IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

November 29, 2012

Ms. Mary Eulberg, Administrator
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, 2012** through **December 5, 2014**.

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, Administrator
Tower Living Center
103 Centre Street
Garnavillo, IA 52049

Date of Monitoring Visit:

October 24, 2012

Monitor(s):

Stephanie Cummins, MA

Definitions: ***The following definitions are relevant:***

Assisted Living Program – A program certified under 481 IAC 69 that provides housing with contracted services to three or more tenants in a physical structure that provides a homelike environment. Services may include but are not limited to health-related care, personal care, and assistance with instrumental activities of daily living. A General Population Program is an Assisted Living Program that is not dementia-specific but may have tenants with cognitive disorder.

Dementia-Specific Assisted Living Program - An assisted living program certified under 481 IAC 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 (GDS), or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the GDS, or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Regulatory Insufficiency - A violation of a statutory or rule provision within the Code of Iowa (2011) or the 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 statutory or rule violations. The plan should identify how and by what date each regulatory insufficiency will be corrected, and what measures will be taken to ensure the problem does not recur. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint/Incident Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Overview: *In preparing this report, the following information was considered:*

Current Program Census

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.

General Population Program	
Number of tenants without cognitive disorder:	4
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	4
TOTAL census of Assisted Living Program	4

Tenant/Family Satisfaction Results – A community meeting was held with four tenants. Housekeeping services were completed to their satisfaction and common areas were kept clean. No improvements were requested. Staff was described as good and treated the tenants well. The tenants received the services requested. They enjoyed the food and there was a variety of items served. The temperature of the food was appropriate and the food was described as good cooking. There were enough activities offered and they enjoyed Bingo, exercises, cards and reading books. The tenants felt safe and made their own decisions. They were satisfied with the Program and would recommend it to others. The tenants said staff listened to their concerns and there were no improvements requested with any aspects of the Program.

Program History – The Program did not receive any regulatory insufficiencies during this certification period.

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

A. Service Plan

Monitoring Observation: Tenant #1, an 84 year old, was admitted on 5-1-10 and had a diagnosis of: Dementia. Nurse's/Staff Notes from 7-9-12 to 7-16-12 indicated Tenant #1 had leg pain, had a hard time bearing weight and use of a wheelchair and difficulty in walking and putting weight on the right foot. The service plan was updated on 7-12-12 and indicated to assist Tenant #1 as needed with transfers and ambulation. The service plan was updated on 7-12-12; however, the nurse review regarding the assistance with ambulation as needed was completed on 7-13-12; after the service plan was updated. The nurse review regarding the assistance with ambulation as needed was not completed prior to the service plan update.

Nurse's Notes dated 7-17-12 indicated the urine test showed Tenant #1 had a Urinary Tract Infection (UTI) and an antibiotic was ordered. On 7-19-12 Tenant #1 was started on the antibiotic three times daily for seven days. A nurse review was completed related to the UTI and start of the antibiotic. The service plan did not reflect the UTI.

A Program document indicated Tenant #1 received assistance with toileting and dressing. The service plan reflected Tenant #1 was independent with dressing and staff was to remind Tenant #1 to change if needed. The service plan reflected staff reminded Tenant #1 to change protective undergarments as needed. The service plan did not reflect the assistance Tenant #1 received regarding dressing and toileting.

Nurse's Notes dated 8-1-12 indicated Tenant #1's doctor suggested support hose and Tenant #1 did not want to wear the hose. Staff would encourage ambulation and to elevate Tenant #1's feet when in a seated position. Nurse's Notes dated 9-18-12 indicated Tenant #1 had 2 plus edema in both lower legs and feet, which the doctor was aware of and recommended to walk more, elevate legs when seated and wear support hose which Tenant #1 refused. The service plan did not reflect Tenant #1's edema, walking and elevation of legs.

Tenant #3, a 71 year old, was admitted on 1-15-12 and diagnoses included: Diabetes, Dementia and Heart Condition. The service plan was updated on 4-4-12 and indicated sores on the chin were healed. A 90 day nurse review was completed on 4-4-12; however, the nurse review did not address the healed chin sores. The 90 day review indicated no changes to the service plan. The service plan was updated regarding the healed chin sores on 4-4-12; however, it was updated without a nurse review that addressed the chin sores.

The medication record for Tenant #3 identified as needed medication including Lorazepam 0.5 milligram (mg) three times daily as needed and Tramadol 50 mg one to two tablets every six hours if needed. The service plan indicated Tenant #3 requested an outside service provider set up medications and staff administered the medications. The service plan did not address the as needed medications and who administered and stored the as needed medications.

