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
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
Complaint Intake #:
54706-C
54707-C
55261-C

October 14, 2015

Ms. Cindi Thompson, Administrator
Rose of Des Moines Assisted Living
1330 19th Street
Des Moines, IA 50314

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

Dear Ms. Thompson:

I. Final Recertification Monitoring Evaluation & Complaint/Incident Investigation Report – Rose of Des Moines Assisted Living, Des Moines, IA

Enclosed is the **Final Recertification Monitoring Evaluation & 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 **September 28 - 30, 2015.** The following allegations were unsubstantiated.

1. Allegation – Food (55261-C, 54707)
   Findings- Not Substantiated
   Comments –It was alleged there were not enough vegetables or protein served, and serving sizes were small. Two meals were observed during the serving process. The cook was observed to follow directions from the dietitian regarding the serving sizes of food. The menu for the days observed did not include lettuce, but lettuce was observed as part of a salad served as an alternative. There is no state regulation requiring the program to offer second helpings of food following a meal. The program's policy is to offer only one helping of food. There were other issues identified in the area of Food.

2. Allegation – Structure, clean, safe, sanitary, well-maintained (54707-C, 54706-C)
   Findings – Not Substantiated
   Comments –It was alleged there were bugs, roaches, and mice at the program. No bugs were observed. Tenants were interviewed and denied the presence of bugs other than an occasional gnat or fly. The program utilizes a pest control company for regular preventive visits. There were other issues identified in the area of Structure.

The Report notes Regulatory Insufficiencies in the area(s) of: Program policies and procedures, food service and structural requirements.

Rose of Des Moines Assisted Living ("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)
(5) 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;
(6) the relationship of the regulatory insufficiency to any other types of regulatory insufficiencies;
(7) the actions of the programs after the occurrence of the regulatory insufficiency;
(8) the accuracy and extent of records kept by the program which relate to the regulatory insufficiency and the availability of such records to DIA;
(9) the rights of tenants to make informed decisions; and
(10) 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 Structural Requirements.

The determination of a **$500 civil penalty** is based upon repeated in the area(s) of: Structural Requirements. As the enclosed Report details, the Program received a regulatory insufficiency in the area of Structural Requirements during the investigation conducted on November 18, 2014.

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
	S0223	A. BUILDING. _____ B. WING _____	C 09/30/2015

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: 48 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 50 TOTAL census of Assisted Living Program: 50 The following regulatory insufficiencies were cited during the investigation of Complaint # 54706-C, 54707-C, 55261-C, and recertification.	A 000		
A 004	481-67.2(1)a Program policies and procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program ' s policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse. 67.2(1) The program ' s policies and procedures on incident reports, at a minimum, shall include the following: a. The program shall have available incident report forms for use by program staff.	A 004		

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A 004	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation and interview, Program procedures for handwashing were not followed. (recertification) 1. On 9-28-15 at 11:56 a.m. the Cook was observed with gloved hands working with food in the kitchen. The Cook went to the kitchen door and used the door handle to open the door. The cook returned to food handling. When gloves were removed and new gloves applied, hands were not washed in between. 2. The Dietary Consultant came into the kitchen on 9-28-15 at noon. She was observed putting hair into a hair net. The Dietary Consultant then placed gloves on the hands without washing hands first. On 9-30-15 at 8:30 a.m. the Executive Director was interviewed and stated the expectation was hands were to be washed after touching a contaminated surface when working in the kitchen.	A 004		
A 101	481-69.28(3)b Food Service 481-69.28(231C) Food service. 69.28(3) Menus shall be planned to provide the following percentage of the daily recommended dietary allowances as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences based on the number of meals provided by the program:	A 101		

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A 101	Continued From page 2 b. A minimum of 66 2/3 percent if the program provides two meals per day This REQUIREMENT is not met as evidenced by: Complaints #54707-C and #55261-C alleged tenants were not given enough to eat and were still hungry after a meal. Based on observation, interview, and menu review, the Program was not providing recommended dietary allowances when providing two meals a day. 1. The Program provided copies menus for one menu cycle which indicated the Program provided two meals a day, a noon and evening meal. The menus were signed by a Dietitian. The Program also provided the corresponding spreadsheets which outlined specific serving sizes for each food item. The menus were reviewed for the noon meal on 9-28 and 9-29-15. Each menu indicated a slice of bread was to be served. Noon meals were observed on 9-28 and 9-29-15. Observations were made and bread was not served and not offered at either meal. During the tenant meeting on 9-29-15 at 2:30 p.m. the tenants stated bread was not offered at the meals. In an interview with the Cook on 9-28-15 at 12:40 p.m. and 9-29-15 at 12:31 p.m. he stated on both occasions that he did not have time to prepare the bread.	A 101		

