IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
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KIM REYNOLDS
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RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
Complaint Intake #: 55083-C

October 28, 2015

Ms. Gladys Rainey, Administrator
Rose of Waterloo
421 Oak Avenue
Waterloo, IA 50703

RE: I. NOTICE OF IMPOSITION OF CIVIL PENALTY – FINAL COMPLAINT/INCIDENT INVESTIGATION REPORT - ROSE OF WATERLOO
II. Reduction of Civil Penalty
III. Informal Conference
IV. Conclusion

Dear Ms. Rainey:

I. Final Complaint/Incident Investigation Report – Rose of Waterloo, Waterloo, IA

Enclosed is the **Final Complaint/Incident Investigation Report ("Report")** issued 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 **October 20, 2015.** The following allegation was investigated in regards to Complaint #55083-C:

Allegation – Structure/Life Safety
Findings – Not Substantiated
Comments – Observations, staff interviews and a review of program records did not reveal concerns regarding the program's structure or life safety.

The Report notes Regulatory Insufficiencies in the area(s) of: Evaluation of Tenant and Service Plans.

Rose of Waterloo ("Program") is being assessed a **$500 civil penalty** pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC 67.17(1)(b).

Pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC rule 67.17(1)(b), the continued failure or refusal to comply within a prescribed time frame with regulatory requirements that have a direct relationship to the health, safety, or security of tenants may result in a civil penalty of up to $5,000.

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.

The factors to be considered in determining the amount of a civil penalty are contained within rule 481 IAC 67.17(3) and include:

(1) the frequency and length of time the regulatory insufficiency occurred;
(2) the past history of the program as it relates to the nature of the regulatory insufficiency;
(3) the culpability of the program as it relates to the reasons the regulatory insufficiency occurred;
(4) the extent of any harm to the tenants or the effect on the health, safety, or security of the tenants which resulted from the regulatory insufficiency;
(5) the relationship of the regulatory insufficiency to any other types of regulatory insufficiencies;
(6) the actions of the programs after the occurrence of the regulatory insufficiency;
(7) the accuracy and extent of records kept by the program which relate to the regulatory insufficiency and the availability of such records to DIA;
(8) the rights of tenants to make informed decisions; and
(9) whether the program made a good-faith effort to address a high-risk tenant's specific needs and whether the evidence substantiates this effort.

The Report reflects that the Program failed to comply with regulatory requirements which have been cited previously by the Department. The Program previously received a Regulatory Insufficiency in the area of Service Plans.

The determination of a **$500 civil penalty** is based upon repeated in the area(s) of: Service Plans. As the enclosed Report details, the Program received a regulatory insufficiency in the area of Service Plans during a complaint investigation conducted in July 2015.

II. Reduction of Civil Penalty

If, within 30 days of the notice or service of this demand letter, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the civil penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to IAC rule 481–67.17(5). If you do not wish to request a formal hearing or wish to withdraw your request for formal hearing, please send a cover letter to the attention of **Rose Boccella** and remit the civil penalty assessed by check or money order to the **State of Iowa** in the amount of **three hundred twenty five dollars ($325)** within 30 days after the notice or service of this demand letter.

III. Informal Conference

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.

IV. Conclusion

The Program is being assessed a **$500 civil penalty** pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC 67.17(1)(b).

DIA may revisit the Program to confirm compliance in fulfilling the POC's corrective measures. If the Program wishes to appeal the final findings, the Program may do so as provided in IAC rule 481-67.14.

If you have any questions in regard to this letter and enclosed Report, please contact your Program Coordinator, Rose Boccella, at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**.

Sincerely,

Jim Friberg

Jim Friberg, Bureau Chief
Adult Services Bureau

Enclosure

cc: Jean Herrity, Legal Assistant
Disability Rights Iowa

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
	S0266	A. BUILDING: _____ B. WING _____	C 10/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSE OF WATERLOO	421 OAK AVENUE WATERLOO, IA 50703

(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: 55 Number of tenants with cognitive disorder: 4 Total population of Program at time of on-site: 59 The following regulatory insufficiencies were cited during the investigation of Complaint # 55083-C:	A 000		
A 037	481-69.22(2) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant ' s functional, cognitive and health status within 30 days of occupancy. A program shall also 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. This REQUIREMENT is not met as evidenced by:	A 037		

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

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A 037	Continued From page 1 Based on observations, tenant interview and tenant record review, the functional and health evaluations for one tenant did not reflect the current needs of the tenant. Findings include: 1. Tenant #1, an 89 year old, was admitted on 8-29-13 and diagnoses included: coronary atherosclerosis, anemia, congestive heart failure, atrial fibrillation and hypothyroidism. Tenant #1 was admitted to the hospital on 9-22-15. Before admission to the hospital, Tenant #1 received the following services from staff according to the service plan dated, 7-31-15: staff assist with bathing (1-2 times weekly), staff assist with dressing (only on bathing days) and staff assist with putting on compression socks every morning and off every night. The service plan included the following medical equipment: quad cane, walker and electric scooter. 2. Tenant #1 returned from the hospital on 9-26-15 with no specific orders. On 9-28-15, Staff A completed cognitive, functional and health evaluations for Tenant #1. The evaluations revealed the following: Tenant #1 was independent in bathing, independent in dressing, had no compression socks listed, independent in toileting, no issues with incontinence and no medical equipment such as a walker or electric scooter identified. 3. Observations of Tenant #1's apartment on 10-20-15 revealed an electric scooter and walker. The room was unkept but no unpleasant odors existed. Tenant #1 stated the scooter was used for longer distances and the walker was used within the apartment. Tenant #1 stated he/she used to receive bathing assistance, assistance putting on compression socks and	A 037		

