IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Incident Intake #: 36012-I

October 11, 2011

Ms. Angela Adams, Executive Director
Rose of Des Moines
1330 19th Street
Des Moines, IA 50314

RE: Final Complaint/Incident Investigation Report – Rose of Des Moines, Des Moines, IA

Dear Ms. Adams:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of September 28, 2011, completed by the Department of Inspections and Appeals ("DIA") in accordance with Iowa Code chapter 231C and Iowa Administrative Code ("IAC") chapters 481—67 and 481—69. **No Regulatory Insufficiencies were identified.**

If you have any questions regarding the enclosed Report, please contact me at 515/281-7039.

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Complaint/Incident Investigation Report

Assisted Living Program:

Angela Adams, Executive Director of the Roses
The Rose of Des Moines
1330 19th St.
Des Moines, Iowa 50314

Complaint/Incident Intake #:

36012-I

Date of Complaint/Incident Investigation:

September 28, 2011

Monitor(s):

Maribeth Freland, RN

Definitions: ***The following definitions are relevant:***

Assisted Living Program – A program certified under 481 IAC 69 that provides housing with contracted services to three or more tenants in a physical structure that provides a homelike environment. Services may include but are not limited to health-related care, personal care, and assistance with instrumental activities of daily living. A General Population Program is an Assisted Living Program that is not dementia-specific but may have tenants with cognitive disorder.

Dementia-Specific Assisted Living Program - An assisted living program certified under 481 IAC 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 (GDS), or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the GDS, or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Regulatory Insufficiency - A violation of a statutory or rule provision within the Code of Iowa (2011) or the 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 statutory or rule violations. The plan should identify how and by what date each regulatory insufficiency will be corrected, and what measures will be taken to ensure the problem does not recur. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint/Incident Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Overview: ***In preparing this report, the following information was considered:***

Current Program Census

Assisted Living Programs are defined by the type of population served. The census numbers below were provided by the Program at the time of the on-site visit.

General Population Program	
Number of tenants without cognitive disorder:	51
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	51
TOTAL census of Assisted Living Program	51

Program History – The program received regulatory insufficiencies in the areas of Evaluation and Service Plan during the recertification visit of November 2009.

Complaint/Incident Investigation – The Complaint/Incident investigator made the observations detailed in the following areas:

A. Staffing

Complaint/Incident Allegation: The program reported a tenant was harmed by a family member, requiring the tenant to seek medical evaluation. The tenant reported this had happened a few other times while the family member visited his/her at the program.

- Monitoring Observation: Tenant #1 (the Tenant), a 70 year old, had an admission date of 12-6-10 and had diagnoses of Diabetes, Hypertension and Cardiac Disease. The Tenant correctly answered all questions on the program's cognitive ability assessment, indicating no cognitive concerns.

  On 9-26-11, Tenant #1 told the Social Worker he/she had been harmed by a family member on Saturday 9-24-11 when the family member visited him/her at the program. The Tenant reported this family member had harmed him/her other times since admission to the program. The Tenant had reported Tenants #2 and #3 had knowledge of the incident or were involved in the incident which allegedly occurred on 9-24-11. Program administration contacted the Department of Human Services and The Department of Inspections and Appeals on 9-26-11.

  The monitor interviewed Tenants #2 and #3, both cognitively intact individuals. Both tenants reported having no knowledge of the alleged incident on 9-24-11 or any previous alleged incidents. Both reported meeting many of Tenant #1's family members; however, both denied ever meeting the family member reported to have harmed Tenant #1 on 9-24-11.

The monitor held a group meeting with seven tenants in attendance. None of the attendees reported having any concerns with safety or supervision. All denied having any direct or indirect knowledge of any tenants being treated inappropriately by staff or visitors.

The monitor interviewed the Social Worker, Tenant #1's Case Manager, the Physical Therapist who had recently been working with Tenant #1 and Staff #1, #2, #3, #4 and #5. None of the staff members reported having any knowledge related to the alleged incident on 9-24-11 and all denied Tenant #1 had ever reported any mistreatment by family members in the past.

The program followed up appropriately after Tenant #1 reported the alleged mistreatment. The program assured the Tenant received medical evaluation in a timely manner and reported the allegations to the Department of Inspections and Appeals and the Department of Human Services. The monitor found no evidence program staff members had any indication of Tenant #1's allegations prior to his/her report on 9-26-11.

- Regulatory Insufficiency: None noted.

Dated this 5th day of October 2011.