IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
(515) 242-5022 Fax

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER
Complaint Intake #:
53305-C
53773-C
54519-I

August 31, 2015

Ms. Valerie Adams, Executive Director
Sunnybrook of Burlington
5175 West Avenue
Burlington, IA 52601

RE: I. NOTICE OF IMPOSITION OF CIVIL PENALTY – FINAL COMPLAINT/INCIDENT INVESTIGATION REPORT - SUNNYBROOK OF BURLINGTON
II. Reduction of Civil Penalty
III. Sanctions – Conditional Operation
IV. Informal Conference
V. Conclusion

Dear Ms. Adams:

I. Final Complaint/Incident Investigation Report – Sunnybrook of Burlington, Burlington, IA

Enclosed is the **Final Complaint/Incident Investigation Report ("Report")** issued 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, following an investigation by DIA on **August 17 - 20, 2015.** The following allegations were investigated and unsubstantiated in regards to Complaint #53305-C, Complaint #53773-C and Incident #54519-I:

Based on the review of tenant files, review of discharged tenant files, review of incident reports, staff interviews, review of policies and procedures and monitor observations the following was found:

1. Allegation: Nurse Review
   Findings: Not substantiated
   Comments: Review of seven tenant files indicated no concerns with nurse reviews. Nurse reviews were documented as indicated. The Program completed 90 day nurse reviews appropriately.

2. Allegation: Level of Care
   Findings: Not substantiated
   Comments: Staff interviews, review of seven tenant files and tenant observations indicated no concerns with any tenants exceeding level of care for an assisted living program. Staff interviews indicated there had been one tenant who was a two or three person assist for a short period of time but once it was determined the tenant had a fracture and received treatment, the tenant returned to a one person assist. The Executive Director and Health Services Director were interviewed and stated there were no tenants who exceeded level of care or were a routine two person assist.

The complaint allegations were substantiated and the Report notes Regulatory Insufficiencies in the area(s) of: Evaluation of Tenant, Service Plans and Structural Requirements.

Sunnybrook of Burlington ("Program") is being assessed a **$500 civil penalty** pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC 67.17(1)(b).

Pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC rule 67.17(1)(b), a program's continued failure or refusal to comply within a prescribed time frame with regulatory requirements that have a direct relationship to the health, safety, or security of tenants may result in a civil penalty of up to $5,000.

Each Regulatory Insufficiency requires that the Program submit a written Plan of Correction (POC).

In preparing the POC, please use the tenant identifiers from the Report, i.e. Tenant #1, when reference is made to specific tenants. If your response includes a specific tenant's assessment or service plan, it is the Program's responsibility to conceal the tenant's name in order to maintain the tenant's anonymity. Your response shall include the following:

1. Elements detailing how the Program will correct each regulatory insufficiency.
2. What measures will be taken to ensure the problem does not recur.
3. How the Program plans to monitor performance to ensure compliance.
4. The date by which the regulatory insufficiency will be corrected.

Please note that all regulatory insufficiencies must be **corrected within 30 days of the date of the exit conference**; however, there may be situations where the timeframe may be shortened or lengthened, at the discretion of the department.

The POC must be submitted/emailed to DIA to my attention within ten (10) working days of receipt of this letter. It may be necessary for DIA to revisit the Program to confirm progress in fulfilling the POC's corrective measures.

The factors to be considered in determining the amount of a civil penalty are contained within rule 481 IAC 67.17(3) and include:

(1) the frequency and length of time the regulatory insufficiency occurred;
(2) the past history of the program as it relates to the nature of the regulatory insufficiency;
(3) the culpability of the program as it relates to the reasons the regulatory insufficiency occurred;
(4) the extent of any harm to the tenants or the effect on the health, safety, or security of the tenants which resulted from the regulatory insufficiency;
(5) the relationship of the regulatory insufficiency to any other types of regulatory insufficiencies;
(6) the actions of the programs after the occurrence of the regulatory insufficiency;
(7) the accuracy and extent of records kept by the program which relate to the regulatory insufficiency and the availability of such records to DIA;
(8) the rights of tenants to make informed decisions; and
(9) whether the program made a good-faith effort to address a high-risk tenant's specific needs and whether the evidence substantiates this effort.

The determination of a **civil penalty** is based upon repeated Regulatory Insufficiencies in the areas of: Evaluation of Tenant and Service Plans. As the enclosed Report details, the program received regulatory insufficiencies in the areas of Evaluation of Tenant and Service Plan during the recertification visit of December, 2014.

II. Reduction of Civil Penalty

If, within 30 days of the notice or service of this demand letter, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the civil penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to IAC rule 481–67.17(5). If you do not wish to request a formal hearing or wish to withdraw your request for formal hearing, please send a cover letter to the attention of **Rose Boccella** and remit the civil penalty assessed by check or money order to the **State of Iowa** in the amount of **three hundred twenty five dollars ($325)** within 30 days after the notice or service of this demand letter.

III. Sanctions – Conditional Operation

Due to the Program's noncompliance and current Regulatory Insufficiencies, the Program is being issued a Notice of Conditional Certificate and Conditional Certificate effective **August 31, 2015.**

IV. Informal Conference

As provided by IAC rule 481-67.14, you are afforded one opportunity to refute cited regulatory insufficiencies through the informal conference process. A request for an informal conference must be made within 20 working days of the notice or service of this letter and the final report.

V. Conclusion

The Program is being assessed a **$500 civil penalty** pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC 67.17(1)(b). The Program is also being issued a Conditional Certificate effective August 31, 2015.

DIA may revisit the Program to confirm compliance in fulfilling the POC's corrective measures. If the Program wishes to appeal the final findings, the Program may do so as provided in IAC rule 481-67.14.

If you have any questions in regard to this letter and enclosed Report, please contact your Program Coordinator, Rose Boccella, at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**.

Sincerely,

Jim Friberg

Jim Friberg, Bureau Chief
Adult Services Bureau

Enclosure

cc: Jean Herrity, Legal Assistant
Disability Rights Iowa

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0287	A BUILDING: _____ B WING _____	C 08/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNNYBROOK OF BURLINGTON	5175 WEST AVENUE BURLINGTON, IA 52601

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	481-67 Initial Comments 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: 43 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 45 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 2 Number of tenants with cognitive disorder: 12 Total Population of Program at time of on-site: 14 TOTAL census of Assisted Living Program: 59 The following regulatory insufficiencies were cited during the investigation of Complaint #53305-C, Complaint #53773-C and Incident #54519-I.	A 000		
A 037	481-69.22(2) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant ' s functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant ' s continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse	A 037		

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A 037	Continued From page 1 delegation when the tenant has not exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on review of tenant files, functional, cognitive and health evaluations were not completed as needed with significant change. 1. Tenant #1, a 97 year old, was admitted on 1-11-11 and diagnoses included: cardiac dysrhythmia, anxiety, benign prostrate hypertrophy, pacemaker and post traumatic stress disorder Tenant #1 was staged at a four on the Global Deterioration Scale (GDS) which indicated moderate cognitive decline. Tenant #1 transferred to the dementia unit on 7-7-15. According to an Early Warning Tool document dated 7-5-15, Tenant #1 seemed to have a yellowish tinge to skin, especially face. Also has a dozen or more open sores on arms, back and back of neck where Tenant #1 had been digging at self On 8-17-15, Staff A was interviewed and stated Tenant #1 was covered in sores with an odor of rotting flesh. She had reported the skin condition but did not think Tenant #1's physician had been contacted. On 8-19-15, Staff B was interviewed and stated she had not observed Tenant #1 scratching or digging on skin, had asked coworkers if anyone had seen Tenant #1 use anything to scratch back and no one had observed this type of behavior. On 8-19-15 the monitor observed Tenant #1's skin and observed multiple small sores on the upper front chest, upper and middle back area and on both arms. The sores appeared to have bled, having a dark red scab in the center of the sores. No odor was detected. Functional and health evaluations were	A 037		

