✓ 4/22/19

PRINTED: 04/02/2019
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 03/13/2019

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. Number of tenants without cognitive disorder: 54 Number of tenants with cognitive disorder: 0 Total census of Assisted Living Program: 54 A recertification visit was conducted to determine compliance with certification for an Assisted Living Program. Complaint #81508-C and Complaint #81530-C were also investigated. No regulatory issues were cited regarding Compliant #81530-C. The following regulatory insufficiencies were identified regarding Complaint #81530-C and the recertification visit:	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 interviews staff failed to treat tenants with dignity and respect potentially affecting all 54 individuals living at the Program. Findings follow: During a tenant meeting on 3/6/19 at 2:00 p.m. concerns regarding food were voiced. Two tenants said they had overheard staff say, "low	A 012	See attached response and plan of correction	

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

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A 051	Continued From page 3 notified the Long-Term Care Ombudsman. When interviewed on 3/12/19 at 12:05 p.m. the Long-Term care ombudsman office said they had not received notification from the Program regarding an involuntary transfer for Client #8. During the exit interview on 3/13/19 the Administrator said she had the notification but did not provide it.	A 051		

The Rose of East Des Moines, L.P.
By EverGreen Real Estate Development Corp., Gen. P'tr
By: _____, President
Gregory A. McClenahan 04-05-2019

4/22/19

Response to Statement of Deficiencies - Plan of Correction
Complaint 81508-C
Recertification visit – 3-4-19 through 3-13-19
DATED 04-10-2019

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

Rose and Open Arms management does not condone the type of statements referenced in the Statement of Deficiencies.

Plan of Correction: Management will adopt greater emphasis on soliciting resident comments on Rose operational practices, particularly during monthly tenant meetings. In service of this emphasis, at the March 13, 2019 tenant meeting, input was solicited regarding resident concerns. Issues that were raised were evaluated and responses were provided. In addition, The Rose and Open Arms will include cautionary advice to employees regarding resident perceptions and the importance of treating all residents with appropriate consideration, respect and with recognition of personal dignity. Rose and Open Arms management were unable to verify the comments referenced in the statement of deficiencies. Staff will be cautioned as to the inappropriateness of such statements.

In addition, the Rose Administrator and the Open Arms Administrator and Clinical Manager will take educational classes through the Rose online training curriculum. The courses that will be taken include "Basic Communication and Conflict Management Skills," "Caregiving 101 – Verbal and Nonverbal Communication, "Conflict Resolution," "Customer Service in Home Care," and "Working with Difficult People." The content of those courses will be shared with staff. Date of compliance for the classes will be April 30, 2019. In order to avoid recurrence of complaints, the Rose and Open Arms staff will continue to solicit resident concerns at tenant meetings and respond appropriately. Tenant concerns that can be reasonably accommodated will be identified and acted upon.

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 between a resigning Open Arms Administrator and the new Open Arms Administrator.

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 April 15, 2019. 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.

The Rose has the established practice of providing notice of involuntary transfer related communications to the ombudsman and treating MD. The failure to do so was inadvertent.

4/17/19

Plan of Correction: Appropriate management staff has been oriented to circumstances where landlord/tenant notices and exceedance of care notices implicate the requirements of the Admission/Transfer Policy. To avoid recurrence, landlord/tenant notices and exceedance of care notices will be specifically reviewed by management staff to assure that proper notice is provided to the ombudsman and treating MD as provided by the Rose Admission/Transfer Policy.