

RETURN RECEIPT

E-MAIL TRANSMISSION TO: rpeterson@mercydesmoines.org

January 17, 2024

Rebecca Peterson, Director
MercyOne House of Mercy
1409 Clark Street
Des Moines, Iowa 50314

RE: Complaint Investigation BH-1232-012023

Dear Ms. Peterson;

Enclosed please find a copy of the Complaint Investigation Report that was the result of investigation by the Division. This report and its findings will be presented during the Substance Abuse and Program Gambling Treatment Program Committee meeting on Thursday, February 8, 2024 at 9:00 a.m. The meeting will be held via teleconference. Program representation is welcomed but not required.

The call-in information for the electronic meeting is:

February 8, 2024, 9:00 am call in:

Phone number: 1 669 254 5252

Meeting ID: 160 962 8797

Passcode: 849217

Should you have any questions, please feel free to contact me at Lori.A.Hancock-Muck@hhs.iowa.gov or at (515) 204-9766.

Sincerely,



Lori Hancock-Muck
Health Facilities Officer
Division of Behavioral Health

IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF BEHAVIORAL HEALTH

COMPLAINT INVESTIGATION REPORT

PROGRAM: House of Mercy
1409 Clark Street
Des Moines, 50314

LICENSED SERVICES: Adult Levels 1, 2.1, 3.1, 3.5, and Juvenile Level 1
Substance Use Disorder and Problem Gambling
Treatment Services

COMPLAINT #: **BH-1232-012023**

INVESTIGATORS: Lori Hancock-Muck, Division of Behavioral Health
Amanda McCurley, Division of Behavioral Health

DATE OF COMPLAINT: January 20, 2023

INVESTIGATION TIMELINE: January 20, 2023 – December 29, 2023

DATE OF REPORT: January 3, 2024

SUMMARY FINDINGS:

Allegation #1: **UNSUBSTANTIATED**
Infestations with roaches, mice, bed bugs, and mold.

Allegation #2: **UNSUBSTANTIATED**
Food is not properly being maintained or stored, creating spoiled and molded food.

Allegation #3: **UNSUBSTANTIATED**
Food restrictions.

Allegation #4: **UNSUBSTANTIATED**
Patient grievances are not being addressed.

NATURE OF COMPLAINT:

On January 20, 2023, the Iowa Department of Health and Human Services (Department) received a complaint from several patients, receiving licensed substance use disorder treatment services from House of Mercy (HOM). The complainants reported the following allegations:

- Infestations with roaches, mice, bed bugs, and mold.
 - It was reported that while conducting routine cleaning chores, patients found cockroaches throughout the facility. Cockroaches were reported to

be in trash can areas, living quarters, in dishware, and throughout the dining hall. It was also reported that many patients and their children have bed bug bites and the complainants submitted several pictures depicting marks found on their children. Complainants reported being instructed by staff to “catch any bugs they find, kill them, and stick them to a piece of paper to give to a maintenance staff person.” In addition to rodents and bed bugs, it was reported that there is also mold in the facility. Complainants reported the kitchen has significant flooding during rainstorms, creating mold in the kitchen from the water damage along with finding mold in rooms. It was reported that staff have painted over the mold in an attempt to hide it.

- Food is not properly being maintained or stored, creating spoiled and molded food.
 - It was reported that food, such as milk, is being kept out at room temperature and being restored in the refrigerator, resulting in spoiled milk being served to patients and their young children. It was also reported that moldy food, such as spaghetti and lunchmeat, have been served to patients and children.
- Food restrictions
 - It was reported that although three meals are being served daily, the patients are not allowed access to any food unless they want to use their own money to purchase snacks from the facility vending machine. One complainant reported she does not have cash to be able to make vending machine purchases. Complainants stated that refrigerators remain locked during the day, and patients are unable to obtain snacks or drinks outside of meal times. It was reported that limiting access to food has been extremely difficult, especially for those with children. It was reported that although the patients’ food stamp money (reported at \$180/patient) is being utilized by HOM, the facility will not allow patients to maintain or access their own food. It was also reported that there are no food choices and alternative choices for food, such as salads, being provided during meals.
- Patient grievances are not being addressed.
 - It was reported that “at least 15 work orders” have been submitted about the vermin in the facility from September 2022 to January 2023. It has been reported that a “guy with a sprayer” was seen in the building once but that the issue remains unresolved. One complainant reported not knowing the process for filing grievances and was told by staff to submit her concerns to the executive director (Rebecca Peterson). The complainant reported doing so, but that there has been no follow up since the complaints were submitted.

Based on the review of the allegations, it was determined that investigators would conduct an unannounced site inspection at the facility.