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A 037	Continued From page 2 completed on 7-8-15 and a cognitive evaluation was completed on 7-10-15. The health evaluation indicated Tenant #1's skin integrity was intact, warm and dry. Physician orders were reviewed from 6-11-15 through 8-18-15 and no correspondence was found regarding Tenant #1's skin issues. Functional, cognitive and health evaluations were not completed as needed with significant change. 2. Tenant #2, an 87 year old, was admitted on 4-9-11 and diagnoses included: hypertension, dementia, renal mass, cerebral vascular accident and frequent urinary tract infections. Tenant #2 was staged at a five on the GDS which indicated moderate severe cognitive decline. According to a service plan dated 6-24-15, Tenant #2's spouse passed away in May 2015. According to a 24 Hour Report log dated 6-5-15, Tenant #2 was "kinda sad" redirected and taken outside. The evening shift documented Tenant #2 still seemed sad, didn't come out for dinner and didn't want anything to eat. On 6-8-15 at 4:40 a.m., Tenant #2 asked where spouse was; at 9:45 p.m. wanted spouse and stated no one was home. On 6-18-15 Tenant #2 had a "rough evening, if asks about spouse we are to state spouse was working in the fields, per Nurse instructions." On 6-19-15 at 9:45 p.m. "had a break down tonight, wants spouse home again." Staff are telling Tenant #2 the spouse was in the field working with son, Tenant #2 doesn't believe staff but all say the same thing. Functional, cognitive and health evaluations were not completed as needed with significant change.	A 037		
A 089	481-69 26(4)a Service Plans 481-69.26(231C) Service plans.	A 089		

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A 089	Continued From page 3 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant ' s identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on review of tenant files and staff interviews, service plans were not individualized for the tenants identified needs and preferences for assistance. 1. Tenant #1's file was reviewed. According to an Early Warning Tool document dated 7-5-15, Tenant #1 seemed to have a yellowish tinge to skin, especially face Also has a dozen or more open sores on arms, back and back of neck where Tenant #1 had been digging at self. On 8-17-15, Staff A was interviewed and stated Tenant #1 was covered in sores with an odor of rotting flesh. She had reported the skin condition but did not think Tenant #1's physician had been contacted. On 8-19-15, Staff B was interviewed and stated Tenant #1 had many sores all over his chest and back. She had not observed Tenant #1 scratching or digging on skin, had asked coworkers if anyone had seen Tenant #1 use anything to scratch back and no one had observed this type of behavior. On 8-19-15 the monitor observed Tenant #1's skin and observed multiple small sores on the upper front chest, upper and middle back area and on both arms. The sores appeared to have bled, had a dark red scab in the center of the sores No odor was detected. A service plan dated 7-8-15 did not indicate any skin issues or physician orders for skin treatments. Tenant #1's service plan was not individualized to indicate needs and preferences for assistance.	A 089		

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A 089	Continued From page 4 2. Tenant #2's file was reviewed. According to a service plan dated 6-24-15, Tenant #2's spouse passed away in May 2015. According to a 24 Hour Report log dated 6-5-15, Tenant #2 was "kinda sad" redirected and taken outside. The evening shift documented Tenant #2 still seemed sad, didn't come out for dinner and didn't want anything to eat. On 6-8-15 at 4:40 a.m., Tenant #2 asked where spouse was; at 9:45 p.m. wanted spouse and stated no one was home. On 6-18-15 Tenant #2 had a "rough evening, if asks about spouse we are to state spouse was working in the fields, per Nurse instructions." On 6-19-15 at 9:45 p.m. "had a break down tonight, wants spouse home again." Staff are telling Tenant #2 that spouse is in the field working with son, Tenant #2 doesn't believe staff but all say the same thing. According to a service plan dated 6-24-15, Tenant #2 was confused but able to recognize husband and dog. Tenant #2 had periods of anxiety and agitation. Interventions to address the periods of anxiety and agitation were not reflected. Tenant #2's service plan was not individualized to indicate needs and preferences for assistance. 3. Tenant #3, a 90 year old, was admitted on 6-15-14 and diagnoses included: diabetes, dementia, cyst on back removed March 2004 and bladder cancer. Tenant #3 was staged at a five on the GDS which indicated moderate severe cognitive decline. Tenant #3 resided in the dementia unit. According to Narrative Charting dated 7-10-15, Tenant #3 returned from the hospital following a transurethral resection of prostate, returned with a foley catheter that Tenant #3 pulled out through the night. Narrative Charting dated 7-14-15 indicated a new order was received for Macrobid 100 mg for 10 days.	A 089		

