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 #: 51530-C

May 7, 2015

Ms. Cindi Thompson, Director
Rose of Des Moines
1330 19th Street
Des Moines, IA 50314

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

Dear Ms. Thompson:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of May 5, 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.

The following allegations were investigated in regards to Complaint #51530-C: staffing.

Based on observations, staff interviews and a review discharged files, incident reports, and program policies:

1. Allegation – Staffing, tenants were not checked which resulted in a negative outcome.
   Findings- Not Substantiated
   Comments – Three tenant files and incident reports dated back to November 1, 2014 were reviewed. The tenant files and incident reports revealed tenants had fallen, but no negative outcomes had occurred related to the falls. The Program, through the use of door flags, had a system for routinely checking on tenants daily. None of the records suggested tenants had negative outcomes related to staff action.

No Regulatory Insufficiencies were identified.

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
	S0223	A. BUILDING: _____ B. WING _____	C 05/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSE OF DES MOINES	1330 19TH STREET DES MOINES, IA 50314

(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: 46 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 48 TOTAL census of Assisted Living Program: 48 No regulatory insufficiencies were cited during the investigation of Complaint # 51530-C.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE