IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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Complaint/Incident Intake #:
51519-C
51285-C

March 10, 2015

Ms. Felicia Owens, Director
Rose of East Des Moines
1331 Idaho Street
Des Moines, IA 50316

RE: Final Recertification & Complaint/Incident Investigation Report, Rose of East Des Moines, Des Moines, Iowa

Dear Ms. Owens:

Enclosed is the **Final Recertification & Complaint/Incident Investigation 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, following an investigation by DIA on **February 18, 19 and 23, 2015.** A recertification visit and the investigation of Complaints #51519-C and #51285-C were completed. There were no regulatory insufficiencies related to Complaint #51519-C.

The following allegation was investigated in regards to Complaint #51519-C:

Allegation: Tenant Rights
Findings: Unsubstantiated

Comments: Based on review of six tenant files, staff interviews, review of Program documents and a community meeting with tenants there were no concerns regarding tenant rights.
Review of six tenant files did not reveal concerns regarding the protection of tenant information or the involvement of legal representatives.

Review of six tenant files did not reveal concerns related to staff manipulation of tenants regarding services or the election of health care providers. A community meeting with tenants did not reveal any concerns with tenant rights, tenant autonomy or services.

Review of six tenant files did not reveal concerns with staff accepting gifts from tenants. Staff interviews and review of Program policies did not reveal concerns with staff accepting items from tenants.

Review of six tenant files and staff interviews did not reveal concerns with cares or services provided. A community meeting with tenants did not reveal concerns regarding cares or services provided.

Review of six tenant files revealed the In-House Service Plan Summary document and a No Fee, No Basic Service Option document were signed by the tenants and indicated their choices.

There were regulatory insufficiencies cited related to the recertification visit and the investigation of Complaint #51285-C. The regulatory insufficiencies are indicated on the enclosed report. The Report notes Regulatory Insufficiencies in the area(s) of: Involuntary Transfer from Program and Service Plans.

Each Regulatory Insufficiency requires that the Program submit a written Plan of Correction (POC).

In preparing the POC, please use the tenant identifiers from the Report, i.e. Tenant #1, when reference is made to specific tenants. If your response includes a specific tenant's assessment or service plan, it is the Program's responsibility to conceal the tenant's name in order to maintain the tenant's anonymity. Your response shall include the following:

1. Elements detailing how the Program will correct each regulatory insufficiency.
2. What measures will be taken to ensure the problem does not recur.
3. How the Program plans to monitor performance to ensure compliance.
4. The date by which the regulatory insufficiency will be corrected.

Please note that all regulatory insufficiencies must be **corrected within 30 days of the date of the exit conference**; however, there may be situations where the timeframe may be shortened or lengthened, at the discretion of the department.

The POC must be submitted/emailed to DIA to my attention within ten (10) working days of receipt of this letter. It may be necessary for DIA to revisit the Program to confirm progress in fulfilling the POC's corrective measures.

As provided by IAC rule 481-67.14, you are afforded one opportunity to refute cited regulatory insufficiencies through the informal conference process. A request for an informal conference must be made within 20 working days of the notice or service of this letter and the final report. Please refer to rule 67.14 for more information.

Also enclosed you will find the Assisted Living Program Certificate **S0282** with effective dates of **September 9, 2014 through September 8, 2016**.

If you have any questions in regard to 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
	S0282	A. BUILDING: _____ B. WING _____	C 02/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSE OF EAST DES MOINES	1331 IDAHO STREET DES MOINES, IA 50316

(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	481-67 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: 62 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 63 TOTAL census of Assisted Living Program: 63 A recertification visit was conducted to determine compliance with certification for an Assisted Living Program. Complaint #51519-C and Complaint #51285-C were also investigated. There were no regulatory insufficiencies identified related to Complaint #51519-C. The following regulatory insufficiencies were identified related to Complaint #51285-C and the recertification visit:	A 000		
A 051	481-69.24(1)b Involuntary Transfer from Program 481-69.24(231C) Involuntary transfer from the program. 69.24(1) Program initiation of transfer. If a program initiates the involuntary transfer of a tenant and the action is not the result of a monitoring, including a complaint investigation or program-reported incident investigation, by the department and if the tenant or tenant ' s legal representative contests the transfer, the following procedures shall apply:	A 051		

