IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
(515) 242-5022 Fax

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 51687-C
51689-I

February 12, 2015

Ms. Carol Sheets, Administrator
Rose of Dubuque
3390 Lake Ridge Drive
Dubuque, IA 52003

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

Dear Ms. Sheets:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of February 2 and 3, 2015, 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. When the department investigated the concerns in the following areas, the program reported incident (#51689-I) and complaint (# 51687-C) were not substantiated.

Tenant Rights: Based on staff interviews, record review and tenant interview, tenants were treated in a kind and considerate manner.

Staffing: Based on staff interviews and record review, tenants were assessed within appropriate time frames for their individual functional, health and cognitive status. Service plans were developed and reflected the cares needed and/or level of independence for each tenant. The tenants reviewed in the program reported incident were independent in their activities of daily living and the program provided no health related services to the tenants.

If you have any questions regarding the enclosed Report, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0331	A. BUILDING. _____ B. WING _____	C 02/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSE OF DUBUQUE	3390 LAKE RIDGE DRIVE DUBUQUE, IA 52003

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	481-69 Initial Comments 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: 65 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 67 TOTAL census of Assisted Living Program: 67 No regulatory insufficiencies were cited during the incident ((#51687-I) and complaint (#51689-C) investigations.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE