IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

November 19, 2008

Mary Eulberg, Administrator
Tower Living Center
103 Centre St.
Garnavillo, IA 52049

RE: Recertification Monitoring Evaluation Report, Tower Living Center, Garnavillo, IA

Dear Ms. Eulberg:

The Department of Inspections and Appeals (DIA) has completed the review of your Plan of Correction (POC) in response to the **Recertification Monitoring Evaluation Report.** Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiency, DIA accepts your POC.

The recertification process entails other requirements that are not yet completed. Upon receipt of the State Fire Marshall's final approval your standard certificate will be issued.

If you have any questions regarding this certification, please contact me at 515-281-4116.

Sincerely,

Chris Nothaft
Certification Coordinator – Eastern Iowa
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Recertification Monitoring Evaluation Report

Assisted Living Program:

Mary Eulberg, Administrator
Tower Living Center
103 Centre St.
Garnavillo, IA 52049

Date of Monitoring Visit:

November 6, 2008

Monitor(s):

Lincoln Newsom, RN

Definitions:

The following definitions are relevant:

Regulatory Insufficiency - A violation of a statutory or rule provision within the Iowa Code or Iowa Administrative Code (IAC) governing assisted living programs. A regulatory insufficiency requires a plan of correction to be presented to, and approved by, the Department of Inspections and Appeals (DIA).

Plan of Correction - A written response to one or more regulatory insufficiencies that are rule violations [321 IAC 25.8(3)]. The plan should identify how, and by a specific date, an insufficiency will be corrected. The plan is due to DIA within ten (10) working days of the program's receipt of a Recertification Monitoring Evaluation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Dementia-specific assisted living program - An assisted living program certified under this chapter that either serves five or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

An on-site monitoring evaluation was conducted at Tower Living Center on November 6, 2008. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – A program that is not a Dementia Specific program, but may have tenants with cognitive disorder.

Current number of tenants without cognitive disorder:	4
Current number of tenants with cognitive disorder:	0
Total Population:	4

Dementia Specific Program (DSP)* – Not applicable.

***These are the census numbers represented by the program to be applicable.**

Tenant/Family Satisfaction Results – A community meeting was held with three tenants. Tenants state the program is a good place to live and it is the next best place to home. Staff couldn't get any better and the food is good, with hot food being served hot and cold food being served cold. The Administrator does not need to make any changes. Tenants state there are enough activities, they all feel safe and they are getting what they are paying for. Tenants state they make their own daily decisions. In the event of an emergency, all tenants have a personal call pendant. Tenants state the call pendants had not been working the best over the past week or two, but they are getting their needs meet and the program is replacing the current system. All tenants state they would recommend this program to friends and family.

In a private family interview, a family member stated the building and grounds are well kept, their family member's privacy is respected and the family member had never heard of a complaint related to food. Visitors are treated well, and there are enough activities. Staff takes good care of his family member; he has no concerns with safety and believes tenants are getting what they are paying for. He states on a scale of one to ten, the program is a ten.

Program History – There are no substantiated Regulatory Insufficiencies this certification period.

On-Site Monitoring Evaluation – The monitor(s) made the observations detailed in the following areas.

A. Food Service – Program shall provide or coordinate with other community providers to provide hot or other appropriate meal(s) at least once a day or make arrangements for the availability of meals. Menus shall be appropriately planned. If applicable, therapeutic diets shall meet all requirements. Food preparation personnel shall meet all requirements. [321 IAC 25.32]

Monitoring Observation: The program provided hand written menus that were not developed by a registered dietician. In an interview with the Administrator, she stated she does not have a dietician provide menu oversight.

- Regulatory Insufficiency: The program did not provide menus planned to provide the following percentage of the daily recommended dietary allowances as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences based on the number of meals provided by the program:
  a. A minimum of 33 1/3 percent if the program provides one meal per day;
  b. A minimum of 66 2/3 percent if the program provides two meals per day; and
  c. One hundred percent if the program provides three meals per day. (25.32(3))

Dated this 19th day of November, 2008.