IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
CERTIFIED

October 11, 2012

Mr. Scott Berger, Administrator
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 Mr. Berger:

I. Final Recertification Monitoring Evaluation Report – Rose of East Des Moines (Program), 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: Evaluation of Tenant and Service Plans.

Rose of East Des Moines is being assessed a $500 civil penalty pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC 67.12(3)(a)(2). The program failed to comply with regulatory requirements which have been cited previously by the Department. The program's continued failure (or refusal) to comply with regulatory requirements within the prescribed time frame established has a direct relationship to the health, safety, or security of tenants. Program failed to accurately reflect tenants' needs on service plans.

DIA is accepting the Plan of Correction (POC) following the Program's submission of information.

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 to the State of Iowa in the amount of three hundred twenty five dollars ($325) 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, 2012** through **September 8, 2014**.

V. Conclusion

The Program is being assessed a $500 civil penalty pursuant to Iowa Code section 231C.14 and 481 IAC 67.12(3)(a). The POC submitted on October 8, 2012, has been reviewed and will constitute the final POC related to the on-site visit of August 20, 2012.

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 or **Rose.Boccella@dia.iowa.gov**

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:

Scott Berger, Administrator
Rose of East Des Moines
1331 Idaho St.
Des Moines, Iowa 50316

Date of Monitoring Visit:

August 20, 2012

Monitor(s):

Maribeth Freland RN
Joyce Kix 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 were provided by the Program at the time of the on-site.

General Population Program	
Number of tenants without cognitive disorder:	61
Number of tenants with cognitive disorder:	1
Total Population of Program at time of on-site	62
TOTAL census of Assisted Living Program	62

Tenant/Family Satisfaction Results – A community meeting was held with 26 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; however, felt the menu description did not always match what was served. Most tenants reported the provision of scheduled activities was adequate but would enjoy additional activities as available. They reported the program's environment to be clean, with the exception of dirty carpets in the program's common areas. All tenants reported feeling safe while residing at the program and 21 tenants acknowledged they would recommend it to others.

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

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

A. Evaluation of Tenant

Monitoring Observation:

All cognitive assessments of tenants begin initially with completion of a Mini Mental Assessment used by the program. The assessment utilized 9 questions adding up to 11 points to determine each tenant's cognitive status. If a tenant scored between 9 and 11, the tenant is assessed as having no cognitive impairment to mild cognitive impairment. If a tenant scored between 5 and 8, the tenant is assessed as having moderate cognitive impairment. If a tenant scored between 0 and 4, the tenant is assessed as having severe cognitive impairment. The Mini Mental Assessment used by the program directed staff members to complete a Global Deterioration Scale (GDS) assessment for all tenants who scored 8 or below.

Tenant #3, a 69 year old, was admitted 3-1-11 with diagnoses of: Coronary Artery Disease (CAD) and HTN. Tenant #3 scored 7 on the Mini Mental Assessment, completed on 6-14-12, which indicated moderate cognitive impairment. The

Medical/Functional Cognitive Assessment form, completed on 6-14-12, lacked documentation that a GDS cognitive assessment had been completed for Tenant #3 despite Tenant #3's Mini Mental Assessment score. Tenant #3 scored 3 on the Mini Mental Assessment, completed on 6-17-12, which indicated severe cognitive impairment. The Medical/Functional/Cognitive Assessment form, completed on 6-17-12, lacked documentation that a GDS cognitive assessment had been completed for Tenant #3 despite Tenant #3's Mini Mental Assessment score.

Tenant #5, a 78 year old, was admitted 12-5-08 with diagnoses of: Diabetes, HTN, Congestive Heart Failure (CHF), and Obesity. Tenant #5 scored 7 on the Mini Mental Assessment, completed on 7-27-12, which indicated moderate cognitive impairment. The Medical/Functional/Cognitive Assessment form, completed on 7-27-12, included a written GDS score of 4; however, the clinical record lacked documentation of the actual GDS cognitive assessment that determined the score of 4.

During interview, the Clinical Supervisor reported the program used a master form of the GDS assessment to visually review the GDS criteria to determine each tenants' level of cognitive decline. The Clinical Supervisor indicated each nurse determined the level and documented the level on the Medical/Functional/Cognitive Assessment form but do not document the actual assessment findings.

The program nurses failed to complete a GDS assessment when the Mini Mental Assessment indicated moderate to severe cognitive decline. The nurses also failed to document actual cognitive assessment findings in each tenants' clinical record when determining a GDS score.

Tenant #4, a 67 year old, was admitted 9-4-08 with diagnoses of: Obesity, Chronic Obstructive Pulmonary Disease and Diabetes. Tenant #4 scored 11 on the Mini Mental Assessment, completed on 7-6-12, which indicated no cognitive impairment. Tenant #4's functional evaluation, completed on 7-6-12, lacked identification of Tenant #4's abilities to perform dressing and grooming tasks. The same functional evaluation indicated Tenant #4 was independent with transfers, ambulation and toileting. The Home Health Aide Care Plan, dated 7-6-12, directed staff members to assist Tenant #4 with transfers, dressing and skin care.

