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
	S0331	A. BUILDING: _____ B. WING _____	C 11/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSE OF DUBUQUE	3390 LAKE RIDGE DRIVE DUBUQUE, IA 52003

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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: 65 Number of tenants with cognitive disorder: 0 Total census of Assisted Living Program: 65 The following regulatory insufficiencies were cited during the investigation of Complaint #79081-C as well as the recertification visit conducted to determine compliance with certification for an Assisted Living Program.	A 000		
A 012	481-67.3(1) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(1) To be treated with consideration, respect, and full recognition of personal dignity and autonomy. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to treat tenants with consideration, respect, and full recognition of personal dignity and autonomy. This potentially affected all tenants (census of 65). Findings follow: A tenant meeting with approximately 25 tenants was held on 11-19-18 at 10:00 a.m. They voiced concerns including:	A 012	See attached response and plan of correction. Provider contests this deficiency finding.	

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

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A 012	Continued From page 1 a. Tenants were not allowed to share food at the dining room table with other tenants b. Tenants were not allowed to bring a beverage from their own apartment to meals c. Tenants were not allowed to use the dining room for certain activities d. Tenants were not allowed to shut the doors in the community room during an activity e. Tenants were not allowed to pick up a boxed meal for another tenant in the refrigerator in the community room and deliver it to them f. Tenants were not allowed second helpings at meals A tenant stated at the meeting that when they first moved in it was "wonderful" and since then the "screws were tightened." It was shared that tenants felt like they were treated like children and new rules kept appearing they had not been told about. A tenant shared staff often knocked and walked into their apartment without giving the tenant time to acknowledge the knock or come to the door. It was shared that concerns voiced at multiple tenant meetings were not listened to. It was stated that at a recent meeting, tenants were told to move if they didn't like living there. Approximately 12 tenants felt they were not treated with respect. The tenants voiced multiple concerns with the food including: food temperature not appropriate for both cold and hot foods, plating of the food was not appetizing, poor food quality, tough meat, and lacking variety. The tenants indicated these concerns were recent. One tenant stated a staff approached them in the dining room and said he/she was not allowed to discuss food concerns in the dining room.	A 012		

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A 012	Continued From page 2 Review of Food Service-Operational Parameters, dated 1-8-18 indicated no food other than what was provided by the Program would be allowed in the dining room. The policy did not indicate beverages. The Food Service Plan Subscription Agreement indicated each meal would satisfy the 33 1/3 of the daily recommended dietary allowances. There were no additional written policies or rules provided by the Program to address the expectations indicated above for items listed above (a, b, c, d, and e). When interviewed on 11-19-18 and 11-20-18 at 2:07 p.m. the Administrator confirmed there were no written polices or rules for the items above except that each meal provided 33 1/3 of the recommended daily allowances (second helpings were not provided) and no outside food was allowed in the dining room. She verbally told tenants of the other expectations indicated above. The Administrator's response to the tenants' concerns at the meeting included the following: Food could not be shared between tenants due to concerns with sanitation and shared items. Boxed meals could be picked up by the tenant, the tenant's family or friends (outside the program) and another tenant could pick up a boxed meal with permission from the Administrator. There had been meals missing from refrigerator in the past and various steps had been put in place to prevent missing boxed meals. The doors in the community room were to be kept open during a planned Program activity so all tenants could attend the activity. The dining room was dedicated to dining except for large group activities due to timeliness with	A 012		

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A 012	Continued From page 3 sanitation prior to meals. Tenants were not provided second helpings as the policy indicated each meal would meet the 33 1/3 requirements.	A 012		
A 060	481-67.9(4)c 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: c. Training for noncertified staff shall include, at a minimum, the provision of activities of daily living and instrumental activities of daily living. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure uncertified staff received nurse delegated training on activities of daily living (ADLs) including dressing/undressing. This pertained to 5 of 5 direct care staff reviewed (Staff A, B, C, D, and E). Findings follow: Review of staff files on 11/15/18 revealed the following: a. Staff A's file revealed she was a Home Health Aide (HHA) and nurse delegations were completed on 7-3-18 by the Nurse Manager. b. Staff B's file revealed she was a HHA and nurse delegations were completed on 5-15-18 by the Nurse Manager.	A 060	See attached response and plan of correction	

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A 060	Continued From page 4 c. Staff C's file revealed she was a HHA and nurse delegations were completed on 9-19-17 and 2-2-18 by the Nurse Manager. d. Staff D's file revealed she was a HHA and nurse delegations were completed on 1-20-17 and 8-20-18 by the Nurse Manager. e. Staff E's file revealed she was a HHA and nurse delegations were completed in July 2017 (date range of 7-20-17 to 7-26-17) and on 8-23-18 by the Nurse Manager. None of the files reviewed contained evidence of nurse delegation of dressing and undressing tenants. When interviewed on 11-15-18 at 10:17 a.m. and approximately 1:25 p.m. the Nurse Manager revealed Staff A, B, C, D, and E assisted with dressing and undressing tasks. The Nurse Manager also confirmed the dressing and undressing related to clothing assistance was not on the nurse delegation forms provided (both new and previously used form).	A 060		
A 149	481-67.9(6) Staffing 481-67.9(231B,231C,231D) Staffing. (6) Dependent adult abuse training. Program staff shall receive training relating to the identification and reporting of dependent adult abuse as required by Iowa Code section 235B.16. This REQUIREMENT is not met as evidenced by: Based on interview and record review the	A 149	See attached response and plan of correction	

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A 149	Continued From page 5 Program failed to provide training related to the identification and reporting of dependent adult abuse for 2 of 7 staff reviewed (Staff B and D). Findings follow: Chapter 235B requires that employees complete two hours of training relating to the identification and reporting of Dependent Adult Abuse within six months of initial employment and at least two hours of additional dependent adult abuse identification and reporting training every five years using an approved curriculum. Record review on 11-15-18 revealed: a. Staff B's date of hire as 5-11-18. A certificate was found for a two hour course regarding recognizing and reporting child and dependent adult abuse dated 11-17-15. Additional training could not be found regarding the two hour required training for the identification and reporting of dependent adult abuse within six months of employment. b. Staff D's date of hire as 1-10-17. A certificate was found for a two hour course regarding dependent adult abuse training dated 9-28-17. The dependent adult abuse training was not completed within six months of employment. When interviewed on 11-15-18 at 1:45 p.m. the Administrator for the home health agency that provided services to the Program confirmed there were no additional dependent adult abuse training documents found pertaining to the staff listed above.	A 149		
A 051	481-69.24(1)b Involuntary Transfer from Program	A 051		

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A 051	Continued From page 6 481-69.24(231C) Involuntary transfer from the program. 69.24(1) Program initiation of transfer. If a program initiates the involuntary transfer of a tenant and the action is not the result of a monitoring, including a complaint investigation or program-reported incident investigation, by the department and if the tenant or tenant's legal representative contests the transfer, the following procedures shall apply: b. The program shall immediately provide to the office of long-term care ombudsman, by certified mail, a copy of the notification and notify the tenant's treating physician, if any. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to follow the involuntary transfer protocol for 1 of 2 tenants reviewed given lease termination notification (Tenant #4). Findings follow: Review on 11-19-18 of Tenant #4's file revealed the following notices and documents: a. A Seven Day Notice of Breach of Lease and Lease Termination and Tenant Right to Cure, dated 9-25-18 cited per the lease, the lease could be terminated for material breach of the conditions of the lease upon the provision of seven day notice, that identified the "acts or omissions constituting the breach and which further advises you that your lease will terminate within not less that seven days of the receipt of the notice, unless within the seven day period the	A 051	See attached response and plan of correction. Provider contests this deficiency finding.	

