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 04/04/2019

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 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: 62 Number of tenants with cognitive disorder: 1 Total census of Assisted Living Program: 63 There were no regulatory insufficiencies identified in the investigation of Complaint #82057-C. The investigation of Complaint #81803-C resulted in the following regulatory insufficiency.	A 000		
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 develop a service plan that reflected identified needs for 1 of 1 tenants reviewed with a managed risk agreement (Tenant #2). Findings follow: During an interview on 4-4-19 at 10:18 a.m. the Home Health Agency Administrator revealed	A 089	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 089	Continued From page 1	A 089		

tenants had pendants to call for help for emergency situations. For non-emergency situations tenants called via the telephone. None of the tenants had been discouraged from using the pendants for emergencies; however, inappropriate use of the pendant had been discussed with Tenant #2. She had used the pendant for non-emergency situations and had a managed risk agreement related to the issue.

The Program's policy regarding 24-Hour Personal Emergency Response System Policy reflected the pendants were to be used for emergency purposes only.

Record review on 4-3-19 revealed Tenant #2 had a managed risk agreement dated 2-14-19. The Cause of Concern section indicated Tenant #2 used her pendant eight times since 2-1-19 to request non-emergency assistance via the pendant. Tenant #2 requested assistance with standing and/or pulling up her pants or retrieving miscellaneous items. The agreement stated Tenant #2 was unsteady and needed strengthening to achieve her "optimal level of function to remain safe in her apartment." Tenant #2 refused therapy for strengthening. The Probable Consequence section indicated continued refusals of physical therapy (despite physician recommendation) could result in the termination of Tenant #2's lease and discharge from the Program. The Administrator and Home Health Agency Administrator signed the agreement on 2-14-19. Tenant #2 refused to sign on 2-14-19 but signed the agreement on 3-9-19.

Review of Tenant #2's service plan reflected she refused therapy; however, it did not reflect the

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A 089	Continued From page 2 use of the pendant for non-emergency needs and the issues with care needs and strengthening as indicated in the Managed Risk Agreement.	A 089		

The Rose of Dubuque, L.P.
By: EverGreen Real Estate Development Corp., Gen. Ptr.
By: _____, President
Gregory A. McClenahan 4-29-2019

5/8/19

Response to Statement of Deficiencies - Plan of Correction

Complaint 81803-C
April 29, 2019

481-69.26(4) a Service Plans – shall indicate tenant's identified needs and preferences for assistance – conformance with issues and consequences referenced in managed risk agreement.

This deficiency was corrected at time of survey and the corrected service plan was provided to DIA.

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 pending managed risk agreement and other documentation bearing on service plans. Date of compliance is May 3, 2019. To avoid recurrence, two random service plans will be audited monthly for a period of two months for conformance with patient chart documentation bearing on service plans.

5/6/19