4/4/27/18

PRINTED: 04/03/2018
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
	S0067	A. BUILDING: _____ B. WING _____	03/22/2018

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	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. Number of tenants without cognitive disorder: 29 Number of tenants with cognitive disorder: 0 TOTAL census of Assisted Living Program: 29 The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program (ALP).	A 000		
A 058	481-67.9(4)a 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: a. The program's newly hired registered nurse shall within 60 days of beginning employment as the program's registered nurse document a review to ensure that staff are sufficiently trained and competent in all tasks that are assigned or delegated. This REQUIREMENT is not met as evidenced by:	A 058	Plan of Correction is attached DD 4/27/18	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 058	Continued From page 1 Based on interview and record review, the Program's newly hired Registered Nurse (RN) failed to ensure 2 of 4 staff reviewed were sufficiently trained to meet tenant needs within 60 days of the RN's employment (Staff C, D). Findings follow: The RN began working for the Program on 8/14/17. Review of Staff C's personnel file revealed a hire date of 8/9/17. Delegation training was completed by the Program's RN Nurse Consultant on 8/17/17. There was no documentation of the newly hired RN reviewing the training within 60 days of hire. Review of Staff D's personnel files revealed a hire date of 7/20/17. No delegation worksheet or review of training could be found for Staff D. When interviewed on 3/21/18 at 4:15 PM, the Program RN and RN Nurse Consultant confirmed the Program RN had not signed the delegation form for Staff C, although the Program RN thought she may have been present when the training occurred. The RN Nurse Consultant stated she had completed the delegation worksheet for Staff D, although she could not find documentation to support this.	A 058		

√ 4/27/18

April 6, 2018

Department of Inspections and Appeals
Attn: Deb Dixon
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319

Dear Ms. Dixon:

On behalf of Rosebush Gardens Assisted Living in Burlington, I respectfully submit our Plan of Correction for your approval. Our response is specific to the Monitoring Report dated April 3, 2018. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of state law.

Staffing

1. Elements detailing how the Program will correct each regulatory insufficiency.
    - Staff C and D will be re-delegated by the Delegating RN.

2. What measures will be taken to ensure the problem does not recur.
    - The delegating RN has completed delegations for all staff and will continue to delegate to all new staff.
    - The RN and Nurse Consultant will review protocol to ensure delegations are completed as required by regulation when there is a change in the delegating RN.

3. How the Program plans to monitor performance to ensure compliance.
    - The RN and/or Designee will audit staff files at least annually to ensure staff is delegated as required.

4. The date by which the regulatory insufficiency will be corrected.
    - This regulatory insufficiency will be corrected by May 6, 2018.

If you have any questions regarding this plan of correction, please feel free to contact me at 319-752-1200. Thank you.

Sincerely,

Destiny Hellyer
Director

√ 4/27/18