1/1/20

PRINTED: 12/20/2019
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
	S0223	A. BUILDING: _____ B. WING _____	11/26/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSE OF DES MOINES	1330 19TH STREET DES MOINES, IA 50314

(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: 48 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 48 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program.	A 000		
A 037	481-69.22(2) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change.	A 037	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 037	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete functional, cognitive, and health evaluations within 30 days of occupancy and with significant change for 3 of 4 tenants reviewed (Tenant #2, Tenant #3, and Tenant #4). Findings follow: On 11-25-19 a review of tenant files revealed the following: - Tenant #2 was admitted on 11-1-18. No evaluations completed within 30 days of admission could be located. - Tenant #3 was admitted on 4-1-19. No cognitive evaluation completed within 30 days of admission could be located. Further review revealed Clinical Note dated 11-13-19 revealing she no longer required reminders and was independent with medication administration. No functional, cognitive, or health evaluations could be located for the significant change in need for assistance with medications administration. - Tenant #4 was admitted on 2-15-19. No evaluations completed within 30 days of admission could be located. On 11-25-19 at 3:30 p.m. the Registered Nurse Clinical Manager confirmed these findings.	A 037		
A 083	481-69.26(1) Service Plans 481-69.26(231C) Service plans. 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the	A 083	See attached Response and Plan of Correction	

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A 083	Continued From page 2 specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop service plans based on required assessments for 3 of 4 tenants reviewed (Tenant #2, Tenant #3, and Tenant #4). Findings follow: On 11-25-19 a review of tenant files revealed the following: - Tenant #2 was admitted on 11-1-18. No evaluations completed within 30 days of admission could be located. As a result the tenant's service plan was not based on required assessments. - Tenant #3 was admitted on 4-1-19. No cognitive evaluation completed within 30 days of admission could be located. Further review revealed a Clinical Note dated 11-13-19 revealing she no longer required reminders and was independent with medication administration. No functional, cognitive, or health evaluations could be located for the significant change in need for assistance with medications administration. As a result the tenant's service plan was not based on required assessments. - Tenant #4 was admitted on 2-15-19. No evaluations completed within 30 days of admission could be located. On 11-25-19 at 3:30 p.m. the Registered Nurse	A 083		

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A 083	Continued From page 3 Clinical Manager confirmed these findings. As a result the tenant's service plan was not based on required assessments. On 11-25-19 at 3:30 p.m. the Registered Nurse Clinical Manager confirmed these findings.	A 083		
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 individualized service plans indicating tenants' needs for assistance for 1 of 1 tenants with a managed risk agreement (Tenant #1). Findings follow: On 11-25-19 a review of Tenant #1's file revealed a Managed Risk Agreement (MRA) dated 6-27-19. The MRA stated Tenant #1 failed to manage her incontinence and soiled herself and her surroundings which resulted in an excessive amount of laundry. The MRA stated she previously refused therapy interventions to increase control of incontinence and agreed to participate in a treatment regime to manage her incontinence which included a therapy evaluation. Tenant #1 agreed to participate in therapy, rinse laundry soiled with stool, and dispose of expired food or alternative housing	A 089	See attached Response and Plan of Correction	

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A 089	Continued From page 4 would be necessary to manage her increased needs for assistance in her activities of daily living. Review of a Clinical Note dated 11-20-19 revealed the Registered Nurse (RN) completed a weekly visit and noted Tenant #1 in bed soaked with urine. The RN noted she spoke with Occupational Therapy (OT) and was told Tenant #1 stopped using OT service due to the exercises being too difficult. The tenant's Service Plan dated 6-28-19 and updated 11-15-19 failed to include interventions as outlined in the MRA. On 11-25-19 at 3:30 p.m. the Registered Nurse Clinical Manager confirmed these findings.	A 089		
A 096	481-69.27(1)c Nurse Review 481-69.27(231C) Nurse review. If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation: 69.27(1)c To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status;	A 096	See attached Response and Plan of Correction	

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A 096	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to monitor progress related to previous recommendations for 1 of 1 tenants reviewed with a managed risk agreement (Tenant #1). Findings follow: On 11-25-19 a review of Tenant #1's file revealed a Managed Risk Agreement (MRA) dated 6-27-19. The MRA stated Tenant #1 failed to manage her incontinence and soiled herself and her surroundings which resulted in an excessive amount of laundry. The MRA stated she previously refused therapy interventions to increase control of incontinence and agreed to participate in a treatment regime to manage her incontinence which included a therapy evaluation. Tenant #1 agreed to participate in therapy, rinse laundry soiled with stool, and dispose of expired food or alternative housing would be necessary to manage her increased needs for assistance in her activities of daily living. Review of a Recertification (follow-up) reassessment nursing visit dated 8-22-19 failed to include a review of the MRA to monitor progress of incontinence issues and tenant compliance as outlined. Review of a Routine Nursing visit dated 11-15-19 failed to include a review of the the MRA to monitor progress of incontinence issues and tenant compliance as outlined. Review of a Clinical Note dated 11-20-19 stated the Registered Nurse (RN) completed a weekly	A 096		

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A 096	Continued From page 6 visit and noted Tenant #1 in bed soaked with urine. The RN noted she spoke with Occupational Therapy (OT) and was told Tenant #1 had stopped using OT service due to the exercises being too difficult. On 11-25-19 at 3:52 p.m. Tenant #1's apartment had an overwhelming odor of urine upon entering. Inspection of the bedroom and living room furniture revealed a concentration of urine odor within them. On 11-25-19 at 3:30 p.m. the Registered Nurse Clinical Manager confirmed these findings.	A 096		

The Rose of Des Moines, L.P.
By: EverGreen Real Estate Development Corp. Gen. Ptr. 12-26-2019
By: _____
Gregory A. McClenahan, President

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Response to Statement of Deficiencies - Plan of Correction

Recertification Visit – 11-25 & 26-19
Statement of Deficiencies – 12-20-19
Plan of Correction – 12-26-19

481-69.22(2) Evaluation of Tenant – Tenants shall receive a functional, cognitive and health status evaluation within 30 days of a tenant's occupancy and as needed with significant change, but not less than annually.