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A 051	Continued From page 7 specified acts or omissions are remedied." The lease would be terminated on 10-2-18 unless the "acts and/or omissions" identified were remedied. The issue identified was "Good Cause Grounds-Interference with legal and facility licensure standards." b. A Seven Day Notice of Breach of Lease and Lease Termination and Tenant Right to Cure was dated 9-25-18. The document said, per the lease, the lease could be terminated for material breach of the conditions of the lease upon the provision of seven day notice, that identified the "acts or omissions constituting the breach and which further advises you that your lease will terminate within not less that seven days of the receipt of the notice, unless within the seven day period the specified acts or omissions are remedied." The lease would be terminated on 10-2-18 unless the "acts and/or omissions" identified were remedied. Conduct concerns were identified including: Striking of or other physically forceful contact with another tenant or employee..." c. A letter from Tenant #4 to the Program dated 10-2-18 provided a written response to the 9-25-18 notice. Tenant #4 did not admit to, or agree with the statements indicated in the notice; however, provided in writing a response to the concerns identified. d. A Seven Day Notice of Breach of Lease and Lease Termination dated 10-11-18 indicated Tenant #4's conduct since 10-2-18 had "demonstrated a continuation of conduct that interferes with other tenant's right to quiet enjoyment, is intimidating and threatening and causes physical harm to others." The letter	A 051		

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A 051	Continued From page 8 indicated Tenant #4's lease and residency would be terminated on 10-18-18. e. Tenant #4 provided a handwritten document dated 10-12-18 that refuted the allegations regarding his/her conduct. Tenant #4 requested specific incidents since 10-2-18 regarding the conduct allegations. Tenant #4 requested a response regarding what incidents had occurred since 10-2-18 requiring a second seven day notice. f. A letter addressed to Tenant #4 dated 10-15-18 reflected the Program's receipt of the document dated 10-12-18 and responded to Tenant #4 regarding issues that occurred since 10-2-18. g. A 3 Day Notice to Quit was dated 10-18-18. At that time Tenant #4 was asked to voluntarily vacate the unit dated 10-21-18. h. An Iowa District Court For Dubuque County document indicated Tenant #4 would vacate the apartment at the Program on or before 1-1-19 by 11:59 p.m. Review of Tenant #4's file did not contain a notice given to the tenant regarding involuntary transfer and the notification of the tenant advocate by certified mail and the physician as applicable. When interviewed on 11-20-18 at 2:07 p.m. the Administrator confirmed the involuntary transfer protocol was not initiated regarding the discharge of Tenant #4 as it was not considered an involuntary transfer. When interviewed on 11-20-18 at the time of the	A 051		

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A 051	Continued From page 9 exit meeting, the Owner revealed involuntary transfer per the Program's Admission/Transfer Policy did not apply to the discharge of Tenant #4 as involuntary transfer pertained to admission and retention criteria and Tenant #4 was given notice for a tenant/landlord matter. Record review of the Program's Admission/Transfer Policy regarding level of care listed, "c. Is dangerous to self or other Tenants or staff, including but not limited to a tenant who: (1) Despite intervention chronically elopes, is sexually or physically aggressive or abusive, or displays unmanageable verbal abuse or aggression; or (2) Displays behavior that places another tenant at risk..." In summary, the Program failed to follow their policy on involuntary transfer.	A 051		
A 071	481-69.25(1)i Tenant Documents 481-69.25(231C) Tenant documents. 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: i. When any personal or health-related care is delegated to the program, the medical information sheet; documentation of health professionals' orders, such as those for treatment, therapy, and medication; and nurses' notes written by exception This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to document nurse's notes by	A 071	See attached response and plan of correction	

