IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 37810-C

March 26, 2012

Ms. Amy Edmonson, Interim Administrator
Homestead of Osceola
334 North West View Drive
Osceola, IA 50213

RE: Final Complaint/Incident Investigation Report – Homestead of Osceola, Osceola, IA

Dear Ms. Edmonson:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of March 8, 2012, 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 515/281-4116.

Sincerely,

Jim Berkley

Jim Berkley
Program Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Amy Edmonson, Interim Administrator
Homestead of Osceola
334 North West View Drive
Osceola, IA 50213

Complaint/Incident Intake #: 37810-C

Date of Complaint/Incident Investigation:

March 8, 2012

Monitor(s):

Lori Miner, RN BSN

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:	15
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	15
TOTAL census of Assisted Living Program	15

Program History – The program received regulatory insufficiencies in the areas of Staffing and Activities during this certification period.

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

A. Record Checks

Complaint/Incident Allegation: It was alleged a staff member had charges of child abuse and should not be working with older dependent adults.

- Monitoring Observation: Staff #1 was hired 12-27-11. The Program used the online SING system on 11-22-11 to complete criminal, child abuse, and dependent adult abuse background checks. The results indicated no criminal or abuse history. According to the Regional Manager, Staff #1 had indicated "something" but that no charges had been filed. The background checks were again completed on 12-13-11. Again the results indicated no criminal or abuse history. The background checks were completed prior to the employment of Staff #1.

  The monitor telephoned the Program Coordinator of the Abuse Coordinating Unit of the Department of Inspections and Appeals. The Program Coordinator indicated Staff #1 was listed on the child abuse registry, and requested to speak to Staff #1's supervisor, the Regional Manager.

  After speaking with the Program Coordinator, the Regional Manager repeated a SING report for criminal, child abuse, and dependent adult abuse background checks for Staff #1. The report, dated 3-8-12, indicated a need to initiate a record check evaluation process in regards to the child abuse registry. The results did not indicate a criminal or dependent adult abuse history. The Regional Manager stated Staff #1 had not informed her of any possible changes to background check information since employment began in December 2011.

The Regional Manager stated Staff #1 had been given forms to fill out to complete the child abuse registry evaluation process and immediately suspended Staff #1. The Regional Manager stated she would be speaking with the human resources department of the company for further direction. A staff member, Staff #2, from a sister program was assigned to this Program in the interim, according to the Regional Manager. Staff #2 was present during the onsite visit.

Iowa Administrative Code r. 481-67.9(3) required a prospective employee of a program to have a criminal history, child abuse, and dependent adult abuse check before beginning work. The Program completed these checks prior to the employment of Staff #1.

Background check information was reviewed for an additional nine staff members (#3 through #11) hired in 2011 and 2012. Background checks were completed appropriately by the Program.

- Regulatory Insufficiency: None noted.