✓ 2/2/18

PRINTED: 01/22/2018
FORM APPROVED

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	See attached Plan of Correction	2-9-18 (in-service)

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		

2/21/18

THE ROSE OF EAST DES MOINES, L.P.
PROVIDER IDENTIFICATION: S0282
COMPLAINT PLAN OF CARE - #72464-C
JANUARY 24, 2018

1. While an incident report involving a tenant's fall was made available to the department, the communication book which would have described the incident could not be found and was therefore not available to the department.

The Statement of Deficiency has conflicting dates of occurrence of the incident, which also is reflected in the DIA cover letter. The Freedom HHC Adverse Events Report records an incident on 10/31/2017 at 0215. The Tenant reported to the investigator that the incident occurred on 11/1/2017 at 2:00 A.M. The records of the incident maintained by the ALF confirm that the incident occurred on 10/31/2017 in the early morning, after which the Tenant was taken to the ER. The correct date of the incident is important to explaining the incident and the resultant Plan of Correction.

Effective 11/1/2017, the ALF changed contracted service providers from Freedom Home Health Care to Open Arms Home Health Care – Des Moines (Open Arms). The 10/31/2017 incident occurred the day before the change in service providers. Open Arms has procedures and policies in place that would avoid the deficiency occasioned by the conduct of the Freedom staff member.

Open Arms and The Rose have an incident reporting policy whereby staff is to generate an incident report whenever an accident or unusual occurrence occurs on the premises. This policy is reflected in the Rose Policy and Procedures and in the Rose Emergency Management Plan. An incident reporting form is available for use by staff. These policies comply with 481-67.2(1) with respect to incident reports. Freedom staff had generated a report in compliance with this same section.

In addition to the incident report process, Open Arms maintains an incident log, in which incident reports of the type in this case are noted by home health aides for review by their supervising nurse for purposes of evaluating appropriate response, e.g. determination of whether the incident evidences a change of condition or a reportable event. It was the Rose's understanding that Freedom maintained such a log, although it was not available to the investigator. In any event, Open Arms maintains an incident log in compliance with 481-67.9(4) g.

The Freedom aide was employed during the overnight shift with an allowance to sleep. Open Arms does not staff the overnight shift with an allowance to sleep. In addition, the staff member involved in the incident applied for employment with Open Arms, but was not hired.

Open Arms will conduct an in service with all staff regarding the policies involved, that is, the incident report, appropriate use of the incident report, and the requirement that the incident report be filed and logged into the incident log. This in service will occur within the next two weeks. Open Arms monitors the incident log as part of its quality assurance and performance improvement plan.

2/21/18