IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

October 25, 2011

Ms. Linda Judkins, Administrator
Rose of Council Bluffs
2306 Sherwood Drive
Council Bluffs, IA 51503

RE: Final Initial Certification Monitoring Evaluation Report, Rose of Council Bluffs, Council Bluffs, IA

Dear Ms. Judkins:

Enclosed is the **Final Initial Certification Monitoring Evaluation Report** 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. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiency, DIA accepts your POC and certification of Rose of Council Bluffs will continue.

Enclosed you will find the Assisted Living Program Certificate **S0318** with effective dates of **May 26, 2011**through **May 25, 2013**. This certificate is to be posted in the building for public viewing.

If you have any questions regarding this certification, please contact me at 515/281-4116.

Sincerely,

Jim Berkley

Jim Berkley
Program Coordinator
Adult Services Bureau

Enclosure

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Initial Certification Monitoring Evaluation Report

Assisted Living Program:

Linda Judkins, Administrator
The Rose of Council Bluffs
2306 Sherwood Drive
Council Bluffs, Iowa 51503

Date of Monitoring Visit:

September 26, 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:

An on-site monitoring evaluation was conducted at The Rose of Council Bluffs on 9-26-11. 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 were provided by the Program at the time of the on-site.

General Population Program	
Number of tenants without cognitive disorder:	40
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	40
TOTAL census of Assisted Living Program	40

Tenant/Family Satisfaction Results – A community meeting was held with seven tenants in attendance. The tenants reported general satisfaction with the program. They reported respectful staff interaction and timely response to calls made using emergency pendants. The tenants reported the food served by the program was palatable and the provision of scheduled activities plentiful. They reported the program's environment to be clean and safe, acknowledging they would recommend the program to others.

Program History – The program had no regulatory insufficiencies this certification period.

A. Tenant Documents

- Monitoring Observation: Tenant #1 (the Tenant), an 86 year old, was admitted 9-3-11 with diagnoses of: Coronary Artery Disease, Hypertension (HTN) and Late Effects of Stroke. The Tenant scored 11 of 11 correct on the program's cognitive assessment tool, indicating no cognitive impairment. Upon admission to the program, Tenant #1 was independent with bathing, dressing/grooming, mobility, toileting, eating, and medication administration.

  The clinical record indicated Tenant #1 had another stroke on 9-7-11, requiring a six day hospitalization. According to the Tenant's service plan, dated 9-12-11, he/she required assistance with medication administration and required the services of physical therapy, occupational therapy and speech therapy after returning from the hospital. Tenant #1's assisted living chart included documentation of an evaluation of the Tenant's cognitive status; however, it lacked documentation of an evaluation of the Tenant's functional and health status following the hospitalization. The nurse had completed an evaluation of Tenant #1's functional and health status on 9-12-11; however, these evaluations were being maintained at another location in a different state by the home health agency providing services to the Tenant.

Tenant #2 (the Tenant), a 74 year old, was admitted 8-12-11 with diagnoses of: Congestive Heart Failure, Diabetes and HTN. The Tenant also required continuous use of oxygen. The Tenant scored 11 of 11 correct on the program's cognitive assessment tool, indicating no cognitive impairment. Upon admission to the program, Tenant #2 was independent with dressing/grooming, mobility in his/her room, toileting, eating, and medication administration. He/she required stand by assistance for bathing and when ambulating in the halls.

The clinical record indicated Tenant #2 required hospitalization once in August 2011 and once in September 2011. According to the Tenant's service plan, updated on 8-27-11 and 9/24/11, he/she required assistance with medication administration and required the services of physical therapy, occupational therapy and speech therapy after returning from the hospital. Tenant #2's assisted living chart included documentation of an evaluation of the Tenant's cognitive status on 8-30-11; however, it lacked documentation of an evaluation of the Tenant's functional and health status following either of the hospitalizations. The nurse had completed an evaluation of Tenant #2's functional and health status on 8-27-11 and 9-24-11; however, these evaluations were being maintained at another location in a different state by the home health agency providing services to the Tenant.

Tenant #3 (the Tenant), a 53 year old, was admitted 6-30-11 with diagnoses of: Multiple Sclerosis (MS) and Neurogenic Bladder. The Tenant had a venous access device placed in his/her chest to allow self administration of MS medications. The Tenant scored 11 of 11 correct on the program's cognitive assessment tool, indicating no cognitive impairment. Upon admission to the program, Tenant #3 was independent with mobility using an electric scooter, toileting, eating, and medication administration. He/she required assistance with bathing and dressing/grooming.

According to the Tenant's service plan, updated on 7-8-11, he/she began requiring a nurse to flush the venous access device monthly. Tenant #3's assisted living chart included documentation of an evaluation of the Tenant's cognitive status on 7-8-11; however, it lacked documentation of an evaluation of the Tenant's functional and health status following the Tenant's functional change. The nurse had completed an evaluation of Tenant #3's functional and health status on 7-8-11; however, these evaluations were being maintained at another location in a different state by the home health agency providing services to the Tenant.

The Executive Director of the Rose Communities told the monitor the nurses do not routinely keep a lap top computer with home health documents at the assisted living. The home health's electronic system is only used to document and store home health information; allowing ready access only to those employees documenting on home health patients. If an assisted living employee required access to home health documents, the employee would need to travel to the out of state office to print or obtain tenant documents.

- Regulatory Insufficiency: Documentation for each tenant shall be maintained by the program and shall include initial evaluations and updates. (IACr. 481-69.25(1)c.)

Dated this 24th day of October 2011.