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A 101	Continued From page 3 The Dietitian was interviewed on 9-29-15 at 10:00 a.m. and stated she reviewed menus for nutritional requirements. The menu was not being followed if the bread was not served.	A 101		
A 103	481-69.28(4) Food Service 481-69.28(231C) Food service. 69.28(4) Therapeutic diets may be provided by a program. If therapeutic diets are provided, they shall be prescribed by a physician, physician assistant, or advanced registered nurse practitioner. A current copy of the Iowa Simplified Diet Manual published by the Iowa Dietetic Association shall be available and used in the planning and serving of therapeutic diets. A licensed dietitian shall be responsible for writing and approving the therapeutic menu and for reviewing procedures for food preparation and service for therapeutic diets. This REQUIREMENT is not met as evidenced by: Complaint #55261-C alleged diabetic tenants were not receiving the proper diet. Based on record review, menu review, observation, and interview, the Program did not have a licensed dietitian approving the diabetic diet. 1. On 9-28-15 the Executive Director was interviewed and stated the Program provided therapeutic diets. The Program provided a copy of an order written by a healthcare provider dated 6-10-15 for Tenant #1 to receive a "diabetic menu." The Program reported only one tenant had an order for a special diet as required by	A 103		

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A 103	Continued From page 4 regulation. On 9-28-15 at 12:40 p.m. and 9-29-15 at 11:47 a.m. the Cook stated he followed the general diet with diabetic desserts as listed on the therapeutic spreadsheets when serving a diabetic diet. Noon meals were observed on 9-28 and 9-29-15. On both days, Tenant #1 was observed to be given the same meal in the same portions as the other tenants which was consistent with the meal identified as general diet with diabetic dessert. During the tenant meeting on 9-29-15, Tenant #1 was present. Tenant #1 stated there was an order for a diabetic diet as required by the Program, but that a diabetic diet had not been served. The Dietitian was interviewed on 9-29-15 at 10:00 a.m. and stated the order for "diabetic menu" needed clarification in order for the Program to determine exactly what the healthcare provider expected for a diet. The Dietitian also stated the general diet with diabetic desserts was not a diabetic diet.	A 103		
A 154	481-69.35(1)b Structural Requirements 481-69.35(231C) Structural requirements. 69.35(1) General requirements. b. The buildings and grounds shall be well-maintained, clean, safe and sanitary. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the Program was not kept in a well-maintained, clean, safe and	A 154		

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 154	Continued From page 5 sanitary condition. (#54706-C, recertification) 1. Complaint #54706-C alleged carpeting in the front hallway was a trip hazard. During a tour of the building on 9-28-15 Tenants #2 and #3 were sitting in the dining room. Both tenants asked the monitor to look at ripples in the carpeting in the entrance hallway. Tenant #3 reported tripping over the ripples. At least three ripples were observed in the carpeting which created a raised area. In an interview with the Executive Director, she stated the carpeting needed to be stretched. 2. Complaint #54706-C alleged the dining room was dimly lit with bulbs burned out and a ceiling fan that did not work. On 9-28-15 at 2:45 p.m. there were nine recessed lights in the dining room. Five of the nine lights did not have working light bulbs even after sufficient time for the light bulbs to begin working. One of four ceiling fans was observed with the blades not rotating. One section of fluorescent lights in the far section of the dining room was observed to be non-working. 3. On 9-28-15 at 9:45 a.m. a tour of the kitchen was taken. Food crumbs were observed on counter tops. The floor was dirty with crumbs and other debris. The mixer on the counter top had dried food stuffs on it. A kitchen drawer was dirty with residue and crumbs. In an interview with the Executive Director on 9-28-15 at 9:53 a.m. she stated the kitchen was dirty. 4. On 9-28-15 a tour of the dining room was taken. The dining room contained a bank of cabinets which included a sink. An ice and water machine was also observed sitting on the counter top. The cabinets were opened and beneath the ice and water machine the cabinet was wet with a musty odor and black discoloration. A wall of the	A 154		

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A 154	Continued From page 6 cabinet was warped. The Executive Director was notified and indicated a company would be contacted to test for mold. On 9-29-15 at 4:00 p.m. the Executive Director stated the person doing the testing had indicated mold was present. 5. During the tour of the dining room on 9-28-15, the drain to the ice and water machine was observed. The drain hole located under the ice and water dispensers contained a tan to brown mucus-like substance. The Executive Director stated there was hair in the drain tray. 6. A tenant meeting was held on 9-29-15 at 2:30 p.m. Tenants reported the sidewalk leading from the exit door on the southwest corner of the building was used as a pick-up point. Tenants reported chunks of concrete were missing which resulted in difficulty using the sidewalk. On 9-30-15 the southwest exit was observed. The sidewalk led from the door of the building to the parking lot. The sidewalk did not have a handicapped accessible ramp. The sidewalk met the parking lot at a curb. The curb was missing a chunk of concrete the entire height of the curb and the missing piece was three inches wide at its smallest side. The edges of the concrete were jagged. At the northern end of the side was another chunk of loose concrete.	A 154		

The Rose of Des Moines
Plan of Correction Survey Conducted September 21 and 29, 2015

Regulatory Insufficiency: 481-67.2(1) a Program policies and procedures
Based on observation and interview, program policy and procedures for handwashing were not followed. (re-certification)

Elements detailing how the Program will correct the insufficiency:
All dietary staff will be re-educated on proper handwashing and gloving policy.