Tenant #5's clinical record included documentation in the care call notes included the following: a.) 5-14-12 Tenant #5 had an involuntary loose bowel movement that soiled the clothing. Staff assistance was required to clean and redress. b.) 5-24-12 Tenant #5 had an involuntary loose bowel movement that soiled the clothing. Staff assistance was required to clean and redress. c.) 6-25-12 Tenant #5 had an involuntary loose bowel movement that soiled the clothing. Staff assistance was required to clean and redress. d.) 7-10-12 Tenant #5 had an involuntary loose bowel movement that soiled the clothing. Staff assistance was required to clean and redress. e.) 7-12-12 Tenant #5 was incontinent of urine which got on his/her clothing and soaked a chair in the common area. Staff assistance was required to clean and redress.

On 5-3-12 the Medical/Function/Cognitive Assessment indicated the Tenant #5 was independent with toileting. Further evaluations completed 7-11-12 and 7-27-12 also indicated Tenant #5 was independent with toileting. The Medical evaluation completed 7-11-12 indicated Tenant #5 was incontinent of bowel and bladder. The Medical

evaluation completed 7-27-12 documented Tenant #5 was only incontinent of bladder. Notes by the Registered Nurse (RN) 7-27-12 documented that Tenant #5 required assistance with changing incontinent briefs and was very often incontinent of bowel and bladder.

The documentation in Tenant #4 and Tenant #5's clinical records lacked consistency when determining each tenant's functional status compared to their identified needs.

Regulatory Insufficiency: A program shall evaluate each prospective tenant's functional, cognitive, and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the needed services are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the evaluation indicated moderate cognitive decline and risk, the Global Deterioration Scale (GDS) shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be conducted by a health care professional or human service professional. (IAC r. 481-69.22(1))

Regulatory Insufficiency: A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation with the tenant has not exhibited a significant change. (IAC r. 481-69.22(2))

B. Service Plan

Monitoring Observation:

Tenant #4's functional evaluation, completed on 8-7-12, indicated Tenant #4 required assistance with transfers, dressing, grooming, bathing, toileting, ambulation and medication management. The evaluation indicated Tenant #4's spouse provided the assistance with the above stated tasks. The most current Home Health Aide Care Plan, dated 7-6-12, directed staff members to assist Tenant #4 with transfers, dressing and skin care one time weekly. The service plan, dated 7-6-12 and updated 8-14-12, indicated Tenant #4 required assistance only with bathing and dressing. The service plan documented bathing and dressing would be solely performed by the program staff members. The service plan did not include Tenant #4's identified needs for assistance with transfers, grooming, toileting, ambulation and medication management.

Tenant #5's clinical record included documentation in the care call notes included the following: a.) 5-14-12 Tenant #5 had an involuntary loose bowel movement that soiled the clothing. Staff assistance was required to clean and redress. b.) 5-24-12 Tenant #5 had an involuntary loose bowel movement that soiled the clothing. Staff assistance was required to clean and redress. c.) 6-25-12 Tenant #5 had an involuntary loose bowel movement that soiled the clothing. Staff assistance was required to clean and redress. d.) 7-10-12 Tenant #5 had an involuntary loose bowel movement that soiled the clothing. Staff assistance was required to clean and redress. e.) 7-12-12 Tenant #5 was incontinent of urine which got on his/her clothing and soaked a chair in the common area. Staff assistance was required to clean and redress.

On 5-3-12 the Medical/Function/Cognitive Assessment indicated the Tenant #5 was independent with toileting. Further evaluations completed 7-11-12 and 7-27-12 also indicated Tenant #5 was independent with toileting. The Medical evaluation completed 7-11-12 indicated Tenant #5 was incontinent of bowel and bladder. The Medical evaluation completed 7-27-12 documented Tenant #5 was only incontinent of bladder. Notes by the Registered Nurse (RN) 7-27-12 documented that Tenant #5 required assistance with changing incontinent briefs and was very often incontinent of bowel and bladder.

Tenant #5's service plan dated 7-27-12 did not include the identified needs for assistance with toileting/incontinence care.

The service plans for Tenant #4 and Tenant #5 did not reflect the tenants' needs.

Regulatory Insufficiency: A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22 (1) and 69.22 (2) and shall be designed to meet the specific needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. (IAC r. 481-69.26 (1))

The Rose of East Des Moines

"Plan of Correction"

Re: Recertification Monitoring Evaluation on August 20, 2012

A. Evaluation of Tenant

Regulatory Insufficiency: A program shall evaluate each prospective tenant's functional, cognitive, and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the needed services are available. The cognitive evaluation shall utilize a scored, objective too. When the score from the evaluation indicated moderate cognitive decline and risk, the global Deterioration Scale (GDS) shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be conducted by a health care professional or human service professional.