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A 089	Continued From page 5 According to a service plan dated 7-10-15, Tenant #3 was incontinent of bladder, wore protective undergarments and was independent with restroom needs. The service plan did not reflect the order for an antibiotic or when the antibiotic was discontinued. Tenant #3's service plan was not individualized to indicate the needs and preferences for assistance.	A 089		
A 154	481-69.35(1)b Structural Requirements 481-69.35(231C) Structural requirements. 69.35(1) General requirements. b. The buildings and grounds shall be well-maintained, clean, safe and sanitary. This REQUIREMENT is not met as evidenced by: During the course of the investigation, the following was noted: Based on staff interviews, interview with Environmental staff, interview with the ED and monitor observations, mold and mildew was evident in multiple locations within the Program. 1. On 8-17-15, Staff A was interviewed and stated there was mold growing in apartment 309 and a housekeeper had cleaned it up on 8-13-15. 2. On 8-18-15, Staff C was interviewed and stated mold was discovered all over the walls in a bathroom of an empty apartment. The mold was on all four walls from the ceiling dripping down the wall all the way to the floor. Maintenance staff was called to look at the wall and said it could be wiped down with a cleaner used at the Program. The walls were cleaned and maintenance said	A 154		

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A 154	Continued From page 6 they would replace the ceiling tiles. Staff C did not feel the cleaner removed all the mold from the walls. Staff C stated she had seen mold in the bottom of a shower in another apartment in the 200 hall and used bleach water to clean it up. It was approximately 3 inches by 5 inches in size. 3. On 8-18-15, Staff D was interviewed and stated she had seen mold in the air conditioning (AC) units in tenant apartments, some mold growing on carpets in empty apartments, mold was found in a tenant room in the dementia unit the previous week in the ceiling and down the walls in a bathroom and black dots on the ceiling tile in the laundry room in the general ALP. Staff D had cleaned the AC units with bleach water and cleaned the carpets with a carpet cleaner. She stated she had seen the mold return in the AC units. She stated she reported the mold to maintenance and to the Executive Director (ED) before she cleaned it up if it was really, really bad which was about one third of the time. She stated she had seen the mold since June 2014. 4. On 8-18-15, Staff E was interviewed and stated she first noticed mildew or mold on ceiling tiles in the laundry room over two years ago. Maintenance was going to get moisture resistant tiles but had not replaced them yet. She stated the humidity was high in the laundry room which increased the amount of mold. Walls would sweat if the two dehumidifiers were not running; one in the clean laundry and one in the dirty laundry. She stated mold was in all rooms with a ceiling vent, such as the exam room and the private dining room. 5. On 8-19-15, Staff F was interviewed and stated she had seen mold, at first she thought it was dirt. She had seen it in the narcotic count	A 154		