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

A mandatory in-service is being held on Monday October 19th to review handwashing policy.

In-service will review proper times to wash hands and when you should be changing gloves.

How the Program plans to monitor performance to ensure compliance:

Dietary Consultant as well as the kitchen manager will do random audits of dietary staff to ensure they are following proper handwashing and gloving procedures.

The date by which the regulatory insufficiency will be corrected:
October 1, 2015

Regulatory Insufficiency: 481-69.28(3)b Food Service
481-69.28(231C) Food Service 69.28 (3) Menus shall be planned to provide the following percentage of the daily recommended dietary allowances as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences based on the number of meals provided by the program.
b. A minimum of 66 2/3 percent if the program provides two meals per day.

Elements detailing how the Program will correct the insufficiency:
All dietary staff re-educated on following the dietary menus as provided by the dietician approving the required amounts.

What measures will be taken to ensure the problem does not recur:
Dietary in-service held Monday, October 19 to discuss following the proper menus and offering what is listed on the menu or a comparable substitute as listed.
Also, to ensure that dietary staff understand how to provide the therapeutic diets listed and to ensure the tenants receive said therapeutic diet as ordered by their physician.
Nursing staff called and clarified tenant 1's diabetic diet order. Dietary staff educated on which diabetic diet order and menu to properly follow.

How the Program plans to monitor performance to ensure compliance:
Dietary consultant will do routine random audits of kitchen staff to ensure they are following the approved menus and meeting the requirements for servings and therapeutic diets.

The date by which the regulatory insufficiency will be corrected:
October 1, 2015

Regulatory Insufficiency: 481-69.35(1)b Structural Requirements
481-69.35(231C) General requirements.
b. The buildings and grounds shall be well-maintained, clean, safe and sanitary.

Elements detailing how the Program will correct the insufficiency:

54706-C ripples in front hallway carpet-Family Carpet came to facility and removed ripples and reapplied adhesive.

Dining room was dimly lit, 5 lights were burnt out. Superior lighting will replace with new LED recessed lighting.

New motor ordered for ceiling fan.

Kitchen not well cleaned. Kitchen staff re-educated on cleaning of the kitchen properly and given new daily cleaning check off sheets.

Dining room cabinets will be properly removed and new ones have been ordered. Area has been properly treated for mold.

Sidewalk and curb broken. Sidewalk and curb will be fixed.

What measures will be taken to ensure the problem does not recur:
Maintenance department will walk the building and grounds on a routine basis to monitor to ensure that the building and grounds are well-maintained, clean, safe and sanitary. Dietary manager will ensure proper cleaning of kitchen daily.

How the Program plans to monitor performance to ensure compliance:

Administrator and/or Executive Director will do routine spot visits of building and grounds to ensure compliance.

The date by which the regulatory insufficiency will be corrected:
November 9, 2015

Pamela Smith Executive Director of The Rose Communities
515-577-4636

PRO-LAB®
1675 North Commerce Parkway, Weston, FL 33326 (954) 384-4446

MWIAQ & ISHI
PO BOX 42571
URBANDALE, IA 50323

Certificate of Mold Analysis

Prepared for:	MWIAQ & ISHI
Phone Number:	(515) 783-4669
Fax Number:	
Project Name:	15144 - ROSE
Test Location:	1330 - 19TH ST
	DES MOINES, IA 50214
Chain of Custody #:	889604
Received Date:	September 30, 2015
Report Date:	September 30, 2015

Erika Piechowski, Technical Manager

Carlos Ochoa, Quality Control Manager

Currently there are no Federal regulations for evaluating potential health effects of fungal contamination and remediation. This information is subject to change as more information regarding fungal contaminants becomes available. For more information visit http://www.epa.gov/mold or www.nyc.gov/html/doh/html/epi/mold.shtml. This document was designed to follow currently known industry guidelines for the interpretation of microbial sampling, analysis, and remediation. Since interpretation of mold analysis reports is a scientific work in progress, it may as such be changed at any time without notice. The client is solely responsible for the use or interpretation. PRO-LAB/SSPTM Inc. makes no express or implied warranties as to health of a property from only the samples sent to their laboratory for analysis. The Client is hereby notified that due to the subjective nature of fungal analysis and the mold growth process, laboratory samples can and do change over time relative to the originally sampled material. PRO-LAB/SSPTM Inc. reserves the right to properly dispose of all samples after the testing of such samples are sufficiently completed or after a 7 day period, whichever is greater.