Problem Statement:
When tenants score as moderate impairment on the mini-mental exam, the GDS score has been documented. After the last site visit we corrected the citation by adding an indicator on the Assessment form that allows the clinician to write in the score. During this visit the surveyor stated that the clinical characteristics that make up the score needs to be identified and documented rather than just the score.

Plan of Correction:
The Service Provider for The Rose of East Des Moines will re-educate clinicians that when a GDS Scale is used to determine cognition, the approved GDS Scale will be utilized and the clinician will circle the clinical characteristics in which he/she has identified when assigning the GDS Score. Rather than just assigning a score.
Date Corrected: September 10, 2012

Individual Correction:
Tenant #3 had a new Assessment upon return from the hospital on 8/29/12 the GDS Scale was used and Clinical Characteristics identified had been circled.
Tenant #5 was transferred to the hospital and is now in a skilled nursing facility for rehabilitation. New Assessment planned for when tenant returns.
GDS Assessment in compliance by September 10, 2012

Ongoing Monitor:
During routine quarterly chart audits an indicator on the QA tool to insure the GDS tool has circled clinical characteristics on the tool and present in the chart.

Regulatory Insufficiency:

A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change.

Problem Statement:

1) The surveyor's review both the Home Health Aide Care Plan and the Service Plan. The HHA Care Plan is the direction of what needs to take place during a scheduled routine visit. Where as, the Service Plan is addressing the needs of the tenant as a whole in the building. With Tenant #4 the functional assessment states she is independent with transfers, ambulation and toileting. The tenant is independent 99% of the time. But during her 1x/per bath visit the aide is assigned to assist with transfer into and out of shower, and help her get dressed after the shower and offer skin care such as lotion.
2) It was noted on the Functional Assessment Grid toileting has been referred to the act of using the toilet and performing peri-care. Management of incontinence has been added to the grid to identify needs with managing incontinence.

Plan of Correction:

1) Revision of the Home Health Aide Assignment sheet which is a home health regulatory standard, with wording that the Assignment is for cares provided in the Home Health Aide billable visit. A procedure has been written and distributed to staff to clarify that the HHA Assignment sheet is what cares are assigned to the scheduled billable visit. The Service Plan is looking at the Tenant's needs as a whole and how needs are met when services are not being provided. (Either tenant is independent between visits or if a spouse is available to help). Each HHA Assignment will be revised with updated language with next recertification period.
2) Functional Assessment Grid has been revised to delineate toileting and managing incontinence as two separate functions.
   Service Provider with be in compliance by September 17, 2012

Individual Corrections:

Tenant #4 will have a new Assessment completed and in compliance by September 17, 2012

Tenant #5 will be assessed when tenant returns from Skilled Nursing Facility.

Ongoing Monitoring:

Through Quarterly Chart Audit will insure that the new Functional Assessment Grid is utilized and the Home Health Aide Assignment Sheets used in the chart are the revised document.

B. **Service Plan**

Regulatory Insufficiency:

A Service Plan shall be developed for each tenant based on the evaluations and shall be designed to meet the specific needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed.

Problem Statement:

1) Site Surveyors are viewing the HHA Assignment Sheet (Care Plan) as a guide to the Tenant as a whole. Thus the reason we have an Assignment Sheet and a Service Plan is not to double document but they have two separate uses. The HHA Care Plan, is the physicians order for the Medicaid Billable visit to assign what tasks need to be performed in the scheduled routine visit. The Service Plan is to describe the Tenant's needs as a whole.
2) Even when a client is independent with toileting but occasionally has incontinence with bowel the clinician should note a pattern and the service plan should be updated to include "As Needed" assistance with incontinence.

Plan of Correction:

1) Revision of the Home Health Aide Assignment sheet which is a home health regulatory standard, with wording that the Assignment is for cares provided in the Home Health Aide billable visit. A procedure has been written and distributed to staff to clarify that the HHA Assignment sheet is what cares are assigned to the scheduled billable visit. The Service Plan is looking at the Tenant's needs as a whole and how needs are met when services are not being provided. (Either tenant is independent between visits or if a spouse is available to help). Each HHA Assignment will be revised with updated language with next recertification period.
2) Revision to the Service Plan document to include management of incontinence. Currently the Service Plan does not have an indicator.
   Will be in compliance September 17, 2012

Individual Plan of Corrections:

Tenant #4 will have a new Service Plan created by September 17, 2012 which will clarify that husband assist the tenant when home health is not providing a routine home health visit.

Tenant #5 will have a new Service Plan when tenant returns from Skilled Nursing Facility.

On Going Monitoring:

During Quarterly chart audit will identify that Service Plan creates a picture of the Tenant as a whole and that the HHA Assignment Sheet clearly states duties as assigned for the billable visit.

During Quarterly chart audit will ensure the new Service Plan document is being used that has an incontinence indicator.