IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

August 4, 2015

Ms. Kelly Moore, Administrator
Rowley Masonic AL Community
1300 28th Street
Perry, IA 50220

RE: Final Initial Certification Monitoring Evaluation Report – Rowley Masonic AL Community, Perry, IA

Dear Ms. Moore:

Enclosed is the **Final Initial Certification Monitoring Evaluation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C and Iowa Administrative Code (IAC) chapters 481—67 and 481—69, following a survey by DIA on **July 28, 2015.** The Report notes Regulatory Insufficiencies in the area(s) of: Evaluation of Tenant, Food Service, Life Safety and Transportation.

Each Regulatory Insufficiency requires that the Program submit a written Plan of Correction (POC).

In preparing the POC, please use the tenant identifiers from the Report, i.e. Tenant #1, when reference is made to specific tenants. If your response includes a specific tenant's assessment or service plan, it is the Program's responsibility to conceal the tenant's name in order to maintain the tenant's anonymity. Your response shall include the following:

1. Elements detailing how the Program will correct each regulatory insufficiency.
2. What measures will be taken to ensure the problem does not recur.
3. How the Program plans to monitor performance to ensure compliance.
4. The date by which the regulatory insufficiency will be corrected.

Please note that all regulatory insufficiencies must be **corrected within 30 days of the date of the exit conference**; however, there may be situations where the timeframe may be shortened or lengthened, at the discretion of the department.

The POC must be submitted/emailed to DIA to my attention within ten (10) working days of receipt of this letter. It may be necessary for DIA to revisit the Program to confirm progress in fulfilling the POC's corrective measures.

As provided by IAC rule 481-67.14, you are afforded one opportunity to refute cited regulatory insufficiencies through the informal conference process. A request for an informal conference or a contested case hearing must be made within 20 working days of the notice or service of this letter and the final report. Please refer to rule 67.14 for more information.

If you have any questions in regard to this report, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**.

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

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
	S0346	A. BUILDING: _____ B. WING _____	07/28/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROWLEY MASONIC AL COMMUNITY	1300 28TH STREET PERRY, IA 50220

(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	481-67 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. Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 2 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 4 TOTAL census of Assisted Living Program: 4 The following regulatory insufficiencies were cited during the initial certification conducted to determine compliance with certification for 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		

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A 037	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on record review and interview, evaluations were not completed with changes of condition. 1. Tenant #1, a 94 year-old, was admitted on 2-20-15 and had diagnoses of: hypertension, and thyroid disease. Progress notes dated 2-22-15 documented Tenant #1 went to the emergency room with coarse lung sounds and audible wheezing. Tenant #1 had a harsh cough. Tenant #1 was discharged from the emergency room on the same day and admitted to an intermediate care facility. Tenant #1 was diagnosed with acute bronchitis. Tenant #1 returned to the Program on 3-17-15 from the care facility. Evaluations were not completed with a change of condition to determine continued eligibility for the Program and determine any changes to services needed. 2. Tenant #3, a 78 year-old, was admitted on 2-11-15 and had diagnoses of: end-stage renal disease, cerebrovascular disease, anemia, and prostate cancer. The service plan with a signature date of 3-3-15 and current at the time of the onsite investigation documented Tenant #3 was independent with activities of daily living, including transfers. On 7-28-15 at 10:00 a.m. the Registered Nurse (RN) was interviewed and stated Tenant #3 had been on dialysis for kidney disease and decided to stop dialysis "last week." The RN reported Tenant #3 would have only a short time to live	A 037		

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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 prior to handling food and shall have annual in-service training on food protection. This REQUIREMENT is not met as evidenced by: Based on staff file review, observation, and interview, personnel responsible for food service did not have an orientation on safe food handling prior to handling food. 1. Staff A, a home health aide (HHA), was hired 3-16-15. Training files lacked documentation of	A 104		