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A 154	Continued From page 7 room on the ceiling, on the ceiling in the staff break room and two rooms in the dementia unit, rooms 309 and 312. 6. On 8-19-15, an Environmental Staff (ES) was interviewed and stated on 8-13-15 he had been told there was mold on the ceiling in room 309 and room 312. A mold remediation company was called to come to the Program. The ES checked the attic to make sure the sprinkler system wasn't leaking. He acknowledged there was mold in the ceiling in the laundry room and the activity office. He was not aware of any mold in AC units in the apartments. One time he saw fuzzy stuff coming up from the floor through the carpet and cleaned it with a Lysol product. He stated laundry room ceiling tiles were changed out one year ago because of mold. 7. On 8-18-15, the monitor observed mold on the ceiling tiles in apartment 309 and black marks running down the bathroom wall that remained after the walls had been cleaned. Mold was also observed on the laundry room ceiling in the general ALP area. On 8-19-15, the monitor observed mold on the ceiling tiles in apartment 312, the activity office, exam room and staff lounge. 8. On 8-19-15, the ED was interviewed and stated she became aware of the mold issue on 8-13-15 and a mold remediation company was contacted to address the issue. On 8-19-15, a representative from the mold remediation company was at the Program and confirmed the black areas were mold.	A 154		

September 13, 2015

Rose Boccella, Program Coordinator
Iowa Department of Inspections & Appeals
Health Facilities Division
Lucas State Office Building
321 East 12th St.
Des Moines, IA 50319-0083

RE: Plan of Correction

Dear Ms. Boccella,

This response and Plan of Correction constitutes SunnyBrook of Burlington's allegation of compliance, effective September 13, 2015. Submission of this POC is not a legal admission of agreement by the facility that a deficiency exists or that any conclusions or allegations set forth by the survey agency are correct.

Regulatory Insufficiency: A037 Evaluation of Tenant

The Registered Nurse will evaluate tenant's cognitive, functional, and health status with any significant change immediately. The RN evaluated and did a significant change of condition assessment on Tenant #1 and Tenant #2 on 9/4/15. The RCC and RN will work together to ensure that all residents have those assessments completed in a timely manner. The Health Services team will meet weekly to review any significant changes needed. The RCC will keep resident assessments up to date with the company's tracking system. The Executive Director will audit that tracking system for compliance at least quarterly. The Regional Nurse will audit evaluations routinely.

Regulatory Insufficiency: A089 Service Plans

All resident service plans shall be individualized and identify the tenant's needs and preferences for assistance. The RN updated the service plans of Tenants #1, #2, #3 on 9/3 and 9/4/15 to reflect their individualized needs. The Health Services team will meet weekly to review any changes needed on our resident service plans. The RCC and the Regional Nurse will review these to ensure accuracy routinely. The Executive Director will audit the service plans for compliance at least quarterly.

Regulatory Insufficiency: A154 Structural Requirements

The building and grounds will be well-maintained, clean, safe, and sanitary. SunnyBrook contracted ServPro of Burlington to complete the work with the black substance in certain service areas in the building and in empty apartments. The work has already started, with the source being stopped. The laundry areas were completed by 9/3/15. The contractor finished the other areas by 9/12/15. The post remediation air sampling was scheduled for 9/10/15 and will be completed by 9/15/15. The sample of tile sent into the lab was sent and those lab results will be available on 9/15/15. This will be followed up with a clearance letter upon the conclusion of those results. Meanwhile, the Environmental Services Department will check all apartments weekly and keep track of their cleanliness on an Excel tracking sheet. Any issues found will be dealt with quickly and aggressively. The Executive Director will audit those tracking sheets weekly at our Stand Up meetings.

Please let me know if you need any further documentation. I appreciate your time and attention to this plan of correction.

Sincerely,

Valerie Adams

Valerie Adams, Executive Director
SunnyBrook of Burlington
5175 West Ave
Burlington IA 52601
319.752.0260
Administrator@sunnybrookburlington.com

SERVPRO of BURLINGTON

PO Box 951
Burlington, Iowa 52601

319-754-8050
877-754-8050
Fax 319-527-2836
servpro9801@hotmail.com

9/30/2015

Sunnybrook
5175 West Avenue
Burlington, Iowa 52601

The following rooms have been cleaned and repaired at Sunnybrook located at 5175 West Ave. in Burlington, Iowa; North Exam, South Exam, Clean Laundry, Soiled Laundry, Staff room, Hallway outside of South Exam, 309, 312 and 316.