Plan of Correction: Nursing staff of service provider has been oriented to and trained regarding the ALF requirement for performing a functional, cognitive and health status evaluation within 30 days of occupancy and upon significant change in condition and not less than annually. Date of compliance will be December 30, 2019. In order to avoid recurrence, for 90 days, the ALF service plans of all new Rose tenants will be audited to assure compliance with the 30-day post occupancy evaluation requirement. For the same 90 days, if an incident report is filed for a tenant which report would suggest the appropriateness of an ALF change of condition evaluation, upon the first such incident report, the circumstances will reviewed to determine whether a change of condition evaluation is appropriate and if so, the service provider will confirm that it was completed and reflected in the plan of care if appropriate. Compliance threshold is 100%.

481-69.26(1) Service Plans – A service plan shall be developed based upon the post-occupancy evaluation and updated at least annually or upon significant change.

Plan of Correction: Nursing staff of service provider has been oriented to and trained regarding the ALF requirement for developing a service plan for each tenant who received a 30-day post-occupancy evaluation and thereafter annually or upon significant change in condition. Date of compliance will be December 30, 2019. In order to avoid recurrence, for 90 days, the ALF service plans of all new occupants will be audited to assure compliance with the 30-day post occupancy service plan review requirement and the associated development of an individualized service plan. For the same 90 days, if an incident report is filed for a tenant and a change of condition evaluation occurs, the service provider will confirm that the service plan reflected the evaluation and any appropriated change in the service plan. Compliance threshold is 100%.

481-69.26(4) Service Plans – A service plan must be individualized and among other things, identify the tenant's needs and preferences for assistance – service plan documentation must reflect circumstances, including any pending Managed Risk Agreement, conformance with Agreement and implementation of interventions, if appropriate.

Plan of Correction: Nursing staff of service provider has been oriented and trained regarding the ALF requirement for properly managing the tenant's service plan, including incorporated managed risk plans. This management must include monitoring a tenant's circumstances, compliance with parameters of a managed risk plan, coordination with interdisciplinary team members and implementation of interventions, all of which must be documented in the service plan. Appropriate use of the clinical note for documentation in Netsmart, the clinical software, was reviewed. Date of compliance will be December 30, 2019. To avoid recurrence, an inventory of all tenants with managed risk plans and/or uncontrolled

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incontinence issues will be compiled and all associated service plans will be audited for status. Thereafter, for 90 days, one such service plan or 25% of all plans, whichever is greater, will be audited every 30 days for status of compliance with the terms of the managed risk plan or status of uncontrolled incontinence. Appropriate documentation must be present to reflect circumstances (e.g. clinical notes or other), including compliance and additional interventions, if appropriate.

The specific circumstances of Tenant # 1 were reviewed. We were told by OT that Tenant # 1 did complete the reduction of incontinence program and did experience some improvement. Tenant # 1 is being seen daily for housekeeping purposes and her soiled Depends are being removed from the apartment. The facility maintenance and leasing personnel are being enlisted to explore options with Tenants # 1 for cleaning the carpet and the soiled furniture or removing same.

481-69.27(1) c Nurse Review – a nurse review must be performed as required: if tenant does not receive health-related care, a nurse review shall be completed upon change in condition. If tenant receives health-related care, nurse review shall be completed at least every 90 days or upon significant change in condition, including review of any pending Managed Risk Agreement, conformance with Agreement and implementation of interventions, if appropriate.

Plan of Correction: Nursing staff of service provider has been oriented and trained regarding the ALF requirement for being circumspect of tenant's circumstances upon nursing visit, including recertification and routine visits, which entails properly managing the tenant's service plan, including incorporated managed risk plans. Nurse reviews must entail consideration of tenant's circumstances, compliance with parameters of a managed risk plan, coordination with interdisciplinary team members and implementation of interventions, all of which must be documented in the service plan. Appropriate use of the clinical note for documentation in Netsmart, the clinical software, was reviewed. Date of compliance will be December 30, 2019. To avoid recurrence, an inventory of all tenants with managed risk plans and/or uncontrolled incontinence issues will be compiled and all associated service plans will be audited for status. Thereafter, for 90 days, one such service plan or 25% of all such plans, whichever is greater, will be audited every 30 days for status of compliance with the terms of the managed risk plan or status of uncontrolled incontinence. Appropriate documentation must be present to reflect circumstances (e.g. clinical notes or other), including compliance and additional interventions, if appropriate.

The specific circumstances of Tenant # 1 were reviewed. We were told by OT that Tenant # 1 did complete the reduction of incontinence program and did experience some improvement. Tenant # 1 is being seen daily for housekeeping purposes and her soiled Depends are being removed from the apartment. The facility maintenance and leasing personnel are being enlisted to explore options with Tenants # 1 for cleaning the carpet and the soiled furniture or removing same.