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A 104	Continued From page 3 . the completion of an orientation on food handling. 2. Staff B, a HHA, was hired 5-18-15. Training files lacked documentation of the completion of an orientation on food handling. 3. Staff C, a HHA, was hired 6-11-15. Training files lacked documentation of the completion of an orientation on food handling. On 7-28-15 at 12:10 p.m. Staff A was observed serving food to assisted living tenants in the dining room. On 7-28-15 at 9:10 a.m. the Registered Nurse stated all staff assist in serving food.	A 104		
A 140	481-69.32(3) Life Safety 481-69.32(231C) Life safety-emergency policies and procedures and structural safety requirements. 69.32(3) The program ' s structure and procedures and the facility in which a program is located shall meet the requirements adopted for assisted living programs in administrative rules promulgated by the state fire marshal. Approval of the state fire marshal indicating that the building is in compliance with these requirements is necessary for certification of a program. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the Program had an exit door that was locked and could not be opened. The door did not meet state fire marshall rules.	A 140		

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A 140	Continued From page 4 1. On 7-28-15 at 12:25 p.m. the monitor toured the Program with the Registered Nurse (RN). The monitor was at the distal end of the "E" hallway. The door was labeled as having a 15-second delayed egress. The signage above the door had a lighted sign, "exit." According to the evacuation plan posted at the main entrance to the Program, the door was identified as an exit door. The door went directly outside and to the parking lot. The RN pushed on the door for 15 seconds and the door did not release. The RN stated the door had been locked so that a tenant who resided near the door could not get out. The RN stated the door would release when the fire alarms went off. The RN reported the door had been locked after a visit was completed by the state fire marshall's office. At 3:40 p.m. the RN added the door had been locked because the wind was causing the door to open.	A 140		
A 144	481-69.33(3) Transportation 481-69.33(231C) Transportation. When transportation services are provided directly or under contract with the program: 69.33(3) Vehicles shall have adequate seat belts and securing devices for ambulatory and wheelchair-using passengers. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the bus used to provide transportation to tenants did not have	A 144		

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A 144	Continued From page 5 seat belts. 1. On 7-28-15 the monitor asked the Program to allow access to the vehicle used to transport assisted living tenants. In the presence of Staff D, transportation staff, the bus was observed. The bus was observed to have capacity for up to 18 passenger seats. There were no seat belts observed with the passenger seats. In an interview with Staff D, he confirmed there were no seat belts for the seats.	A 144		
A 147	481-69.33(6) Transportation 481-69.33(231C) Transportation. When transportation services are provided directly or under contract with the program: 69.33(6) The driver shall have a valid and appropriate Iowa driver ' s license or commercial driver ' s license as required by law for the vehicle being utilized for transport. If the driver is licensed in another state, the license shall be valid and appropriate for the vehicle being utilized for transport. The driver shall meet any state or federal requirements for licensure or certification for the vehicle operated. This REQUIREMENT is not met as evidenced by: Based on a review of driver's licenses and a review of state requirements for licensure, drivers did not meet state requirements for licensure. The Program was asked to provide copies of drivers licenses for those persons who used a Program vehicle to transport assisted living tenants. The Program provided the following:	A 147		

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A 147	Continued From page 6 1. Staff E had a commercial driver's license (CDL) Class A. There was no passenger endorsement for a vehicle with more than 16 seats. In an interview with the Registered Nurse on 7-28-15 at 9:30 a.m. she stated Staff E drove the bus, observed to have 18 seats. 2. Staff F had a Class C non-commercial driver's license. Staff F did not have at a minimum a Class D-3 chauffeurs license for a person who was paid or compensated to operate a vehicle. A review of the Iowa Department of Transportation booklet entitled "Iowa Truck Information Guide" July 2014-July 2015 revealed a minimum of a chauffeurs license, Class D-3 was required for persons who transport other persons for wages, compensation, or hire. The booklet went on to state CDL's needed a passenger endorsement when using vehicles with 16 or more seats.	A 147		

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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	**A037** **Tenant # 1 evaluation was completed on 4/13/15.** **Tenant # 3 was evaluated on 6/29/15 for the significant changes that were occurring.** **Tenant # 3 passed away 8/2/15.** **For both tenants and all others, an evaluation will be completed as indicated for significant changes to determine continued eligibility for the Program by the Program Director or her designee that is qualified to complete an evaluation.** **The program director will monitor using the QA process and revise policy regarding tenant evaluations.**	

