies were identified.**

A copy of the monitor's **Incident 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 #: 28047-C**

Vicki Truby, Administrator
Rose of East Des Moines
1331 Idaho Street
Des Moines, Iowa 50316

Date of Investigation:

April 7, 2010

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. 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 on-site visit was conducted at Rose of East Des Moines on April 7, 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:	67
Current number of tenants with cognitive disorder:	0
Total Population:	67

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.**

Program History – The program has had substantiated Regulatory Insufficiencies in the areas of: Evaluation of Tenant, Service Plan and Record Checks.

The Initial Certification of December 24, 2008, with Regulatory Insufficiencies in the areas of: Evaluation of Tenant, Service Plan, Nurse Review, Structural Requirements and Record Checks, which resulted in a $500.00 fine.

The complaints and incident investigation of November 4, 12, 19 and 23, 2009 for Complaints #23567-C and #25926-C and Incident #26120-I with Regulatory Insufficiencies in the areas of: Evaluation of Tenant, Service Plan, Nurse Review and Structural Requirements, which resulted in a $5,000.00 fine.

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. Other

Complaint Allegation: Complaint #28047-C alleges the program has an infestation of bed bugs.

- Monitoring Observation: Interview and record review revealed the program has an on going concern with a bed bug infestation. An interview with the maintenance staff with the program; revealed the program has hired a pest control company who have been treating any suspected areas, in the building, as needed to treat affected tenant areas and the common areas.

  An interview with the Executive Director revealed there have been no serious reactions to the bed bugs by the tenants. The Director stated instructions have been provided to all tenants and staff. The pest control company has been evaluating and treating tenant rooms and common areas in an effort to eradicate the pests. The serviceman with the pest control company has done the treatments and provided guidance to the program and tenants.

  An interview with the serviceman with the pest control company was conducted and revealed the program is following all recommended practices for eradication of the bed bugs. The service person stated tenants' rooms are treated and information is provided and followed.

- Regulatory Insufficiency: None noted.

Dated this 22nd day of April, 2010.