IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

May 2, 2016

Complaint/Incident Intake #'s: 58207-C
59419-I

Mr. Jay Henshaw, Director
Rosebush Gardens
4925 West Avenue
Burlington, IA 52601

RE: Final Recertification Monitoring Evaluation & Complaint/Incident Investigation Report – Rosebush Gardens, Burlington, IA

Dear Mr. Henshaw:

Enclosed is the **Final Recertification Monitoring Evaluation & 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 a survey by DIA on **April 12 & 13, 2016.** Based on review of tenant files, review of staff files, review of incident reports, monitor observations, a community meeting, private tenant interview, interviews with staff and managers, the following was found:

1. Allegation—Tenant Rights: It was alleged service plans were not reviewed with tenants and if overdue, service plans were not signed by the tenants.
   Findings: Not substantiated
   Comments: Review of three tenant files reflected service plans were completed when indicated and all service plans were signed by the tenants. A community meeting was held and tenants stated the nurse reviewed their service plans with them and they signed their own service plans. The Nurse was interviewed and stated she reviewed all service plans with the tenants and obtained their signatures as indicated. No concerns with tenant rights were identified.

2. Allegation—Service Plans: It was alleged service plans were not reviewed with tenants, if overdue they were not signed by the tenants and floor staff signed and dated the service plans by backdating the documents.
   Findings: Not Substantiated
   Comments: Review of three tenant files reflected service plans were completed when indicated and all service plans were signed by the tenants. A community meeting was held and tenants stated the nurse reviewed their service plans with them and they signed their own service plans. Three staff were interviewed and stated they had not been asked to back date any service plans or other documents. The Nurse was interviewed and stated

she always reviewed all service plans with the tenants, would make changes if needed and obtained their signatures as indicated. She stated staff was not asked to back date any documents. No concerns with service plans were identified.

3. Allegation—Structure/Life Safety: It was alleged staff smoked right outside the back door and left it open to hear call lights, thus the hallway outside the kitchen smelled like smoke and drifted into the building with the beauty salon also smelling like smoke.
   Findings: Not substantiated
   Comments: The monitor observed the back door leading to the outside smoking area. There was no smell of smoke in the kitchen hallway, in the building or in the beauty salon. A community meeting was held and tenants stated they had never smelled smoke in the building or in the beauty salon. Interviews with three staff indicated no smoke smells were identified in the building or beauty salon. An interview with the Nurse indicated staff and tenants used the outside area for smoking. In January, the fire marshal came in on a complaint stating someone was standing outside with the door propped open while smoking. An interview with the Director indicated last fall he found a card from the local fire department and was cited for smoke in the building. The Director posted a sign on the door indicating the door must remain closed at all times. At that time staff did not have walkie talkies but they use them now. The Director indicated he had never smelled smoke in the building. No concerns with Structure/Life Safety were identified.

The Report notes Regulatory Insufficiencies in the area(s) of: Written Occupancy Agreement and Food Service.

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 or a contested case hearing 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.

If you have any questions in regard to this 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
	S0067	A. BUILDING: _____ B. WING _____	C 04/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEBUSH GARDENS	4925 WEST AVE BURLINGTON, IA 52601

(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: 33 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 33 TOTAL census of Assisted Living Program: 33 The following regulatory insufficiencies were cited during the Recertification, investigation of Complaint #58207-C and investigation of Incident #59419-I. 231C.5 Written occupancy agreement required. 1. An assisted living program shall not operate in this state unless a written occupancy agreement, as prescribed in subsection 2, is executed between the assisted living program and each tenant or the tenant's legal representative, prior to the tenant's occupancy, and unless the assisted living program operates in accordance with the terms of the occupancy agreement. The assisted living program shall deliver to the tenant or the tenant's legal representative a complete copy of the occupancy agreement and all supporting documents and attachments and shall deliver, at least thirty days prior to any changes, a written copy of changes to the occupancy agreement if any changes to the copy originally delivered are subsequently made. This Rule: is not met as evidenced by: Based on	A 000		

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A 000	Continued From page 1 review of tenant files, the Program did not execute an occupancy agreement prior to the tenant's occupancy. 1. Tenant #2, a 64 year old, was admitted on 8-5-15 and diagnoses included: history of cerebral vascular accident, seizure, anxiety, dementia and chronic obstructive pulmonary disease (COPD). The Program was not able to provide an occupancy agreement signed by Tenant #2 prior to Tenant #2 taking occupancy. 2. Tenant #3, a 73 year old, was admitted on 11-25-15 and diagnoses included: diabetes, COPD, congestive heart failure, asthma and recent pneumonia. Tenant #3's occupancy agreement indicated a move in date of 11-25-15 and was signed and dated on 11-27-15. Tenant #3's occupancy agreement was not signed prior to Tenant #3's occupancy. 235E.2 Dependent Adult Abuse Reports in Facilities and Programs. 3. a. If a staff member or employee is required to make a report pursuant to this section, the staff member or employee shall immediately notify the person in charge or the person's designated agent who shall then notify the department within twenty-four hours of such notification. If the person in charge is the alleged dependent adult abuser, the staff member shall directly report the abuse to the department within twenty-four hours. This RULE: is not met as evidenced by: Based on review of Tenant #2's file, staff interviews, Health Care Coordinator interview, Director interview and review of policies and procedures, the Program did not notify the Department as	A 000		