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A 071	Continued From page 10 exception for 4 of 8 tenants reviewed (Tenants #1, #3, #4 and #8). Findings follow: 1. Review on 11-15-18 of Tenant #1's file revealed a 90 Day Nurse Review document dated 9-6-18 indicating Tenant #1 was scheduled to have cataract surgery on 9-17-18 and 10-1-18. Tenant #1 felt comfortable with the administration of the eye drops prior to and following surgery. The Home Health Certification and Plan of Care dated signed by the physician on 11-12-18 reflected Tenant #1 worked with physical therapy (PT) for strengthening and balance. The service plan reflected the tenant received PT services from 7-10-18 to 9-19-18. Services were reinitiated on 10-2-18. Review of Charts/Clinical Notes revealed no entries in nurse's notes related to the initiation and discontinuation of PT services (7-10-18 to 9-19-19), the initiation of PT services (10-2-18) or the planned cataract surgeries and follow up (9-17-18 and 10-1-18). 2. Review on 11-15-18 of Tenant #3's file revealed a Home Health Certification and Plan of Care, signed by the physician on 11-12-18 indicated Tenant #3 had an open area on the right great toe from a corn removal and two open areas on the buttocks due to scratching and picking at those areas. The service plan signed by Tenant #3 on 9-18-18 reflected an update on 8-6-18 for PT services and discontinuation of PT services on 8-28-18. Review of Charts/Clinical Notes reflected the	A 071		

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A 071	Continued From page 11 following: a. On 11-6-18 Tenant #3 had an open area on the great right toe from a corn removal and two open areas on the buttocks due to scratching and picking at those areas. b. On 11-13-18 Tenant #3 continued to have discomfort from the area on the buttocks. Tenant #3 denied pain from the great right toe and the dressing was intact. Review of Charts/Clinical Notesrevealed no entries in nurse's notes related to the initiation and discontinuation of PT services (8-6-18 to 8-28-18) or the corn removal which started the great toe wound or the initial onset of the open areas on the buttocks. 3. Review on 11-19-18 of Tenant #4's file revealed notice a Seven Day Notice of Breach of Lease and Lease Termination and Tenant Right to Cure dated 9-25-18. The notice identified alleged behavior including: "Striking of or other physically forceful contact with another tenant or employee..." A Seven Day Notice of Breach of Lease and Lease Termination dated 10-11-18 indicated since 10-2-18 Tenant #4's conduct "has demonstrated a continuation of conduct that interferes with other tenant's right to quiet enjoyment, is intimidating and threatening and causes physical harm to others." Review of Charts/Clinical Notes did not reflect any documentation of the alleged behaviors as indicated in the notices dated 9-25-18 and 10-11-18. 4. Review on 11-19-18 of Tenant #8's file revealed Tenant #8 was given a Seven Day Notice Breach of Lease and Lease Termination and Tenant Right to Cure dated 9-26-18. The	A 071		

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A 071	Continued From page 12 notice identified alleged behavior including: "intimidation and harassment of other tenants and employees..." One tenant requested Tenant #8 not speak to her and that tenant felt "intimidated and harassed by your continued and unsolicited verbal contact." Review of Charts/Clinical Notes did not reflect any documentation of the alleged behaviors. When interviewed on 11-20-18 at 3:55 p.m. the Administrator for the home health agency that provided services to the Program confirmed all nurse's notes for the past three months for the tenants indicated above were provided.	A 071		
A 089	481-69.26(4)a Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure service plans reflected identified needs for 7 of 8 tenants reviewed (Tenants #1, #3, #4, #5, #6, #7, and #8). Findings follow: 1. Review on 11-15-18 of Tenant #1's file revealed a Home Health Certification and Plan of Care document signed by the physician on 11-12-18 indicating the following: Tenant #1 was incontinent of urine and wore incontinent	A 089	See attached response and plan of correction.	