INVESTIGATION AND FINDINGS:

Investigators conducted an unannounced site inspection on January 24, 2023. Immediately upon arrival, investigators met with leadership staff (staff), to include HOM’s executive director, Rebecca Peterson. Investigators met with staff to provide an overall of the

allegations contained in the complaint and also provided staff with an opportunity to provide a response to the allegations. The following is a summary of the investigative on-site findings and the staff response to the allegations.

- *Infestations with roaches, mice, bed bugs, and mold.*

Investigators conducted a walkthrough of the facility and specifically looked at areas where patients reported the rodents could be found. Investigators found no evidence of rodents or other pests. Staff reported the facility receives monthly, and as needed, professional pest control services. Staff reported not being aware of any recent patient concerns involving an infestation, aside from a recent bed bug incident, where staff reported a patient attempted to resolve the issue on her own and was unsuccessful. Staff reported, that once they were made aware of the situation, the professional pest control company came to the facility and provided the necessary services to include treating the patient's room, washing all linens, and closing off the room for 7 hours during the treatment. An additional follow up service was provided by the pest company and there were no further findings of bed bugs. Investigators were provided with recent pest service receipts and service details. The documents contained numerous pest control services dates along with several inspections, treatments and/or follow ups for bed bugs. Staff also reported that HOM contracts with a service for mold inspections. It was reported that an inspection is conducted annually. Staff reported they are aware of mildew in the facility but black mold has not been a finding during their most recent annual safety walkthrough, which is conducted by a professional company. During the facility walkthrough, investigators did see what appeared to be dark water spots on the ceilings and pipes in certain parts of the building. Staff reported that the company, who inspected the facility, reported these areas were not found to contain black mold. Staff provided investigators with the receipts noting the completion of the work orders, completed by a full-service mechanical, electrical, sheet metal, and service contractor.

- *Food is not properly being maintained or stored, creating spoiled and molded food.*

During the walkthrough of the facility, investigators inspected the kitchen area and other food storage areas. Investigators found no evidence of expired or spoiled food, and food storage appeared to be appropriately maintained, with the exception of one area that investigators specifically requested to inspect as patients had sent investigators pictures of this particular area. The area, known as E3rd Kitchen, was a common area located on one of the patient floors. This small kitchen was unlocked and the executive director stated patients were not allowed to have access to the area and seemed surprised that the door was open. In the kitchen, investigators looked inside the community refrigerator. It was extremely unkept and clearly had not been cleaned for quite some time. This room was also the same area that complainants had sent pictures of water damage on the ceiling. Water damage was observed on the ceiling but did not look concerning to investigators. Upon investigators exiting the area, the executive director closed and locked the door closing off access to the area. Following the site inspection, investigators conducted phone interviews with several HOM kitchen staff. None of the staff interviewed reported seeing cockroaches or other insects/rodents in the kitchen area or any other areas at HOM. None of the staff interviewed had any concerns with food safety issues (mold issues, food safety, quality of food served, etc.).

- *Food restrictions.*

Staff reported that meals are served three times a day and snacks are available in common areas and upon request. It was reported that grab-and-go sack lunches are also available to patients and their children in between meals. During the walkthrough of the facility, investigators saw fresh fruit, bottled water, individually packaged dry cereal cups, refrigerated milk cartons, etc. in minifridges located in the Resident Assistant offices. There were also vending machines available but staff reported that patients are to use their own money to purchase these additional items. It was also reported by staff that food is not allowed in the patient room due to past housekeeping concerns. Following the site inspection, investigators conducted phone interviews with several HOM kitchen staff. All staff interviewed reported a salad bar is available for lunch from 11:30 am -12:30 pm every day including weekends. One kitchen staff reported that there were concerns with patients who were taking food out of the dining area and saving food in their individual rooms. The staff mentioned there are no refrigerators in the individual rooms and patients taking food to their room has been concerning in regards to food safety. The staff member mentioned that the to-go boxes were taken away to prevent patients from taking food up to their rooms, but now patients use paper plates to take food back to rooms.

- *Patient grievances are not being addressed.*

Upon request, staff provided investigators with complaints, which were handwritten by patients. Staff notes were also handwritten on the bottom of each complaint with staff follow up noting the resolutions for each complaint. Several of the complaints included specific resolutions notes by HOM's executive director.