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A 000	Continued From page 2 required regarding a dependent adult abuse report. Tenant #2, a 64 year old, was admitted on 8-5-15 and diagnoses included: history of cerebral vascular accident, seizure, anxiety, dementia and chronic obstructive pulmonary disease (COPD). The Program indicated on the ALP Monitoring Entrance Form there was one tenant (Tenant #2) who had a theft of medications. According to Tenant #2's service plan dated 9-5-15, staff would continue to administer medications following the Medication Administration Record (MAR) according to physician orders. According to a Program document written by the Health Care Coordinator (HCC), on 2-24-16 at 8:22 p.m. she received a call from Staff F who stated she went to give Tenant #2 a Butal 50/325/40 mg pill from the bubble pack and there were missing pills. Seven pills were taken from the bubble pack but only two had been documented as being administered. On 2-25-16, the HCC reviewed packing slips and Tenant #2's MAR and determined 30 pills were received from the pharmacy on 2-23-16 and signed in by Staff F. One pill was administered on 2-24-16 at 5:00 a.m. and documented as given by Staff E. The next pill was given and documented on 2-24-16 at 1:20 p.m. by Staff G. At 3:00 p.m. on 2-24-16, Staff G stated there was a total of two pills taken from the bubble pack. When reviewing the previous packing slip from the pharmacy, 30 pills were received on 2-17-16. Seven of the 30 were documented as given and there were no pills left in the bubble pack when the new bubble pack was received on 2-23-16. At this point there were 23 pills unaccounted and not documented	A 000		

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A 000	Continued From page 3 as given. The HCC notified the Director of the missing medications on 2-25-16. According to a written statement dated 2-25-16 by Staff C, she checked in the Butabital on the 17th and there were 30 in the package. On the 18th she worked third shift with Staff B and at 5:00 a.m. they went together to give Tenant #2 medications. As Staff B went to open the locked medication cabinet in Tenant #2's apartment, Staff B stated the cabinet was left unlocked the night before. Staff C told Staff B there was no possible way she left it unlocked because she double checks to make sure the cabinets are locked. According to a written statement dated 2-26-16 by Staff B, on 2-17-16 she administered the last Butal in a bubble pack and then ordered another bubble pack that morning. On 2-24-16 she took a full bubble pack of 30 pills to Tenant #2 and placed it in the medication cabinet. She administered one pill that morning and there were 29 left. The Program provided two pharmacy packing slips reflecting delivery of 30 Butal/APAP/Caffeine50/325/40 mg for Tenant #2 on 2-17-16 and 2-23-16. On 4-13-16, the HCC was interviewed and stated she had started an investigation and obtained statements from staff but was unable to determine the reason for the missing medications. She asked Tenant #2 about it but Tenant #2 didn't know anything. She stated no other items had been reported missing. She stated she had notified the Director several times about the situation and the missing medications	A 000		

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A 000	Continued From page 4 were required to be reported to the Department. On 4-13-16, the Director was interviewed and stated the HCC reported the missing medications to him but he concluded it was taken by a tenant's family. He was almost 100% sure staff didn't take the medication. Reporting the missing medications to the Department was discussed but he decided to hold off and watch it more closely. Tenant #2's medications were locked in a different place and no more medications went missing. The Program did not report the missing medications within twenty-four hours of being notified by staff of the situation. The Program did not report the missing medications until directed to do so by the Monitor.	A 000		
A 104	481-69.28(5) Food Service 481-69.28(231C) Food service. 69.28(5) Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have annual in-service training on food protection. This REQUIREMENT is not met as evidenced by: Based on review of staff files, interviews with staff, Dietary Manager interview and Director interview indicated personnel did not have an orientation on sanitation and safe food handling prior to handling food and did not have annual in-service training on food protection.	A 104		

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A 104	Continued From page 5 Five staff files were reviewed (Staffs A, B, C, D and E) and all staff served food or delivered food trays to tenants. Staff A was hired on 2-12-16 and had not had an orientation on sanitation and safe food handling prior to handling food. Staff E was hired on 2-20-14 and the Program was unable to provide documentation of annual in-service training on food protection for Staff E. Staffs B, C and D had not completed annual in-service on food protection since 1-29-15. On 4-12-16, Staff A was interviewed and stated he had not had training on sanitation and safe food handling prior to handling food. On 4-12-16, Staff E was interviewed and stated she had not had annual in-service training on food protection. On 4-13-16, the Dietary Manager was interviewed and stated she was not aware staff needed an orientation on sanitation and safe food handling or annual in-service training on food protection. On 4-13-16, the Director was interviewed and stated he was not aware staff needed an orientation on sanitation and safe food handling or annual in-service training on food protection.	A 104		

DIA Plan of Correction

Rosebush Gardens - 4925 West Ave - Burlington, Iowa - 52601 - rosebushgardens1@gmail.com

PH. 319-752-1200 Fax 319-752-5800

Jay W Henshaw / Director

May 5, 2016

- 1. Tenant #2 occupancy agreement was revised on 02/01/2016, All future and current occupancy agreements will be retained for 10 years. With policies enforced with existing and all future agreements.

- 2. Tenant #3 occupancy agreement not signed prior to moving in. All future occupancy agreements will be signed before giving keys and moving in. With policies enforced with existing and all future agreements.

- 3. Tenant #2 New policy was implemented on 2/26/16 stating that all pain medications, excluding OTC pain medications, will be locked up with narcotics in the clinic. Clinic door is locked and shut when no one is in there and narcotics are locked in a file cabinet. Staff are responsible for counting the medications at the beginning of each shift. We are purchasing new med carts and the staff will be trained by our RN no later than 6/1/2016. Meds will no longer be kept in residents apartments locked in cabinet. Will be monitored on a daily basis. Director and or RN will make sure all future reportable incidents will be reported within 24 hours.

- 4. food preparation and handling service, All staff has received their yearly in-service on food handling and preparation on 4/21/16. All future hiring, staff will be given the in - service prior to handling of any food or beverages. As part of their orientation. The in-service will be monitored on an annual basis as our policy.