IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

May 10, 2013

Ms. Barbara Miller, Administrator
Rose of Dubuque
3390 Lake Ridge Drive
Dubuque, IA 52003

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

Dear Ms. Miller:

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 Insufficiencies, DIA accepts your POC and certification of Rose of Dubuque will continue. The Request for Reconsideration has been denied based on a lack of nursing home preference for two of three tenants cited.

Enclosed you will find the Assisted Living Program Certificate **S0331** with effective dates of **October 3, 2012** through **October 2, 2014**. 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 or **James.Berkley@dia.iowa.gov**

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:

Barbara Miller, Administrator
Rose of Dubuque
3390 Lake Ridge Drive
Dubuque, IA 52003

Date of Monitoring Visit:

March 28, 2013

Monitor(s):

Stephanie Cummins, MA

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:	34
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	34
TOTAL census of Assisted Living Program	34

Tenant/Family Satisfaction Results – A community meeting with 12 tenants was held. The tenants liked the location of the Program and said there was always something going on. Housekeeping services were completed to their satisfaction and the building and grounds were safe, clean and sanitary. No improvements were needed in those areas. Staff responded very quickly when tenants called for assistance. Staff treated tenants well and treated them with respect. Staff knew what services to provide and was trained to provide those services. The tenants liked the food and enjoyed the choices at meals. Staff served them appropriately. Cold foods were served cold; however, the temperature of the food at the evening meal needed improvement. The tenants enjoyed the activities offered, especially playing Bingo and cards. There were no additional activities requested. The tenants felt safe and made their own decisions. They said staff was excellent, especially the Administrator. The tenants were satisfied and would recommend the Program to others.

Program History – The Program has not received any regulatory insufficiencies.

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

A. Service Plan

Monitoring Observation: Three tenant files were reviewed.

Tenant #1, an 88 year old, was admitted on 12-17-12 and diagnoses included: Diabetes Mellitus Type II, History of Vein Thrombosis/Embolism, Hypertension (HTN) and Long Term use of Anticoagulant. The service plan did not indicate preferences for nursing facility care.

Tenant #2, a 91 year old, was admitted on 11-2-12 and diagnoses included: Monoarthritis, Syncope and Collapse, History of Transient Ischemic Attack without Residual and Macular Degeneration. The service plan did not indicate preferences for nursing facility care.

Tenant #3, a 95 year old, was admitted on 10-24-12 and diagnoses included: HTN and Arthritis. The service plan did not indicate preferences for nursing facility care.

Review of tenant files indicated service plans did not indicate preferences for nursing facility care.

Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum: Preferences, if any, of the tenant or the tenant's legal representative for nursing facility care, if the need for nursing facility care presents itself during the assisted living occupancy. (IAC r. 481-69.26(4)(e))

B. Nurse Review

Monitoring Observation: Three tenant files were reviewed.

Tenant #2's file was reviewed. The Nurse set up medications in a planner every two weeks. Daily Progress Notes dated 2-18-13 indicated medication boxes were filled for the next two weeks, Tenant #2 had no questions or concerns regarding medications. No side effects noted or reported. Tenant #2 remained independent of Activities of Daily Living with no needs or service changes. There was a Home Health Certification and Plan of care signed by the Nurse on 11-16-12. The form included a list of medications. The form was signed by the attending physician. A current list of medications orders signed by the physician was not found in the file.

Tenant #3's file was reviewed. The Nurse set up medications in a planner every two weeks. Tenant #3 also received assistance with bathing. Daily Progress Notes dated 3-20-13 indicated medication boxes were filled for two weeks and there was no change in medication or doses. No side effects noted or reported per Tenant #3. A current list of medications orders signed by the physician was not found in the file. A review of medications was not completed every 90 days. A review of health status was not found every 90 days.

The Nurse said she set up medications for Tenant #2 and Tenant #3 every two weeks and the tenants knew what medications they were taking. The Nurse said she set up the medications from prescription bottles and History and Physical. The tenants did not have any medication changes that she was aware of.

Review of tenant files indicated nurse reviews were not completed every 90 days related to health and medications, including ensuring prescription medications were current.

Regulatory Insufficiency: If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation: To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders. (IAC r. 481-69.27(1))

Regulatory Insufficiency: To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status. (IAC r. 481-69.27(3))

C. Record Checks

Monitoring Observation: Four staff files were reviewed.

Staff #1, a home health aide, was hired on 3-7-13. The criminal history background check, dependent adult abuse check and child abuse check were completed on 3-6-13. The child abuse check indicated to initiate a Record Check Evaluation process and submit the form to the Department of Human Services (DHS). The record check evaluation by DHS was not completed at the time of the initial certification visit on 3-28-13. Review of time records, indicated Staff #1 started work on 3-7-13.

The Program submitted a Record Check Evaluation, which indicated Staff #1 could work for the agency. The approval notice was dated 4-4-13 at 10:08 a.m.

Review of staff files indicated an evaluation by DHS was not completed prior to employment.

Regulatory Insufficiency: Pursuant to Iowa Code section 135C.33, a prospective employee of a program shall have a criminal history check, dependent adult abuse check, and child abuse check performed before the prospective employee begins work. If a prospective employee has a criminal history or an abuse history, the prospective employee shall not be employed by the program unless the department of human services has performed an evaluation and determined that the record does not warrant the employment prohibition. Proof of the preemployment background check shall be maintained the in the program's employee file. The program must meet all requirements of Iowa Code section 135C.33 and administrative rules adopted pursuant to Iowa Code section 135C.33. (IAC r. 481-67.9(3))