MB Environmental had performed air testing upon our completion. Attached is their test results and the clearance letter from MB Environmental to the above areas.

Please contact me if you have any questions or concerns.

Thank You

Todd Earnest

SERVPRO of BURLINGTON

PO Box 951
Burlington, Iowa 52601

319-754-8050
Fax 319-527-2836
servpro9801@hotmail.com

09/01/2015

Sunny Brook
5175 West Avenue
Burlington, Iowa 52601

This letter is in response to your questions that you emailed:

1) The exhaust ductwork had become disconnected in the wall behind the dryers allowing moisture to be introduced into the laundry room.
2) The work has already started with the source being stopped. The dryer ductwork was replaced as necessary to be exhausted to the exterior. The dryers were reconnected to the ductwork. The clean laundry area has been remediated. The soiled laundry area has been started and will be finished on 9/3/2015. The following areas will be started on 9/3/2015 and concluding on 9/9/2015; hallway, south exam, staff room, north exam, office room, bathroom in room 309 and the bathroom in room 312. The post remediation air sampling is scheduled on 9/10/2015. Lab results usually take three business days.
3) Lab results will be available on 9/15/2015. This will be followed up with a clearance letter upon the conclusion of the results.

Please contact me if you have any questions.

Thank You

Todd Earnest

September 30, 2015

Servpro of Burlington
% Todd Earnest
P.O. Box 951
Burlington, IA 52601

Re: X-150056—Facility (Sunny Brook Retirement) located at 5175 West Avenue Burlington, Iowa 52601

Todd:

Enclose you will find the analysis of the Remediation Clearances of the Air-O-Cell Samples for Mold taken from the facility(Sunny Brook Retirement) located at 5175 West Avenue Burlington, Iowa 52601 . The guidelines for the Mold Initial & Remediation were the basis for the approval and clearances for the public to occupy this facility were met.

Note: Continued Environmentally safe conditions shall be maintained within the facility and will be the responsibility of the Owner

Questions can be addressed to me at MB Environmental Consulting Inc. at 563-556-2735 or 563-590-6012 Thank-you for the business and I look forward to working with you again should you have any additional problems.

Sincerely,
MB Environmental Consulting Inc.

Michael J. Buelow
Senior Environmental Consultant
Asbestos, Lead, & Mold

EMSL Analytical, Inc.
2001 East 52nd St. Indianapolis, IN 46205
Phone/Fax: (317) 803-2997 / (317) 803-3047
http://www.EMSL.com / indianapolislab@emsl.com

Order ID: 161516682
Customer ID: MBEV25
Customer PO: X-150056-1
Project ID:

Attn: Michael Buelow
MB Environmental, Inc
10475 Timothy Street
Dubuque, IA 52003

Phone: (563) 556-2735
Fax: (563) 584-2373
Collected: 09/28/2015
Received: 09/29/2015
Analyzed: 09/30/2015

Proj: Servpro of Burlington Sunny Brook Retirement 5175 West Ave

Test Report: Air-O-Cell(™) Analysis of Fungal Spores & Particulates by Optical Microscopy (Methods EMSL 05-TP-003, ASTM D7391)