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A 089	Continued From page 13 products, was independent with medication boxes, had an ankle foot orthosis (AFO) brace on the left foot/leg for history of foot drop. It also revealed Tenant #1 had chronic arthritis pain which was controlled with a Fentanyl patch. The service plan signed by Tenant #1 on 2-21-18 did not reflect the incontinence and use of incontinent products, medication boxes, the AFO brace and history of foot drop or the Fentanyl patch or if assistance was needed with those tasks. The plan was not updated to address these issues. 2. Review on 11-15-18 of Tenant #3's file revealed a diagnosis of type II diabetes mellitus without complications. A Home Health Certification and Plan of Care, signed by the physician on 11-12-18 indicated nursing staff set up medications in a medication planner every seven days and at times Tenant #3 was non-compliant with taking medications and insulin injections. Staff assisted with perineal care due to incontinence and washing of lower extremities and areas that could not be reached. Tenant #3 was independent with blood glucose monitoring and insulin injections, however, was not always compliant. Tenant #3 had an open area on the right great toe from a corn removal and two open areas on the buttocks due to scratching and picking at those areas. The service plan signed by Tenant #3 on 9-18-18 reflected staff assisted with bathing three times per week, however, did not indicate the specific assistance to be provided as indicated on the Home Health Certification and Plan of Care. The service plan failed to reflect assistance with perineal care, the independence and	A 089		

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
	S0331	A. BUILDING: _____ B. WING _____	C 11/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSE OF DUBUQUE	3390 LAKE RIDGE DRIVE DUBUQUE, IA 52003

(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 089	Continued From page 14 non-compliance at times with blood glucose monitoring and insulin injections or the open areas on Tenant #3's toe and buttocks. The plan had not been updated to address these issues. 3. Review on 11-19-18 of Tenant #4's file revealed a notice entitled Breach of Lease and Lease Termination and Tenant Right to Cure dated 9-25-18. The notice identified alleged behavior including "striking of or other physically forceful contact with another tenant or employee..." A Seven Day Notice of Breach of Lease and Lease Termination dated 10-11-18 indicated since 10-2-18 Tenant #4's conduct "has demonstrated a continuation of conduct that interferes with other tenant's right to quiet enjoyment, is intimidating and threatening and causes physical harm to others." The service plan signed by Tenant #4 on 2-1-18 failed to address any alleged behavioral concerns or interventions. The plan had not been updated to address these issues. 4. Review on 11-20-18 of Tenant #5's file revealed a diagnosis of Parkinson's disease. Charts/Clinical Notes dated 9-20-18 reflected Tenant #5 returned from the hospital after a deep brain stimulator battery pack change. The service plan signed by Tenant #5 on 9-20-18 failed to reflect the deep brain stimulator and if any assistance was needed related to the device. 5. Review on 11-20-18 of Tenant #6's file revealed diagnoses including unstable angina, chest pain, major depressive disorder and anxiety disorder. Psychiatric Nursing visit documents reflected hospitalizations from	A 089		

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
	S0331	A. BUILDING: _____ B. WING _____	C 11/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSE OF DUBUQUE	3390 LAKE RIDGE DRIVE DUBUQUE, IA 52003

(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 089	Continued From page 15 10-6-18 to 10-7-18 for chest pain and shortness of breath (SOB), 10-27-18 to 10-30-18 for SOB, 11-4-18 to 11-6-18 for chest pain and SOB, and 11-9-18 to 11-13-18 for chest pain and SOB. The service plan most recently signed by Tenant #6 on 11-14-18 failed to reflect chest pain, SOB, anxiety, or any interventions for these diagnoses. 6. Review on 11-19-18 of Tenant #8's file revealed a Seven Day Notice Breach of Lease and Lease Termination and Tenant Right to Cure dated 9-26-18. The notice identified alleged behavior including: "intimidation and harassment of other tenants and employees..." One tenant requested Tenant #8 not speak to her and that tenant felt "intimidated and harassed by your continued and unsolicited verbal contact." Review of Charts/Clinical Notes did not reflect any documentation of the alleged behaviors. The service plan signed by Tenant #8 on 10-26-18 did not address any the alleged behavioral concerns or interventions. When interviewed on 11-20-18 at 3:55 p.m. the Administrator for the home health agency that provided services to the Program confirmed all service plan documents for the tenants listed above were provided.	A 089		
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	A 104	See attached response and plan of correction.	

