IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 59496-C

May 31, 2016

Mr. Paul Johnson, Administrator
Rose of East Des Moines
1331 Idaho Street
Des Moines, IA 50316

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

Dear Mr. Johnson:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of May 25, 2016, 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.

1. Allegation – Tenant Rights – It was alleged a tenant was confined to the apartment.
   Findings – Not Substantiated
   Comments: Based on observations, staff and tenant interviews, a review of three tenant files, incident reports, and program policies, the following was found: Tenants were observed to come and go freely from the apartments. Common areas of the building were open to the tenants. The dining room had hours reserved for staff to prepare for and clean up after meals. Staff was observed interacting appropriately with tenants. While onsite, concerns were raised about the availability of food. No issues were identified upon further investigation. There were no reports any tenants were missing any items.

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
	S0282	A. BUILDING: _____ B. WING _____	C 05/25/2016

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: 57 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 58 TOTAL census of Assisted Living Program: 58 No regulatory insufficiencies were cited during the investigation of Complaint # 59496-C.	A 000		

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