AIHA LAP, LLC
ACCREDITED LABORATORY
ENVIRONMENTAL MICROBIOLOGY
ISO/IEC 17025:2005
LAB # 163230

For more information please contact PRO-LAB at (954) 384-4446 or email info@prolabinc.com

PRO-LAB®

1675 North Commerce Parkway, Weston, FL 33326 (954) 384-4446

Prepared for : MWIAQ & ISHI

Test Address : 15144 - ROSE
1330 - 19TH ST
DES MOINES, IA 50214

ANALYSIS METHOD	Direct Microscopic Exam	INTENTIONALLY BLANK	INTENTIONALLY BLANK	INTENTIONALLY BLANK
LOCATION	INSIDE CABINET BASE			
COC / LINE #	889604-1			
SAMPLE TYPE & VOLUME	TAPE			
SERIAL NUMBER	None supplied			
COLLECTION DATE	Sep 29, 2015			
ANALYSIS DATE	Sep 30, 2015			
CONCLUSION	UNUSUAL			

IDENTIFICATION		Mold Present		Raw Count	Spores per m^3	Percent of Total	Raw Count	Spores per m^3	Percent of Total	Raw Count	Spores per m^3	Percent of Total
Hyphae		X										
Other Basidiospores		X										
Stachybotrys		X										
TOTAL SPORES		NA										
MINIMUM DETECTION LIMIT*		NA										
BACKGROUND DEBRIS	Not Applicable											
OBSERVATIONS & COMMENTS	Presence of current or former growth observed.											

Background debris qualitatively estimates the amount of particles that are not pollen or spores and directly affects the accuracy of the spore counts. The categories of Light, Moderate, Heavy and Too Heavy for Accurat Count, are used to indicate the amount of deposited debris. Increasing amounts of debris will obscure small spores and can prevent spores from impacting onto the slide. The actual number of spores present in the sample is likely higher than reported if the debris estimate is 'Heavy' or 'Too Heavy for Accurate Count'. All calculations are rounded to two significant figures and therefore, the total percentage of spore numbers may n equal 100%.

* **Minimum Detection Limit.** Based on the volume of air sampled, this is the lowest number of spores that can be detected and is an estimate of the lowest concentration of spores that can be read in the sample.
NA = Not Applicable.

Spores that were observed from the samples submitted are listed on this report. If a spore is not listed on this report it was not observed in the samples submitted.

Interpretation Guidelines: A determination is added to the report to help users interpret the mold analysis results. A mold report is only one aspect of an indoor air quality investigation. The most important aspect of mo growth in a living space is the availability of water. Without a source of water, mold generally will not become a problem in buildings. These determinations are in no way meant to imply any health outcomes or financial decisions based solely on this report. For questions relating to medical conditions you should consult an occupational or environmental health physician or professional.
CONTROL is a baseline sample showing what the spore count and diversity is at the time of sampling. The control sample(s) is usually collected outside of the structure being tested and used to determine if this sample(s) is similar in diversity and abundance to the inside sample(s).
ELEVATED means that the amount and/or diversity of spores, as compared to the control sample(s), and other samples in our database, are higher than expected. This can indicate that fungi have grown because of a water leak or water intrusion. Fungi that are considered to be indicators of water damage include, but are not limited to: *Cheetomium, Fusarium, Memnoniella, Stachybotrys, Scopulariopsis, Ulocladium*.
NOT ELEVATED means that the amount and/or the diversity of spores, as compared to the control sample and other samples in our database, are lower than expected and may indicate no problematic fungal growth.
UNUSUAL means that the presence of current or former growth was observed in the analyzed sample. An abundance of spores are present, and/or growth structures including hyphae and/or fruiting bodies are present and associated with one or more of the types of mold/fungi identified in the analyzed sample.
NORMAL means that no presence of current or former growth was observed in the analyzed sample. If spores are recorded they are normally what is in the air and have settled on the surface(s) tested.

Habitat	Indoor Habitat	Possible Allergic Potential Not an opinion or interpretation	Comments
erywhere.	All substrates.	None known.	Hyphae are the "root-like" food absorption strands common to nearly all fungi. They sometimes can become airborne.
ound everywhere, the late summer se spores are from	Mushrooms are not normally found growing indoors, but can grow on wet lumber, especially in crawlspaces. Sometimes mushrooms can be seen growing in flower pots indoors.	Some allergenicity reported. Type I (hay fever, asthma) and Type III (hypersensitivity pneumonitis).	Among the group of Mushrooms (Basidiomycetes) are dry rot fungi Serpula and Poria that are particularly destructive to buildings.
soil and decaying l.	Wallboards and other paper products that are wetted. Needs high water content in the substrate to grow. Not normally seen growing indoors unless the building material has been wetted. Unusual / Not Normal to be growing indoors.	Type I (hay fever and asthma) allergies.	Wet spored mold that generally must be dried out and disturbed before spores can be found in the air. Spores of this type of mold should not be observed in significant numbers in the air above background/control. If growth and/or significantly higher than background/control spore numbers are reported, corrective action should be considered to eliminate the water source, reduce moisture levels and/or spore numbers in the living space.