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
	S0331	A. BUILDING: _____ B. WING _____	C 11/20/2018

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A 104	Continued From page 16 prior to handling food and shall have annual in-service training on food protection. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure 2 of 7 staff reviewed who served food had an orientation on sanitation and safe food handling prior to handling food (Staff C and E). Findings follow: Review on 11-15-18 of Staff C's file revealed a hire date of 9-15-17. The first documented food safety and sanitization training was dated 5-11-18. The Program failed to provide documented orientation on sanitization and safe food handling prior to handling food. Review on 11-15-18 of Staff E's file revealed a hire date of 7-20-17. The first documented food safety and sanitization training was dated 4-4-18. The Program failed to provide documented orientation on sanitation and safe food handling prior to handling food. When interviewed on 11-15-18 at 1:45 p.m. the the Administrator for the home health agency that provided services to the Program stated home health staff rarely served food and confirmed the first dates of training on food safety and sanitation training as indicated above.	A 104		

The Rose of Dubuque, L.P.
By: EverGreen Real Estate Development Corp., Gen. P.R.
By: _____, President
Gregory A. McClenahan 12-24-2018

1/17/19

Response to Statement of Deficiencies - Plan of Correction

481-67.3(1) Tenant Rights – to be treated with consideration, respect, and full recognition of personal dignity and autonomy.

This deficiency has been contested by The Rose of Dubuque.

The six concerns referenced in the deficiency report are among policies and rules, written and unwritten, that have been adopted over the years based on experience of administering food service operations and operations in general at the Rose communities. All have legitimate and rational grounds relative to facility operations and do not contravene any assisted living facility regulations. Those policies and rules have been in place for years and only have become problematic when a few disgruntled tenants want to complain and marshal support for their perspective. To the extent that the policies and rules have not been reduced to writing, The Rose will do so, giving residents 30 days' notice of such rules. However, communicating program policy via verbal notice is not grounds for a deficiency.

Elective Plan of Correction: Management will publish reasonable rules for meals and use of the premises and enforce the rules uniformly and fairly. Date of compliance is January 31, 2018. Those rules will ratify the following:

1. Tenants are not allowed to share food in the dining room with other tenants;
2. Tenants are not allowed to bring outside food, seasonings or beverage into the dining room at meal time;
3. The dining room is not available for activities during kitchen hours of operation, which hours are 8:00 a.m. through 6:30 p.m. – the Rose has ample other locations for activities;
4. Doors to common rooms are not to be shut and all rooms/doors are to be open at all times to Rose residents – common rooms may be scheduled in advance for private use;
5. Box lunches may be picked up by the resident or resident-designated persons only;
6. Second food servings are not provided. The only seconds available are for coffee, water or iced tea.

In addition, the Rose Administrator and kitchen manager will take educational classes through the Rose online training curriculum. The courses will be "Basic Communication and Conflict Management Skills," "Conflict Resolution," "Effective Communication," "Resident to Resident Bullying," and "Working with Difficult People." Date of compliance for the classes is December 28, 2018. In order to avoid recurrence of complaints, the Rose and service provider staff will solicit resident concerns at tenant meetings and respond appropriately. However, management anticipates the group will continue to complain.

481-67.9(4)c Staffing – Training for noncertified staff shall include, at a minimum, the provision of activities of daily living and instrumental activities of daily living. ADLs including dressing/undressing.

Plan of Correction: The nurse delegation form / competency assessment program checklist has been revised and staff oriented to and trained regarding requirement. In order to avoid recurrence,

DD 1/17/19

personnel files will be audited after six months to assure use of new nurse delegation/competency assessment program checklists.