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A 051	Continued From page 1 b. The program shall immediately provide to the tenant advocate, by certified mail, a copy of the notification and notify the tenant ' s treating physician, if any. This REQUIREMENT is not met as evidenced by: Based on review of a tenant file, Program documents and a staff interview the Program failed to notify the tenant advocate and treating physician by certified mail immediately when a transfer was contested for one of two tenants who had involuntary transfers (Tenant #2). An involuntary transfer was initiated for Tenant #2 and the Long Term Care (LTC) Ombudsman and treating physician were not notified immediately by certified mail of the involuntary transfer. (Complaint #51285-C) 1. Tenant #2, an 86 year old, was admitted on 8-31-12 and diagnoses included: osteoarthritis, chronic obstructive pulmonary disease, anemia, depression and gastroesophageal reflux disease. Tenant #2 was staged at five on the Global Deterioration Scale, which indicated moderately severe decline. 2. A 30 Day Notice of Non-Renewal and Termination of Lease was given to Tenant #2 on 11-24-14. Tenant #2 signed Tenant #2 acknowledged receiving a copy of the notification. Tenant #2's case manager also signed the document. 3. According to the Program's Admission/Transfer Policy (a component of the Occupancy Agreement) if the tenant disagreed	A 051		

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A 051	Continued From page 2 with the landlord's request for transfer, the tenant and tenant's legal representative could contest the transfer as follows: the tenant and tenant's legal representative were entitled to a written notice of the need to transfer, reasons for transfer and information identifying a tenant advocate. A copy of the written notification would also be provided to the tenant advocate, by certified mail and the tenant's treating physician. The tenant and the tenant's legal representative were entitled to an internal appeal process. If the tenant or tenant's legal representative submitted to the landlord written objections to the landlord's written notice to transfer and reasons for transfer within four working days after the receipt of the notice, then the uninvolved human service professional selected by the landlord would determine whether the landlord's transfer criteria had been met. 4. The Program received a letter dated 12-18-14 from Tenant #2's legal representative contesting Tenant #2's transfer. 5. On 12-19-14 the Program notified the LTC Ombudsman of the letter contesting Tenant #2's transfer. A copy of the notification given to Tenant #2 was also provided to the LTC Ombudsman. The correspondence occurred via email. 6. Program records indicated the Program sent notices to Tenant #2's physician and LTC Ombudsman by certified mail on what appeared to be 12-31-14. 7. According to an interview with the Executive Director on 2-23-15 at 12:26 p.m., the policy and	A 051		

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A 051	Continued From page 3 regulations regarding the notification of the LTC Ombudsman and physician were followed regarding Tenant #2.	A 051		
A 089	481-69.26(4)a Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant ' s identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on review of tenant files and Program documents the Program failed to develop service plans that reflected the identified needs and preferences for assistance for five of six tenant files reviewed (Tenants #1, #2, #3, #4 and #6). Five tenant files did not have service plans that reflected the identified needs of the tenants. (Recertification) 1. Tenant #1, a 57 year old, was admitted on 6-9-11 and diagnoses included: diabetes, high blood pressure, status post lumbar fusion and chronic pain. A Program document in Tenant #1's file listed areas of concern, possible interventions and a plan. The areas of concerns included: calling the nursing office multiple times during the day regarding the home health aide (HHA) schedule and when a HHA would be arriving. Tenant #1 also called to speak to a specific nurse and would ask a question that had been previously answered by another nurse. Tenant #1 called the	A 089		

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A 089	Continued From page 4 nursing office and requested a nurse visit frequently for issues that were non-emergent or non-billable nursing services. Tenant #1 called the office or the HHA for miscellaneous needs and frequently requested additional services while staff was assisting with the initial request. According to Clinical Notes dated 12-29-14, a meeting was held to discuss Tenant #1's behaviors. Tenant #1 was given a 7 Day Termination Notice to Tenant for Non-Compliance to correct inappropriate behaviors. According to the notice, the behaviors included: being rude to staff and tenants (often perceived as threatening), not getting dressed daily and found lying naked on the couch even when a HHA visit or company was expected. The notice also indicated Tenant #1 did not dispose of sharps appropriately and insulin syringes had been found on the floor. Tenant #1 was given a 30-Day Non-Renewal of Lease and Transfer Notice dated 1-27-15. The notice indicated that verbally aggressive communications continued and inappropriate phone calls had been placed. The service plan signed by Tenant #1 on 11-18-14 did not reflect the areas of concerns reflected on the Program document or the behaviors reflected on the notices or interventions related to the behaviors. The service plan did not reflect the identified needs of Tenant #1. 2. Tenant #2, an 86 year old, was admitted on 8-31-12 and diagnoses included: osteoarthritis, chronic obstructive pulmonary disease, anemia, depression and gastroesophageal reflux disease. Tenant #2 was staged at five on the Global Deterioration Scale (GDS), which indicated moderately severe decline.	A 089		

