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 01/03/2018

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	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: 0 Total population of Program at time of on-site: 57 The following regulatory insufficiency was cited during the investigation of complaint #72464.	A 000		
A 064	481-67.9(4)g Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: g. The program shall have in place a system by which certified or noncertified staff communicate in writing occurrences that differ from the tenant's normal health, functional and cognitive status. The program's registered nurse or designee shall train certified and noncertified staff on reporting to the program's registered nurse or designee and documenting occurrences that differ from the tenant's normal health, functional and cognitive status. The written communication required by this paragraph shall be retained by the program for a period of not less than three years, and shall be accessible to the department upon request.	A 064		

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

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A 064	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure written communication regarding a change in a tenant's health status was available regarding 1 of 1 tenants reviewed (Tenant #1). Findings include: During an interview on 12/28/17 at 12:30PM, Tenant #1 stated he/she tripped on a rug and fell to the floor on 11/1/17 at approximately 2:00AM. The tenant called Staff A for help. When the staff person came to the tenant's room, she told Tenant #1 to get up and go to bed. Staff A told him/her she was not here to help old people and was going back to bed, then left the apartment. Tenant #1 said he/she then got up and went to the nurses' station; however no one responded to the knocking. Tenant #1 went back to the apartment and called 911, who then called an ambulance. Tenant #1 was taken to the hospital with a fractured right arm. Tenant #1 stated she did not believe Staff A would tell the truth about the incident. A review of Tenant #1's file revealed diagnoses including obesity and abnormal gait. The tenant used a walker and scooter due to an unsteady gait. The Functional/Mini mental Assessment dated 9/2017 revealed none to mild mental impairment. Tenant #1 was independent in ambulation and transferring. According to his/her Safety Plan under Fall Risk the tenant was able to verbalize falls and knew safety precautions. Record review on 1/2/18 revealed a Freedom Home Health Care Adverse Events Report written on 10/31/17. The report indicated at 0215 Tenant #1 fell without staff present. The report	A 064		

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A 064	Continued From page 2 stated Tenant #1 fell to the floor while folding laundry. The tenant managed to get up onto the motorized wheelchair and push his/her pendant. The tenant complained of right arm pain. EMS was called by the tenant who was then transported to a local hospital. The hospital reported to the Program that the tenant suffered a right arm fracture and would be transferred to a skilled nursing facility to assist with daily activities of living. When interviewed on 12/29/17 at 9:15AM Staff A stated she received a call from Tenant #1 in the night. When she went to the apartment the tenant was in his/her power chair and stated he/she had fallen. Staff A reported she asked the tenant how they fell as he/she was in the power chair. Staff A then asked the tenant if he/she needed an ambulance and Tenant #1 began making rude and mean comments to her. Staff A then left Tenant #1's apartment. She stated she reported the incident by "writing it in the book and that was all." Staff A did not recall if an ambulance came to attend to Tenant #1. Staff A added she no longer worked at the Program and gave the company notice "about a month ago." When interviewed on 12/28/17 at 1:30PM Registered Nurse (RN) B confirmed Tenant #1's injury. She stated the injury occurred when the Program was staffed by different company which it no longer used. She said the former company's policy was to allow night shift staff to sleep and be available in case they were needed by the tenants. She noted the new management company required night staff to be awake at all times. Staff A was not rehired by the new company.	A 064		

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A 064	Continued From page 3 When interviewed on 1/2/18 at 11:35, RN B confirmed the communication book Staff A stated she documented the incident in was not available.	A 064		