IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

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LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
CERTIFIED

February 28, 2011

Ms. Vicki Truby, Administrator
The Rose of East Des Moines
1331 Idaho Street
Des Moines, IA 50316

RE: I. Final Recertification Monitoring Evaluation Report
II. Civil Penalty
III. Appeals/Hearings
IV. Standard Certification
V. Conclusion

Dear Ms. Truby:

I. Final Recertification Monitoring Evaluation Report – The Rose of East Des Moines, Des Moines, IA

Enclosed is the **Final Recertification Monitoring Evaluation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C and Iowa Administrative Code (IAC) chapter 481—67 and 481—69. The Report notes the Regulatory Insufficiencies in the area(s) of: Service Plan and Staffing. The Rose of East Des Moines ("Program") is being assessed a $1,000 civil penalty pursuant to Iowa Code section 231C.14 and 481 IAC 67.12(3)(a).

DIA is accepting the Plan of Correction (POC) following the Program's submission of information. Based on the information provided, DIA accepts your Request for Reconsideration in the area of Managed Risk.

II. Civil Penalty

If, within thirty (30) days of the receipt of this demand letter, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant in accordance with IAC 67.12(3)d. If you do not wish to request a formal hearing or wish to withdraw your request for formal hearing, please send cover letter to the attention of **Rose Boccella** and remit the penalty assessed by check or money order in the amount of six hundred fifty ($650) within 30 business days after the receipt of this demand letter.

III. Appeals/Hearings

The Program may appeal the DIA decision in accordance with IAC rule 481—67.13 within 30 days of this notice, by submitting a request for appeal to DIA. A contested case hearing will be held pursuant to IAC chapter 481—10. If the Program appeals, the civil penalty will be suspended, pending the appeal process. 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 **S0282** with effective dates of **September 9, 2010** through **September 8, 2012**.

V. Conclusion

The Program is being assessed a $1,000 civil penalty pursuant to Iowa Code section 231C.11 and 481 IAC 67.12(3)(a). The POC submitted on February 11, 2011, has been reviewed and will constitute the final POC related to the on-site visit of January 10 & 12, 2011.

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 this letter and report, please contact your Program Coordinator, Rose Boccella, at 515/281-7039.

Sincerely,

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

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

Assisted Living Program:

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

Date of Monitoring Visit:

January 10 & 12, 2011

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. 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 Recertification 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 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:

An on-site monitoring evaluation was conducted at The Rose of East Des Moines on January 10 & 12, 2011. 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:	65
Current number of tenants with cognitive disorder:	0
Total Population:	65

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 32 tenants in attendance. Tenants reported they have been happy living at the program, were satisfied with the housekeeping services offered and reported the building and grounds were well maintained. Tenants reported if they became ill or needed some sort of assistance, they could call staff or emergency medical services. Tenants reported staff responded within 15 to 20 minutes of being called. Tenants reported staff were trained to provide the care needed and staff were courteous and well-meaning. Tenants reported they liked the food, but stated the portions could be larger. Tenants reported they would like to have more activities during the evening hours and on weekends. Tenants reported feeling safe, made their own decisions and would recommend the program friends and family.

Program History – The program did not receive any regulatory insufficiencies during this certification period.

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

A. Service Plan

Monitoring Observation: Tenant #1, a 72 year old, was admitted on 3-23-09 and had diagnoses of: Diabetes Mellitus II (DMII), Hypertension (HTN) and Hyperlipidemia. A home health care plan of 12-31-10 to 2-28-11 indicated staff was to monitor for signs and symptoms of Hypoglycemia and Hyperglycemia and report both to the registered nurse (RN). A service plan of 10-28-10 indicated the tenant received accu-checks and Insulin injections twice daily, but did not direct staff to monitor for signs and symptoms of Hypoglycemia and Hyperglycemia. Accu check log sheets beginning 10-27-10 through 1-12-11 indicated at least 20 incidents of the tenant's blood sugar being greater than 200mg/dl, which indicated Hyperglycemia.

Tenant #2, a 73 year old, was admitted on 2-19-10 and had diagnoses of: DM II and Chronic Pain Syndrome. A home health care plan of 11-9-10 to 1-6-11 indicated staff was to assess the signs and symptoms of Hypoglycemia and report to the RN. The care plan of 11-9-10 to 1-6-11 indicated the tenant's blood sugars continue to be labile and the tenant was frequently hypoglycemia in the morning after having blood sugars in the high 200 +mg/dl to 300+mg/dl in the evening. A service plan of 9-8-10 indicated the tenant received accu-checks and Insulin injections but did not indicate the number of accu-checks and insulin injections and did not direct staff to monitor for signs and symptoms of Hypoglycemia.

Tenant #3, an 85 year old, was admitted on 6-29-10 and had diagnoses of: DM II, Renal Disease, Liver Disease and HTN. A home health care plan of 12-28-10 to 2-25-11 indicated staff was to monitor for signs and symptoms of Hypoglycemia and Hyperglycemia and report both to the RN. A service plan of 7-22-10 indicated the tenant received Insulin injections but did not indicate the tenant received accu-checks. Accu-check log sheets of 10-21-10 to 12-11-10 indicated at least 30 incidents of the tenant blood sugar being greater than 200mg/dl, which indicated Hyperglycemia.

- Regulatory Insufficiency: The service plan shall be individualized and shall indicate; at a minimum the tenant's identified needs and preferences for assistance. (IAC r. 481 – 69.26 (4)(a))

B. Staffing

Monitoring Observation: A review of Staff #5 and #6's personnel file indicated each had training on performing accu-checks, but did not have nurse delegated training and competency demonstration on the signs and symptoms of Hypoglycemia and Hyperglycemia.

- 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))

Dated this 28th day of February, 2011.