Boccella, Rose [DIA]

From: Pam Smith <therose@qwestoffice.net>
Sent: Monday, November 16, 2015 9:06 AM
To: Boccella, Rose [DIA]
Subject: FW: The Rose NOT ELEVATED
Attachments: NEWYOR2-900389-ABC.pdf

Mold results for Rose of DSM>

Happy Monday

Pam Smith
Executive Director
The Rose Affordable Assisted Living Communities
Office: (515) 883-1000 Ext. 13
Cell: (515) 577-4636

From: Holli Jordan [mailto:info@onthespotcleaningia.com]
Sent: Monday, November 16, 2015 8:56 AM
To: therose@qwestoffice.net
Subject: FW: The Rose NOT ELEVATED

Good Morning Pam,

Here is the information you needed. Showing that after remediation the property was non-elevated.

If you need anything, please let me know.

Holli

On The Spot Cleaning & Restoration
Email: Info@OnTheSpotCleaningIA.com
Phone: (515) 262-7768
Fax: (515) 259-9816
www.OnTheSpotCleaningIA.com

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MWIAQ & ISHI
PO BOX 42571
URBANDALE, IA 50323

Certificate of Mold Analysis

Prepared for:	MWIAQ & ISHI
Phone Number:	(515) 783-4669
Fax Number:	
Project Name:	C 15085
Test Location:	1330 19TH ST
	DES MOINES, IA 50314
Chain of Custody #:	900389
Received Date:	November 6, 2015
Report Date:	November 6, 2015

Erika Piechowski, Technical Manager

Carlos Ochoa, Quality Control Manager

Currently there are no Federal regulations for evaluating potential health effects of fungal contamination and remediation. This information is subject to change as more information regarding fungal contaminants becomes available For more information visit http://www.epa.gov/mold or www.nyc.gov/html/doh/html/epi/mold.shtml. This document was designed to follow currently known industry guidelines for the interpretation of microbial sampling, analysis, and remediation. Since interpretation of mold analysis reports is a scientific work in progress, it may as such be changed at any time without notice. The client is solely responsible for the use or interpretation PRO-LAB/SSPTM Inc. makes no express or implied warranties as to health of a property from only the samples sent to their laboratory for analysis. The Client is hereby notified that due to the subjective nature of fungal analysis and the mold growth process, laboratory samples can and do change over time relative to the originally sampled material. PRO-LAB/SSPTM Inc. reserves the right to properly dispose of all samples after the testing of such samples are sufficiently completed or after a 7 day period, whichever is greater

LAB # 163230

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Prepared for : MWIAQ & ISHI

Test Address : C 15085
1330 19TH ST
DES MOINES, IA 50314

ANALYSIS METHOD	Spore trap analysis	Spore trap analysis	Spore trap analysis	INTENTIONALLY BLANK
LOCATION	CONTROL	IN CONTAINMENT	OUTSIDE CONTAINMENT	
COC / LINE #	900389-1	900389-2	900389-3	
SAMPLE TYPE & VOLUME	AIR-O-CELL - 150L	AIR-O-CELL - 150L	AIR-O-CELL - 150L	
SERIAL NUMBER	21912975	21910943	21911007	
COLLECTION DATE	Nov 5, 2015	Nov 5, 2015	Nov 5, 2015	
ANALYSIS DATE	Nov 6, 2015	Nov 6, 2015	Nov 6, 2015	
CONCLUSION	CONTROL	NOT ELEVATED	NOT ELEVATED	

IDENTIFICATION	Raw Count	Spores per m^3	Percent of Total	Raw Count	Spores per m^3	Percent of Total	Raw Count	Spores per m^3	Percent of Total	Raw Count	Spores per m^3	Percent of Total
Alternaria	12	80	3	4	27	4	4	27	2			
Cercospora	4	27	1				4	27	2			
Cladosporium	280	1,900	62	68	450	68	124	830	58			
Emericella							4	27	2			
Epicoccum	4	27	1	4	27	4	4	27	2			
Ganoderma	4	27	1				4	27	2			
Nigrospora	4	27	1	4	27	4	4	27	2			
Other Ascospores	32	210	7	8	53	8	8	53	4			
Other Basidiospores	88	590	19	12	80	12	36	240	17			
Penicillium/Aspergillus	4	27	1				20	130	9			
Rusts	4	27	1									
Smuts, myxomycetes	8	53	2				4	27	2			
Torula	4	27	1									
Unidentified Spores	4	27	1									
TOTAL SPORES	452	3,049	100	100	664	100	216	1,442	100			
MINIMUM DETECTION LIMIT*	1	27		1	27		1	27				
BACKGROUND DEBRIS	Light			Light			Light					
Cellulose Fiber				4	27		12	80				
Fiberglass	4	27		4	27		4	27				
Plant Fragments	8	53					4	27				
Pollen							4	27				
OBSERVATIONS & COMMENTS												

Background debris qualitatively estimates the amount of particles that are not pollen or spores and directly affects the accuracy of the spore counts The categories of Light, Moderate, Heavy and Too Heavy for Accurate Count, are used to indicate the amount of deposited debris Increasing amounts of debris will obscure small spores and can prevent spores from impacting onto the slide. The actual number of spores present in the sample is likely higher than reported if the debris estimate is 'Heavy' or 'Too Heavy for Accurate Count' All calculations are rounded to two significant figures and therefore, the total percentage of spore numbers may not equal 100%

* Minimum Detection Limit. Based on the volume of air sampled, this is the lowest number of spores that can be detected and is an estimate of the lowest concentration of spores that can be read in the sample.