Review of tenant files indicated service plans were updated without nurse reviews. The service plans did not identify needs and preferences for assistance.

Regulatory Insufficiency: When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. If a significant change does not exist, the program may after nurse review, add minor discretionary changes to the service plan without a comprehensive evaluation and without obtaining signatures on the service plan. (IAC r. 481-69.26(3)(b))

Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum: The tenant's identified needs and preferences for assistance. (IAC r. 481-69.26(4)(a))

B. Medications

Monitoring Observation: According to the ALP Monitoring Entrance Form, three tenants received assistance with medication administration and one tenant self administered medications. Staff #1 said the Administrator set up Tenant #1's medications in a planner and staff administered the medications.

The medication planner was kept in the medication cupboard in the kitchen and the bulk medications were kept in Tenant #1's apartment. Tenant #2's family member set up medications and staff administered the medications. The planner was kept in the medication cupboard in the kitchen. The family member had the bulk medications. Tenant #3 had medications set up by an outside service provider and staff administered the medications. The bulk medications were kept in Tenant #3's apartment and the medication planner was kept in the medication cupboard.

During the medication pass it was observed the medication cupboard was located in the Program's kitchen and was locked. The bulk medications for Tenants #1 and #3 were not kept locked or in a container not accessible to persons other than employees responsible for the administration or storage of such medications.

Tenant #2, an 81 year old, was admitted on 11-6-07 and diagnoses included: Hypertension, History of Breast Cancer and Dyslipidemia. Staff assisted Tenant #2 with medications, Tenant #2's family member set up medications and staff would administer the medications. At the top of the medication record the medications, dose and times were provided and then staff initialed below on the month and day for a.m. and noon when medications were administered. The medication record indicated Tenant #2 had Fosamax 70 mg 7:00 a.m. weekly on Sunday 20 minutes before breakfast. There was not a separate place on the medication record to document the administration of Fosamax 70 mg 7 a.m. weekly 20 minutes before breakfast.

Staff assisted with Tenant #3's medications, an outside service provider set up Tenant #3's medications and staff administered the medications. According to the medication record Tenant #3 had some medications ordered once daily, one medication twice daily and one medication administered at bedtime. Tenant #3 had Sertraline 100 mg at bedtime and Potassium CL 10 milliequivalents (meq) 2 tablets twice daily. The medication record indicated staff signed off a.m. and p.m. medications. The medication record did not include a time for staff to document the administration of bedtime medication.

The medication records did not identify medication administration times and the documentation of administration of medications if outside of the time perimeters listed on the medication records. The bulk medications were not kept in a locked place or container, not accessible to persons other than employees responsible for the administration or storage of such medications.

Regulatory Insufficiency: When medications are administered traditionally by the program: Medications shall be kept in locked place or container that is not accessible to persons other than employees responsible for the administration or storage of such medications. (IAC r. 481-67.5(6)(b))

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

C. Nurse Review

Monitoring Observation: Tenant #1's file was reviewed. Nurse's Notes dated 7-17-12 indicated the urine test showed Tenant #1 had a UTI and an antibiotic was ordered. On 7-19-12 Tenant #1 was started on the antibiotic three times daily for seven days. A nurse review was completed related to the UTI and start of the antibiotic. A nurse review was not completed when the antibiotic was completed and regarding the status of the UTI. A nurse review was not completed as needed.

Tenant #3's file was reviewed. The service plan was updated on 4-4-12 and indicated sores on the chin were healed. A 90 day nurse review was completed on 4-4-12; however, the 90 day nurse review did not address the healed chin sores. The service plan was updated regarding the healed chin sores on 4-4-12 and a nurse review was completed; however, it did not address the healed chin sores.

Nurse reviews were not completed as needed.

Regulatory Insufficiency: If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via delegation: To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status. (IAC r. 481-69.27(3))

D. Staffing

Monitoring Observation: A total of four staff files (Staff #1, #2, #3 and #4) were reviewed. According to a Program document, Tenant #1 received assistance with dressing and toileting. Nurse delegations were not found for Staff #1, #2, #3 and #4 regarding dressing and toileting. According to a tenant and staff list, Staff #1, #2, #3 and #4, are identified as universal workers and did not have nurse delegation training on dressing and toileting.

Regulatory Insufficiency: Any nursing services shall be provided in accordance with Iowa Code chapter 152 and 655-Chapter 6. (IAC r. 481-67.9(5))