IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

May 9, 2011

Mary Eulberg, RN Owner
Tower Living Center
103 Centre Street
Garnavillo, IA 52049

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

Dear Ms. Eulberg:

Enclosed is the **Final Recertification 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.

DIA has completed the review of your Plan of Correction (POC) in response to the Preliminary Recertification Monitoring Evaluation Report. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiencies, DIA accepts your POC. The Final report is enclosed.

The review of the recertification documents you submitted has been completed and the documents are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Enclosed you will find the Assisted Living Program Certificate **S0247** with effective dates of **December 6, 2010** through **December 5, 2012**.

If you have any questions in regard to this certification, please contact me at 515/281-4116.

Sincerely,

Jim Berkley

Jim Berkley
Program Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Mary Eulberg RN, Owner
Tower Living Center
103 Centre St
Garnavillo, IA 52049

Date of Monitoring Visit:

March 30, 2011

Monitor(s):

Lori Miner, RN BSN

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. IAC r. 481-67.10(5). 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 481 IAC chapter 69 that: serves fewer than fifty-five (55) tenants and has five (5) or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

An on-site monitoring evaluation was conducted at Tower Living Center on March 30, 2011. 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 at the time of the on-site.**

Tenant/Family Satisfaction Results – A meeting was held with three tenants. It was indicated that the apartments, building, and grounds were kept clean. Sidewalks were kept clear during the winter months. Staff were described as very good and treating the tenants well. The tenants indicated it took less than five minutes for staff to respond when called. The food was described as good; the hot foods are hot. A variety of foods was served. There were enough activities offered and no suggestions were made for additional activities. The tenants indicated they made their own decisions. Generally, the tenants were satisfied with the program and would recommend it to others.

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. Tenant Documents

Monitoring Observation: Tenant #1, an 80 year-old, was admitted to the program on 8-10-09 with diagnoses of: Hypertension (HTN), History of Breast Cancer, and Dyslipidemia. The service plan, dated 3-1-11, indicated the tenant's daughter set up medications in a divider and the program stored and gave the divider to the tenant at specified times. A medication pass was observed with Tenant #1. The divider was in a locked cupboard and staff gave the divider to the tenant. After the tenant removed the medication, staff returned the divider to the locked cupboard. Tenant #1's chart was reviewed. The chart contained a discharge instruction sheet dated 3-19-09 that indicated medications and dosages. The discharge instruction sheet was not signed by a physician. There were no physician orders for medications on the chart.

Tenant #2, a 99 year-old, was admitted to the program on 12-4-08 with diagnoses of: Macular Degeneration, Hard of Hearing, and Hypothyroidism. The service plan dated 9-20-10 indicated the program nurse would set up medications and the staff would administer eye drops and remind and hand the tenant the medications. Tenant #2's chart was reviewed. The chart contained a physician order sheet dated 12-3-08. The medications and dosages on the order sheet did not match the medications and dosages listed on the Medication Record for November 2010 to March 2011. There were no current physician orders for medications on the chart.

- Regulatory Insufficiency: Documentation for each tenant shall be maintained by the program and shall include when any personal or health-related care is delegated to the program, the medical information sheet; documentation of health professionals' orders, such as those for treatment, therapy, and medication; and nurses' notes written by exception. (IAC r. 481-69.25(1)(i))

B. Medications

Monitoring Observation: The program provided information that indicated two tenants receive assistance with medications. The medications for Tenant #1 are set up by the tenant's daughter. The service plan for Tenant #2, dated 9-20-10, indicated the program nurse would set up medications and the staff would administer eye drops and remind and hand the tenant the medications. The medication record was reviewed for Tenant #2. A list of eight medications was at the top of the page. The single page contains documentation for the months of November 2010 to March 2011. Each month contains the times of 7 a.m. and 7 p.m. The medication record does not contain documentation that indicated the program nurse set up the medications. The documentation does not indicate which medications were given at 7 a.m. or 7 p.m.

- Regulatory Insufficiency: When medications are administered traditionally by the program the program shall maintain a list of each tenant's medications and document the medications administered. (IAC r. 481-67.5(6)(c))

C. Food Service

Monitoring Observation: A meal was observed. At approximately 11:40 a.m. Staff #1 was observed taking a piece of bread out of the oven. Staff #1 used her bare hand to pick up the bread from the oven tray and put it on a plate for a tenant. At noon, Staff #1 was observed making toast. When the bread popped up, Staff #1 used her bare hand to take the bread from the toaster to the plate. The bread was then secured with a bare hand while peanut butter was spread. The toast was given to a tenant. At approximately 1:40 p.m. Staff #2 was observed using a food processor to chop ham. Staff #2 indicated she was making ham salad using the chopped ham and combining it with mayonnaise. When the lid to the processor was open, ham fell onto the countertop. Staff #2 was observed using a gloved hand to take the ham from the countertop and put it back into the food processor.

Staff #1 was hired 2-23-11. Staff #2 was hired 7-3-06. Staff training dated 3-3-11 indicated dietary issues and safe food handling were part of the inservice. Staff #1 and Staff #2 attended the inservice. There is no documentation to indicate the person identified by the program as having state approved food safety and sanitation training conducted the inservice.

- Regulatory Insufficiency: 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. (IAC r. 481-69.28(5))

D. Record Checks

Monitoring Observation: Staff #1 was hired 2-23-11. Background checks for child abuse, dependent adult abuse, and criminal history were completed on 2-22-11. Documentation indicated a record was found by the Iowa Division of Criminal Investigation. The program did not provide documentation from the Department of Human Services that indicated Staff #1 had been cleared to work at the program.

- Regulatory Insufficiency: Pursuant to Iowa Code section 135C.33, a prospective employee of a program shall have a criminal history check, dependent adult abuse check, and child abuse check performed before the prospective employee begins work. If a prospective employee has a criminal history or an abuse history, the prospective employee shall not be employed by the program unless the department of human services has performed an evaluation and determined that the record does not warrant the employment prohibition. Proof of the preemployment background check shall be maintained in the program's employee file. The program must meet all requirements of Iowa Code section 135C.33 and administrative rules adopted pursuant to Iowa Code section 135C.33. (IAC r. 481-67.9(3))

Dated this 25th day of April, 2011.