NA = Not Applicable

Spores that were observed from the samples submitted are listed on this report. If a spore is not listed on this report it was not observed in the samples submitted.

Interpretation Guidelines: A determination is added to the report to help users interpret the mold analysis results A mold report is only one aspect of an indoor air quality investigation The most important aspect of mold growth in a living space is the availability of water Without a source of water, mold generally will not become a problem in buildings These determinations are in no way meant to imply any health outcomes or financial decisions based solely on this report For questions relating to medical conditions you should consult an occupational or environmental health physician or professional.

CONTROL is a baseline sample showing what the spore count and diversity is at the time of sampling The control sample(s) is usually collected outside of the structure being tested and used to determine if this sample(s) is similar in diversity and abundance to the inside sample(s)

ELEVATED means that the amount and/or diversity of spores, as compared to the control sample(s), and other samples in our database, are higher than expected. This can indicate that fungi have grown because of a water leak or water intrusion. Fungi that are considered to be indicators of water damage include, but are not limited to: *Chaetomium*, *Fusarium*, *Memnoniella*, *Stachybotrys*, *Scopulariopsis*, *Ulocladium*

NOT ELEVATED means that the amount and/or the diversity of spores, as compared to the control sample and other samples in our database, are lower than expected and may indicate no problematic fungal growth

UNUSUAL means that the presence of current or former growth was observed in the analyzed sample An abundance of spores are present, and/or growth structures including hyphae and/or fruiting bodies are present and associated with one or more of the types of mold/fungi identified in the analyzed sample

NORMAL means that no presence of current or former growth was observed in the analyzed sample If spores are recorded they are normally what is in the air and have settled on the surface(s) tested.

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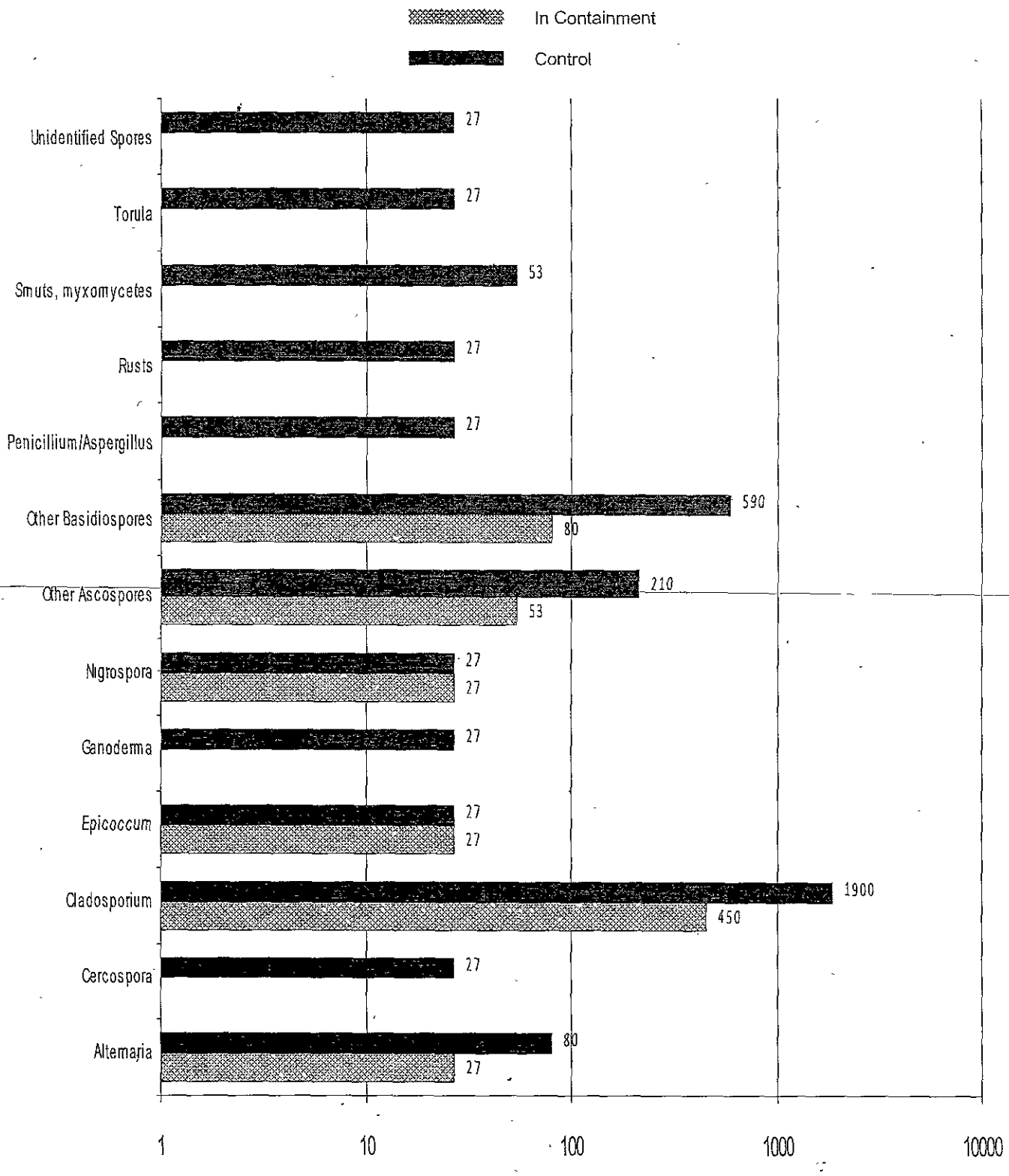
Chain of Custody # 900389