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A 089	Continued From page 5 Tenant #2 had a care plan and a service plan. The service plan was updated on 2-20-15 and was signed by Tenant #2 in addition to a nurse. The care plan addressed several areas of concern including: incontinence, refusal of showers, wearing soiled clothing, non-compliance with medications, refusal of homemaking visits and progressing dementia. The care plan listed a description of concern for each area and a plan of correction for each concern. A Progress Note dated 10-23-14 indicated a meeting was held with Tenant #2 and the care plan would be worked on in an attempt to keep Tenant #2 safe. The care plan was not signed by Tenant #2 or a health or human service professional. The Progress Note attached to the document was signed by a nurse. The service plan reflected family would be more involved with cares to ensure Tenant #2 was maintaining personal hygiene and incontinence management. Family was also involved to ensure the apartment was clean and food was stored properly. The service plan did not reflect all of the areas of concern and interventions regarding hygiene, incontinence, housekeeping, non-compliance of medications and progressing dementia. The service plan did not reflect the identified needs of Tenant #2. 3. Tenant #3, a 72 year old, was admitted on 4-24-09 and diagnoses included: epilepsy, depression, sleep apnea, hypertension (HTN) and congestive heart failure (CHF). According to incident reports from 11-23-14 to 12-28-14 Tenant #3 had six falls without staff present. The service plan did not reflect Tenant #3 had falls or interventions related to the falls. The service plan did not reflect the identified	A 089		

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A 089	Continued From page 6 needs of Tenant #3. 4. Tenant #4, an 81 year old, was admitted on 9-11-08 and diagnoses included: atrial fibrillation, HTN and long-term anticoagulant use. According to Clinical Notes dated 1-19-15, Tenant #4 had two falls over the weekend and had multiple bruises. Tenant #4 had five large bruises on the right arm, one large bruise on the left upper side, two abrasions on the left arm and two large bruises on the left arm. Tenant #4 had been drinking and fell (Tenant #4 denied drinking). According to Clinical Notes dated 1-27-15 Tenant #4 had fallen twice on 1-18-15 and staff observed alcohol in Tenant #4's apartment. Administrative staff went to Tenant #4's apartment to deliver a managed risk due to Tenant #4 being severely intoxicated resulting in multiple falls and injuries. It was observed that Tenant #4 was intoxicated and Tenant #4 asked for help to quit drinking. Tenant #4 was taken by ambulance to a hospital. Clinical Notes dated 1-28-15 indicated Tenant #4 was sent to the emergency room for alcoholism and returned to the Program the night before. The service plan reflected Tenant #4 attended outpatient rehabilitation and a nurse assessed Tenant #4 due to cessation of drinking alcohol. The service plan did not reflect the managed risk agreement, falls related to drinking alcohol or interventions related to the behavior. The service plan did not reflect the identified needs of Tenant #4. 5. Tenant #6, an 88 year old, was admitted on 7-17-09 and diagnoses included: HTN, CHF and history of stroke. Tenant #6 was staged at a five on the GDS, which indicated moderately severe	A 089		

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A 089	Continued From page 7 cognitive decline. Tenant #6 was discharged. According to Clinical Notes dated 9-16-14, Tenant #6 had poor hygiene, wore the same clothing repeatedly without washing and had uncontrolled incontinence of urine and bowel. The service plan did not reflect Tenant #6's poor hygiene and incontinence and interventions related to the issues identified. The service plan did not reflect the identified needs of Tenant #6.	A 089		

The Rose of East Des Moines

Plan of Correction

For Final Recertification & Complaint/Incident Investigation Report from investigation by DIA February 18,19 and 23, 2015

2. Involuntary Transfer from Program

Regulatory Insufficiency: 481-69.24(1)b Involuntary Transfer from Program
481-69.24(231C) Involuntary Transfer from Program

69.24(1) Program initiation of transfer. If a program initiates the involuntary transfer of a tenant and the action is not the result of a monitoring, including a complaint investigation or program-reported incident investigation, by the department and if the tenant or tenant's legal representative contests the transfer, the following procedures shall apply:

b. The program shall immediately provide to the tenant advocate, by certified mail, a copy of the notification and notify the tenant's treating physician, if any.