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A 140	481-69.32(3) Life Safety 481-69.32(231C) Life safety-emergency policies and procedures and structural safety requirements. 69.32(3) The program ' s structure and procedures and the facility in which a program is located shall meet the requirements adopted for assisted living programs in administrative rules promulgated by the state fire marshal. Approval of the state fire marshal indicating that the building is in compliance with these requirements is necessary for certification of a program. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the Program had an exit door that was locked and could not be opened. The door did not meet state fire marshall rules.	A 140	A140 The company that installed the door and call systems were notified and the door was reset. The system is set to have all doors unlocked unless a tenant with a wander bracelet goes near the door. The door will then lock down. It will open after 15 seconds by pushing on the door. Continued compliance will be met by staff checking and documenting door checks each shift to insure proper operation. The program Director will report compliance at QA Committee meetings monthly.	

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A 144	481-69.33(3) Transportation 481-69.33(231C) Transportation. When transportation services are provided directly or under contract with the program: 69.33(3) Vehicles shall have adequate seat belts and securing devices for ambulatory and wheelchair-using passengers. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the bus used to provide transportation to tenants did not have	A 144	**A144** **QA committee will research the feasibility of retrofitting the current bus or trade the bus if necessary within next 90 days. Until this is accomplished the tenants in this program will only be transported in the facility vans that have seat belts to secure them, until such time as the bus can be retrofitted with seat belts.**	

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A 144	Continued From page 5 seat belts. 1. On 7-28-15 the monitor asked the Program to allow access to the vehicle used to transport assisted living tenants. In the presence of Staff D, transportation staff, the bus was observed. The bus was observed to have capacity for up to 18 passenger-seats. There were no seat belts observed with the passenger seats. In an interview with Staff D, he confirmed there were no seat belts for the seats.	A 144		
A 147	481-69.33(6) Transportation 481-69.33(231C) Transportation. When transportation services are provided directly or under contract with the program: 69.33(6) The driver shall have a valid and appropriate Iowa driver ' s license or commercial driver ' s license as required by law for the vehicle being utilized for transport. If the driver is licensed in another state, the license shall be valid and appropriate for the vehicle being utilized for transport. The driver shall meet any state or federal requirements for licensure or certification for the vehicle operated. This REQUIREMENT is not met as evidenced by: Based on a review of driver's licenses and a review of state requirements for licensure, drivers did not meet state requirements for licensure. The Program was asked to provide copies of drivers licenses for those persons who used a Program vehicle to transport assisted living tenants. The Program provided the following:	A 147	**A147** **Staff E & F will obtain the correct licenses by 8/30/15 or not be allowed to transport tenants in the program.** **Both of these staff members do not routinely drive tenants in the course of their normal work duties. They drive relief only.** **Copies of staff drivers licenses will be obtained upon hire and reviewed yearly to insure ongoing compliance by facility administrator and documented and reported to the QA committee.**	

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
	S0346	A. BUILDING: _____ B. WING _____	07/28/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROWLEY MASONIC AL COMMUNITY	1300 28TH STREET PERRY, IA 50220

(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 147	Continued From page 6 1. Staff E had a commercial driver's license (CDL) Class A. There was no passenger endorsement for a vehicle with more than 16 seats. In an interview with the Registered Nurse on 7-28-15 at 9:30 a.m. she stated Staff E drove the bus, observed to have 18 seats. 2. Staff F had a Class C non-commercial driver's license. Staff F did not have at a minimum a Class D-3 chauffeurs license for a person who was paid or compensated to operate a vehicle. A review of the Iowa Department of Transportation booklet entitled "Iowa Truck Information Guide" July 2014-July 2015 revealed a minimum of a chauffeurs license, Class D-3 was required for persons who transport other persons for wages, compensation, or hire. The booklet went on to state CDL's needed a passenger endorsement when using vehicles with 16 or more seats.	A 147		