481-67.9(6) Staffing – Dependent adult abuse training – certificate or training within six months of hire.

The untimeliness of training arose from an oversight that occurred during the transition to a new administrative assistant.

Plan of Correction: Staff will be oriented to and trained regarding the DAA certification or training requirement for new and existing employees. Date of compliance is December 28, 2018. In order to avoid recurrence, personnel files will be audited after six months to assure compliance with DAA requirements.

481-69.24(1) b - involuntary Transfer from Program – provision of notice to ombudsman and treating MD.

This deficiency has been contested by The Rose of Dubuque.

The circumstances of Tenant # 4 presented exigent circumstances of clear and present danger to other tenants. It acted upon those exigent circumstances without following the notice provisions of the Admission/Transfer Policy.

In order to enable the ability of Rose management to similarly act in the future in face of exigent circumstances, which warrant an exception to the process of the Ombudsman notice requirement and appeal procedures of the Admission/Transfer Policy, the Rose will amend the Admission/Transfer Policy to insert an exception to the notice and appeal procedures of the Admission/Transfer policy, which will read as follows:

> EXCEPTION TO APPEAL PROCEDURE: Where tenant's behavior or condition creates or maintains a threat constituting a clear and present danger to the health or safety of other tenants, or Rose or Service Provider employees, within the meaning of Iowa Code 562A.27A, the right to contest a transfer under the Admission/Transfer Policy will be precluded. Tenant's right to due process of law shall be provided by the right to contest the termination of lease in the court proceedings pursuant to 562A.27A.

This revision is consistent with preserving the Admission/Transfer policy and notice requirements and internal appeal while at the same time recognizing the need to act immediately when the health and safety of tenants and employees warrant such action.

Elective Plan of Correction: Appropriate management staff has been oriented to circumstances where landlord/tenant notices also implicate the requirements of the Admission/Transfer Policy. Admission/Transfer Policy will be amended to allow for an exception to the notice and appeal procedure in exigent circumstances that constitute a clear and present danger to tenants and staff in which circumstances the terminated tenant will be provided due process of law in other legal proceedings. Date of compliance is January 31, 2018. To avoid recurrence, landlord/tenant notices will be specifically reviewed by management staff to assess need to generate a companion notice pursuant to Admission/Transfer Policy.

481-69.25(1) i Tenant Documents – nurses notes written by exception

In compliance with prior DIA comments, with respect to outpatient therapy, staff had been noting in the service plan only the start and stop of outpatient therapy. Going forward, staff will add a clinical note.

Plan of Correction: Staff will be oriented and trained regarding protocols for nurse notes written by exception. Date of compliance is December 28, 2018. Landlord/tenant notices, which have implication for treatment and care, will be similarly discussed with staff. To avoid recurrence, one random service plan for a client receiving outpatient therapy will be audited monthly for a period of two months for inclusion of an appropriate nurse note.

481-69.26(4) a Service Plans – shall identify tenant's needs and preferences for assistance – conformance with doctor's orders, assessments and diagnoses and other documentation bearing on service plans.

Plan of Correction: All requirements have been updated on the service plan. Staff will be oriented and trained regarding requirement for service plans to conform to doctor's orders, assessments and diagnoses and other documentation bearing on service plans. Date of compliance is December 28, 2018. To avoid recurrence, two random service plans will be audited monthly for a period of two months for conformance with doctor's orders, assessments and diagnoses and other documentation bearing on service plans.

481-69.28(5) Food Service – Sanitation and safe food handling training prior to handling food.

One of the employees cited for deficiency only works nights (11 p.m.-7:00 a.m.) and never handles food.

Plan of Correction: Staff with any anticipated food handling duties will be oriented and trained on sanitation and safe food handling prior to being assigned to food preparation or food service. All current service staff have received appropriate training. To avoid recurrence, the next new service staff's personnel file will be audited for compliance for timely completion of sanitation and safe food handling training.