Spores per cubic meter

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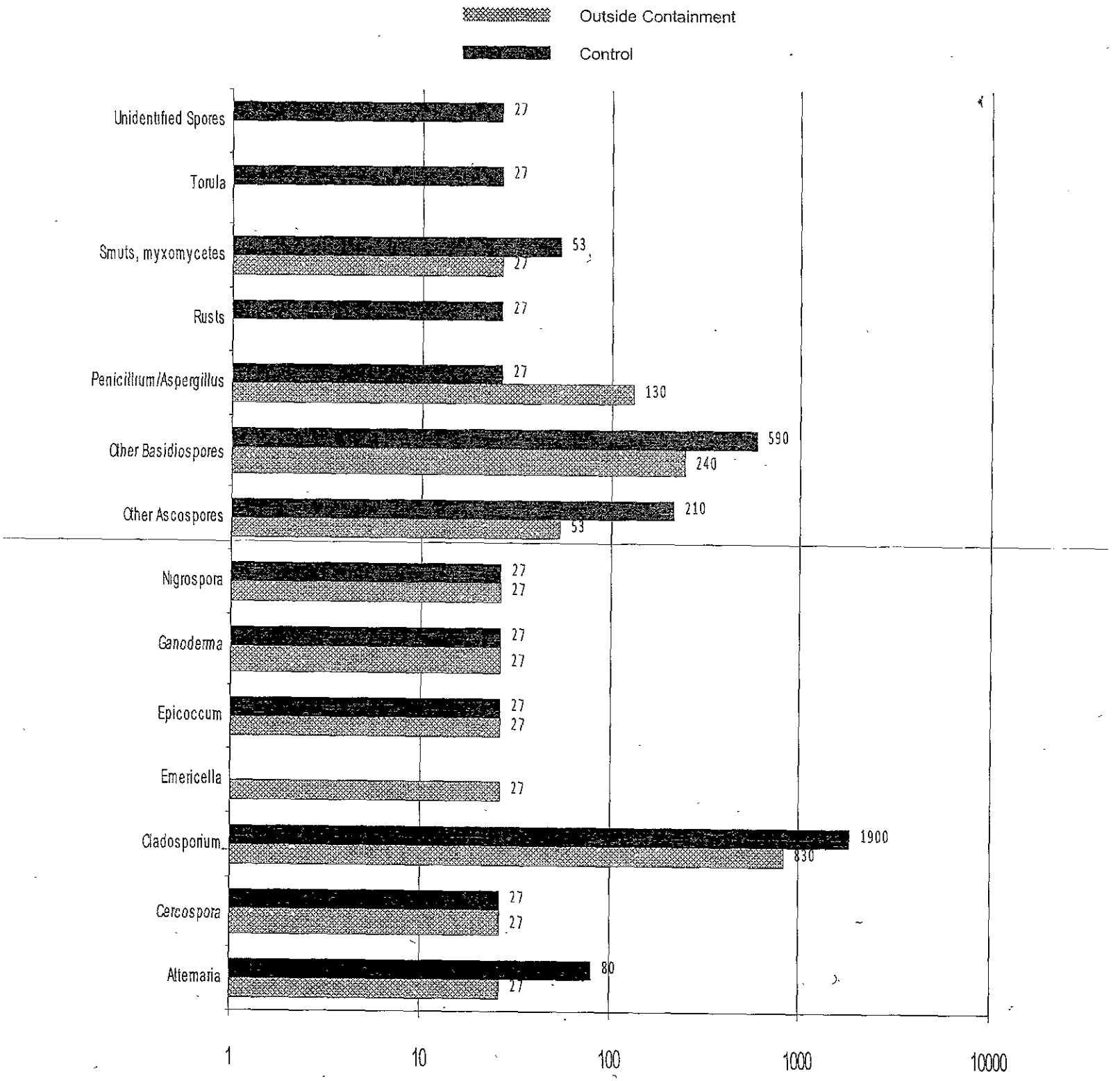
Chain of Custody # 900389