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A 037	Continued From page 2 housekeeping services, but since returning from the hospital, no one has helped with these tasks. Tenant #1 stated he/she felt weak since returning from the hospital and cannot do these things alone and hasn't. Tenant #1 stated he/she would really like to have some help. Tenant #1's functional and health evaluations did not reflect the current needs of the tenant.	A 037		
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 observations, staff interview, tenant interview and tenant file review, one tenant's service plan did not reflect the tenant's identified needs and preferences. Findings include: 1. Tenant #1, an 89 year old, was admitted on 8-29-13 and diagnoses included: coronary atherosclerosis, anemia, congestive heart failure, atrial fibrillation and hypothyroidism. Tenant #1 was admitted to the hospital on 9-22-15. Before admission to the hospital, Tenant #1 received the following services from staff according to the service plan dated, 7-31-15: staff assist with bathing (1-2 times weekly), staff assist with dressing (only on bathing days) and staff assist with putting on compression socks every morning and off every night. The service plan included the following medical equipment: quad cane,	A 089		

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A 089	Continued From page 3 walker and electric scooter. 2. Tenant #1 returned from the hospital on 9-26-15 with no specific orders. On 9-28-15, Staff A completed cognitive, functional and health evaluations. The evaluations revealed the following: Tenant #1 was independent in bathing, independent in dressing, had no compression socks listed, independent in toileting, no issues with incontinence and no medical equipment such as a walker or electric scooter identified. 3. Observations of Tenant #1's apartment on 10-20-15 revealed an electric scooter and walker. The room was unkept but no unpleasant odors existed. Tenant #1 stated the scooter was used for longer distances and the walker was used within the apartment. Tenant #1 stated he/she used to receive bathing assistance, assistance putting on compression socks and housekeeping services, but since returning from the hospital, no one has helped with these tasks. Tenant #1 felt weak since returning from the hospital and cannot do these things alone and has not. Tenant #1 would really like to have some help. 4. Tenant #1's file revealed a Consensus-Based Managed Risk Agreement dated 10-16-15. The document revealed Tenant #1 was having concerns with incontinence. The Consensus-Based Managed Risk Agreement noted that if Tenant #1 continued to exhibit incontinent issues or Tenant #1's property continued to smell like urine, Tenant #1 will exceed level of care and will not be able to remain at the Program. Tenant #1's functional evaluation dated 9-28-15 reflected the Tenant as independent with toileting and was continent of	A 089		

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A 089	Continued From page 4 urine and bowel. 5. On 10-20-15, Staff A and the Director stated Tenant #1 does not receive any services from the Program. Tenant #1's service plan dated 9-28-15, lacked the following identified needs or preferences: used a walker and/or scooter for ambulation, housekeeping (wanted to receive this due to weakness), assistance with bathing (wanted to receive this due to weakness), assistance with compression socks and incontinence needs. Tenant #1's service plan did not reflect the identified needs and preferences.	A 089		

THE ROSE OF WATERLOO

PLAN OF CORRECTION

For complaint/incident investigation report from investigation by DIA on October 20, 2015

Regulatory Insufficiency: Evaluation of Tenant 481-69.22(2)
Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continue 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.

Elements detailing how the Program will correct the insufficiency:
Tenant #1 was evaluated on 10/20/15 with service plan updated to reflect current cares and reevaluated on 10/22/15 when he was admitted for nursing, aide, physical therapy and homemaking.

What measures will be taken to ensure the problem does not recur:
Nurse will discuss services and needs with client upon return from a hospital stay and call their doctor to verify if a decrease in services is ordered.

How the Program plans to monitor performance to ensure compliance:
Tenant's Program Medical files are reviewed through a Quarterly Clinical Chart review. The clinical chart review is a peer review which consists 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:
The service plan was updated on 10/20/15 and again on 10/22/15 when he was admitted for the increase in services.

Regulatory Insufficiency: 481.69.26(4) Service Plans
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.

Elements detailing how the Program will correct the insufficiency:
The service plan was updated on 10/22/15 and reevaluated on 10/22/15 when nursing, aide, physical therapy and homemaking services were added.

What measures will be taken to ensure the problem does not recur:
Nurse supervisor will audit charts quarterly and as needed to ensure service plans are up to date and updated with changes in client's condition.

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:
The service plan was updated on 10/20/15 and again on 10/22/15 when nursing, aide, physical therapy and homemaking services were added.