IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

November 24, 2008

Mary Eulberg, Administrator
River Living Center
831 S Hwy 52
Guttenberg, IA 52052-9018

RE: I. Final Initial Monitoring Evaluation Report
II. Civil Penalty
III. Hearings and Appeals
IV. Conclusion

Dear Ms. Eulberg:

I. Final Initial Monitoring Evaluation Report – River Living Center, Guttenberg, IA

Enclosed is the **Final Initial Monitoring Evaluation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code section 231C.7 (2007) and Iowa Administrative Code, chapters 321—25, pertaining to assisted living programs and 321—26, pertaining to monitoring, civil penalties and complaints regarding assisted living programs. The Final Report notes **Regulatory Insufficiencies,** as defined in the areas of Food Service and Record Checks.

DIA is accepting your Plan of Correction (POC).

II. Civil Penalty

If no appeal is requested within 30 days of receipt of this Final Initial Monitoring Evaluation Report the civil penalty obligation, in the amount of five hundred ($500.00) dollars, is required.

IV. Hearings/Appeals

The Program may appeal the DIA decision in accordance to 321 IAC 26.4, within 30 days of notice, by submitting a request for appeal to the DIA. Hearings will be held pursuant to 481

IAC Chapter 10. If the program appeals, the civil penalty will be suspended, pending appeal. If the program does not appeal, the fine is due within 30 days of notice.

V. Conclusion

River Living Center is being assessed a $500.00 civil money penalty.

The POC is accepted. DIA may revisit the program to confirm compliance in fulfilling the POC's corrective measures. If the program wishes to appeal or request a hearing on the final findings, the program may do so within 30 days of this letter.

If you have any questions in regard to these matters, please contact me at (515) 281-5077.

Sincerely,

Rose Boucher for

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Mary Eulberg, Administrator
River Living Center
831 S Hwy 52
Guttenberg, IA 52052-9018

Date of Monitoring Visit:

November 7, 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 River Living Center on November 7, 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:	5
Current number of tenants with cognitive disorder:	0
Total Population:	5

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 with four tenants was held. Tenants state the grounds are well kept and one of the tenants enjoys sweeping the walkways to remove the leaves. Staff are good, respectful and helpful. Food quality is good. Tenants do not feel the Administrator needs to make any changes. One tenant would like to see more activities. All tenants state they feel safe in the program and are getting what they pay for. Tenants continue to make their own decisions and in the event of an emergency, all tenants have a personal call pendant. All tenants state they would recommend this program to friends and family.

Program History – There were 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. Staff #2, the owner/operator, stated she does not have a dietician provide menu oversight.

- Regulatory Insufficiency: The program did not have 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))

B. Record Checks – The program conducts applicable employee record checks. [Iowa Code section 135C.33(5)]

Monitoring Observation: Staff #1, was hired by the program on 7-14-08. Staff #1, had previously worked for a local temporary nursing agency while assigned to the program. In an interview with Staff #2, the Administrator, stated she had a copy of Staff #1's criminal and dependant adult background check from the temporary nursing agency, dated 1-8-08. When she hired Staff #1, she used this copy as documentation of completion of the required back ground check. On 10-15-08, the Administrator ran another check and at this time Staff #1's name came up as needing further information. The program did not complete the required paperwork and request approval to hire from the Iowa Department of Human Services. The program did not consistently complete criminal background and dependant adult abuse checks, prior to hire.

- Regulatory Insufficiency: The program did not complete a Department of Public Safety, criminal history and Department of Human Services, dependant adult abuse check of the potential employee, prior to hire. (135C.33(1))

Dated this 24th day of November, 2008.