Spores per cubic meter

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Identification	Outdoor Habitat	Indoor Habitat	Possible Allergic Potential Not an opinion or interpretation	Comments
Alternaria	One of the most commonly reported airborne spores worldwide. Often common in outdoor air. Usually not observed in large nubmers in outdoor air Soil, dead or dying plants, foodstuffs, textiles	Wallboard paper backing, wood, other various cellulose-containing materials. Commonly found in settled dust and as normal settled spores on carpets, drapes, textiles, etc.	Common allergen. Type I allergies (hay fever and asthma); Type III hypersensitivty pneumonitis. Common cause of extrinsic asthma	Alternaria is commonly found in elevated numbers on water-intruded building materials and in higher spore numbers in the air with respect to the outside when growth on wet building materials occurs.
Cercospora	Common everywhere, especially growing on leaves.	Not known to grow indoors.	None known	
Cladosporium	The most common spore type reported in the air worldwide. Found on dead and dying plant litter, and soil.	Commonly found on wood and wallboard. Commonly grows on window sills, textiles and foods.	Type I (hay fever and asthma), Type III (hypersensitivity pneumonitis) allergies.	A very common and important allergen source both outdoors and indoors
Emericella	Worldwide distribution found in soil and living on plant debris.	Plant matter and food.	None known.	Closely related to Aspergillus.
Epicoccum	Commonly found everywhere. Grows on plant debris, insects and soil.	Capable of growing on several different substrates, notably wallboard and paper.	Type I (hay fever and asthma) allergies.	Very common in the summer, especially in the midwest and during harvest time.
Ganoderma	Common everywhere growing on hardwood trees.	None known.	None known.	
Nigrospora	Commonly found everywhere Grows on decaying plant material	Does not normally grow on building materials, but occasionally can be found growing on wallboard.	Type I (hay fever and asthma) allergies.	Very distinctive spore that is easy to identify.
Ascospores	Common everywhere. Constitutes a large part of the airspora outside. Can reach very high numbers in the air outside during the spring and summer Can increase in numbers during and after rainfalls.	Very few of this group grow inside The notable exception is Chaetomium, Ascotricha and Peziza.	Little known for most of this group of fungi. Dependent on the type (see Chaetomium and Ascotricha).	
Basidiospores	Commonly found everywhere, especially in the late summer and fall. These spores are from Mushrooms	Mushrooms are not normally found growing indoors, but can grow on wet lumber, especially in crawlspaces. Sometimes mushrooms can be seen growing in flower pots indoors.	Some allergenicity reported Type I (hay fever, asthma) and Type III (hypersensitivity pneumonitis).	Among the group of Mushrooms (Basidiomycetes) are dry rot fungi Serpula and Poria that are particularly destructive to buildings.
Penicillium/Aspergillus	Common everywhere. Normally found in the air in small amounts in outdoor air. Grows on nearly everything.	Wetted wallboard, wood, food, leather, etc Able to grow on many substrates indoors.	Type I (hay fever and asthma) allergies and Type III (hypersensitivity pneumonitis) allergies.	This is a combination group of Penicillium and Aspergillus and is used when only the spores are seen. The spores are so similar that they cannot be reliably separated into their respective genera.

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Identification	Outdoor Habitat	Indoor Habitat	Possible Allergic Potential Not an opinion or interpretation	Comments
Rusts	Common everywhere growing on grasses, trees and other living plants	Does not grow indoors.	Type I (hay fever and asthma) allergies.	Rust requires a living plant host to complete part of its lifecycle and thus, is not normally found growing indoors except perhaps on an infected house plant
Smuts, myxomycetes	Commonly found everywhere, espcially on logs, grasses and weeds	Smuts don't normally grow indoors, but can occasionally be found on things brought from outside and stored in the house. Myxomycetes can occasionally grow indoors, but need lots of water to be established.	Type I (hay fever and asthma) allergies.	Smuts and myxomycetes are a combined group of organisms because their spores look so similar and cannot be reliably distinquished from each other
Torula	Common everywhere growing on soil, decaying and dead leaves, and grasses.	Wallboard and other cellulose-based materials	Type I (hay fever and asthma) allergies.	
Unidentified Spores	Common everywhere. Grow on decaying plant litter and other plant-derived material.	Wetted cellulosic material.	None known.	This group of spores is reserved for spores whose identity is unknown. These kinds of spores have usually never been seen before in spore traps by our laboratory and/or are of such morphology that they cannot be identified with any degree of certainty to a particular genus.