POST INSPECTION:

Following the on-site inspection, HOM forwarded an email to investigators that had been sent by administrators to all HOM staff informing staff of the following process changes:

1. Notification of a process change with complaint forms and that a complaint box had been ordered for both residential and outpatient. It was noted that instead of patient's filing complaints on a blank piece of paper and submitted it to the director or manager, the client would now use a standard form to submit their complaints to either the director, manager, or use a complaint box to submit it anonymously.
2. Notification that effective immediately, the E3rd kitchen would be closed and locked at all times. It was further noted that a roofing company was trying to trace and repair the roof leaks that have affected that area and that the area would be locked with a closed sign on the door.

CONCLUSIONS:

Allegation #1:

UNSUBSTANTIATED

Infestations with roaches, mice, bed bugs, and mold.

641 IAC 155.10(1)d.(3) Violation of the following grounds for discipline: Failure to comply with licensure, inspection, health, fire, occupancy, safety, sanitation, zoning, or building codes or regulations required by federal, state or local law.

641 IAC 155.21(21) Facility safety and cleanliness. The program's policies and procedures shall ensure that program physical facilities are clean, well-ventilated,

heated, free from vermin, and appropriately furnished and are designed, constructed, equipped, and maintained in a manner that provides for the physical safety of patients, concerned persons, visitors and staff.

641 IAC 155.22(1) Health and fire safety inspections. Inpatient and residential programs shall comply with applicable department of inspections and appeals rules; state fire marshal's rules and fire ordinances; and applicable local health, fire, occupancy, and safety regulations. The program shall maintain documentation of such compliance.

641 IAC 155.23(7) Facility. Inpatient and residential program facilities shall be appropriate for 24-hour occupancy.

The allegation that HOM had infestations with roaches, mice, bed bugs, and mold was found to be unsubstantiated. It was determined that appropriate actions were taken by HOM to treat the bedbug infestation. HOM was able to provide evidence that pest control services and other safety contracting company services were utilized throughout the year to address possible facility safety concerns.

Allegation #2:

UNSUBSTANTIATED

Food is not properly being maintained or stored, creating spoiled and molded food.

641 IAC 155.10(1)d.(3) Violation of the following grounds for discipline: Failure to comply with licensure, inspection, health, fire, occupancy, safety, sanitation, zoning, or building codes or regulations required by federal, state or local law.

641 IAC 155.21(21) Facility safety and cleanliness. The program's policies and procedures shall ensure that program physical facilities are clean, well-ventilated, heated, free from vermin, and appropriately furnished and are designed, constructed, equipped, and maintained in a manner that provides for the physical safety of patients, concerned persons, visitors and staff.

The allegation food is not properly being maintained or stored, creating spoiled and molded food was found to be unsubstantiated. Investigators found no issues during the walkthrough inspection of the facility, aside from a common area refrigerator that was not intended for patient access. The additional policy changes that HOM submitted post inspection appear to address this issue as administrators had sent an email communication to all staff that the area is closed and to be locked at all times. Interviews with kitchen staff also found no concerns reported aside from patients breaking facility rules by taking food back to their rooms. It is suggested that HOM continue to monitor patient adherence with this program rule.

Allegation #3:

UNSUBSTANTIATED

Food restrictions.

155.23(2) Meals. Inpatient and residential programs shall provide a minimum of three meals per day to each patient. A program where patients are not present during mealtime shall make provisions to make available the necessary meals. Menus shall be prepared in consultation with a dietitian. If patients are allowed to prepare meals, the

program shall document conformity with all commonly accepted policies and procedures of state health rules and regulations and food hygiene.

The allegation that food is being restricted was found to be unsubstantiated. A walkthrough of the facility found patients had access to snacks in-between meals. Investigators found evidence that a variety of food and beverage choices were being made available to patients and their children throughout the day. There were also vending machines available for patients to purchase additional snack items.

Allegation #4:

UNSUBSTANTIATED

Patient grievances are not being addressed.

641 IAC 155.21(22) Therapeutic environment. The program's policies and procedures shall provide for the establishment of an environment that preserves human dignity. Program facilities shall have adequate space for the program to provide licensed program services.

d. The program's policies and procedures shall include:

(5) Patient communication, opinions, or grievances, with a mechanism for redress.

The allegation that patient grievances are not being addressed was found to be unsubstantiated. Investigators were provided with documentation showing evidence that patients were able to submit handwritten complaints and redress was identified on each complaint. The additional policy changes that HOM submitted post inspection appear to simplify the complaint process and will allow for additional patient anonymity.

PROGRAM RESPONSE:

House of Mercy did not submit a program response.

RECOMMENDATIONS:

Based on the unsubstantiated allegations above, the Division recommends that the Iowa Council of Health and Human Services Substance Abuse and Problem Gambling Treatment Program Committee accept the Division's report with closure of the complaint as the determined action.