Elements detailing how the Program will correct the insufficiency:

Tenant #2: The Program pulled the DIA regulations when the contest was received from the tenant's legal representative to ensure appropriate procedures were followed. Per "231C.6 Involuntary Transfer...b. The assisted living program shall provide the tenant advocate with a copy of the notification to the tenant", a copy of the notification was provided to the tenant advocate via e-mail the day after the tenant's legal representative contested the transfer. The tenant advocate's office confirmed receipt of the notice.

It was later discovered that "481—69.24 (231C) Involuntary transfer from the program" (separate from the previously referenced 231C.6 Involuntary Transfer item) is more specific indicating, "b. The program shall immediately provide to the tenant advocate, by certified mail, a copy of the notification". Even though the tenant advocate confirmed receipt of a copy of the notification to the tenant and the program had conversation with the tenant advocate, in order to comply with this regulation the program immediately sent the same copy that had been e-mailed by certified mail to the tenant advocate. The letter contesting the transfer was received by the program on 12/18/2014, the program provided a copy of the notification to the tenant advocate via e-mail on 12/19/2014 and a copy of the notification via certified mail on 12/31/2014.

What measures will be taken to ensure the problem does not recur:

As demonstrated with the other tenant referenced in the findings, the program will continue to immediately provide to the tenant advocate, by certified mail, a copy of the notification if the transfer if it is not the result of a monitoring, including a complaint investigation or program-reported incident investigation, by the department and if the tenant or tenant's legal representative contests the transfer.

How the Program plans to monitor performance to ensure compliance:

The Executive Director will follow up regularly after a notice of involuntary transfer has been issued to ensure if it is contested the appropriate procedures as outlined above are followed.

The date by which the regulatory insufficiency will be corrected:
12/31/2014

2. Service Plans

Regulatory Insufficiency: Service Plan 481-69.26(4) – The service plan shall be individualized and shall indicate, at a minim: The tenant's identified needs and preferences for assistance.

Elements detailing how the Program will correct the insufficiency:
Tenants #1, #2, and #6 have all been discharged from the facility since the date in which the facility received the written statement of deficiencies.

The monitor for DIA had noted that Tenant #3 had a history of falls in which he had six falls between 11/23/2014 to 12/28/2014. However, since the last fall the tenant had been hospitalized and spent over 30 days in a skilled nursing facility for rehabilitation related to his falls. The monitor identified that the past Service Plan didn't not address the falls. However, since his return from the skilled nursing facility on 2/3/15 the program has completed a new Service Plan. Since tenant #3 had intense daily therapy through the inpatient rehabilitation facility the tenant had improved his balance and gait, therefore no longer a fall risk. In review of the current Service Plan created on 2/3/2015 and reviewed on 2/26/2015 there is no need to include fall risk on the Service Plan. Should the tenant decline or becomes a fall risk a new Service Plan will be implemented.

Tenant #4 had a focused Care Plan created at the time the Managed Risk was implemented that addressed the drinking, Outpatient Rehab, and falls related to intoxication. Although, the focused care plan was directly behind the Service Plan in the Medical Record, the focus care plan was not affixed to the Service Plan document. Nor did the focused care plan clearly identify that it was an addendum to the Service Plan. In order to correct the insufficiency, the focused care plan has since been stapled to the Service Plan. And a new Service Plan was created on our "revised" Service Plan document that allows for clear documentation of behaviors, falls, and managed risks that may be document on a single page Service Plan documents.

What measures will be taken to ensure the problem does not recur:
A revision has been made to our "Service Plan" document that not only identifies a problems list for the tenant but also designed to document specific interventions and preference to each service domain. The service domains have been expanded to include fall risk identified during the Medical/Functional/Cognitive Assessment, behaviors as a service domain, identification on the Service Plan if there are cognitive deficits and document the presence of a managed risk.

Going forward when the tenant requires a review either at the every 60days, when there is a change in condition, or yearly evaluation the Service Plan will be updated utilizing the Revised Service Plan document.

How the Program plans to monitor performance to ensure compliance:

Tenant's Program Medical files are reviewed through the Quarterly Clinical Chart Review. The Clinical Chart Review is a peer review which consist of an audit of clinical note content, appropriate assessments, and review of the Service Plan.

The date by which the regulatory insufficiency will be corrected:
A new Service Plan will be completed for Tenants #3 and #4 by March 20, 2015.