Lab Sample Number:	161516682-0001			161516682-0002			161516682-0003		
Client Sample ID:	1			2			3		
Volume (L):	150			150			150		
Sample Location:	Main Level Entry			Main Level Break Room			Main Level Rm 312		
Spore Types	Raw Count	Count/m³	% of Total	Raw Count	Count/m³	% of Total	Raw Count	Count/m³	% of Total
Alternaria	1*	7*	2.2	-	-	-	1	20	3.3
Ascospores	-	-	-	-	-	-	1	20	3.3
Aspergillus/Penicillium	4	80	24.7	2	40	15.3	19	400	66.9
Basidiospores	2	40	12.3	-	-	-	1	20	3.3
Bipolaris++	-	-	-	-	-	-	-	-	-
Chaetomium	-	-	-	-	-	-	-	-	-
Cladosporium	1	20	6.2	5	100	38.3	3	60	9.9
Curvularia	-	-	-	-	-	-	-	-	-
Epicoccum	-	-	-	1*	7*	2.7	-	-	-
Fusarium	-	-	-	-	-	-	-	-	-
Ganoderma	3	60	18.5	-	-	-	-	-	-
Myxomycetes++	2*	10*	3.1	4	80	30.7	1	20	3.3
Pithomyces	1*	7*	2.2	1*	7*	2.7	1	20	3.3
Rust	4	80	24.7	1	20	7.7	1	20	3.3
Scopulariopsis	-	-	-	-	-	-	-	-	-
Stachybotrys	-	-	-	-	-	-	-	-	-
Torula	-	-	-	-	-	-	-	-	-
Ulocladium	-	-	-	-	-	-	-	-	-
Unidentifiable Spores	-	-	-	-	-	-	-	-	-
Zygomycetes	-	-	-	-	-	-	-	-	-
Cercospora	-	-	-	-	-	-	-	-	-
Nigrospora	1	20	6.2	1*	7*	2.7	1*	7*	1.2
Total Fungi	19	324	100	16	261	100	30	607	100
Hyphal Fragment	-	-	-	1	20	-	-	-	-
Insect Fragment	-	-	-	-	-	-	1*	7*	-
Pollen	-	-	-	-	-	-	1	20	-
Analyt. Sensitivity 600x	-	21	-	-	21	-	-	21	-
Analyt. Sensitivity 300x	-	7*	-	-	7*	-	-	7*	-
Skin Fragments (1-4)	-	1	-	-	2	-	-	-	-
Fibrous Particulate (1-4)	-	1	-	-	1	-	-	1	-
Background (1-9)	-	1	-	-	2	-	-	1	-

Bipolaris++ = Bipolaris/Drechslera/Exserohilum
Myxomycetes++ = Myxomycetes/Periconia/Smut

No discernable field blank was submitted with this group of samples.

Andrea Brooke

Andrea Brooke, Microbiology Lab Manager
or Other Approved Signatory

Samples analyzed by EMSL Analytical, Inc. Indianapolis, IN AIHA-LAP, LLC--EMLAP 157215

Initial report from: 09/30/2015 09:34:32

For information on the fungi listed in this report please visit the Resources section at www.emsl.com

EMSL Analytical, Inc.

2001 East 52nd St. Indianapolis, IN 46205
Phone/Fax: (317) 803-2997 / (317) 803-3047
http://www.EMSL.com / indianapolislab@emsl.com

Order ID:	161516682
Customer ID:	MBEV25
Customer PO:	X-150056-1
Project ID:	

Attn:	Michael Buelow	Phone:	(563) 556-2735
	MB Environmental, Inc	Fax:	(563) 584-2373
	10475 Timothy Street	Collected:	09/28/2015
	Dubuque, IA 52003	Received:	09/29/2015
		Analyzed:	09/30/2015

Proj: Servpro of Burlington Sunny Brook Retirement 5175 West Ave

Test Report: Air-O-Cell(™) Analysis of Fungal Spores & Particulates by Optical Microscopy (Methods EMSL 05-TP-003, ASTM D7391)

Lab Sample Number:	161516682-0004		
Client Sample ID:	4		
Volume (L):	150		
Sample Location:	Outside		
Spore Types	**Raw Count**	**Count/m³**	**% of Total**
Alternaria	2	40	0.9
Ascospores	29	610	13.2
Aspergillus/Penicillium	-	-	-
Basidiospores	65	1400	30.3
Bipolaris++	-	-	-
Cheetomium	-	-	-
Cladosporium	97	2000	43.3
Curvularia	-	-	-
Epicoccum	5	100	2.2
Fusarium	1	20	0.4
Ganoderma	8	200	4.3
Myxomycetes++	1*	7*	0.2
Pithomyces	1	20	0.4
Rust	-	-	-
Sceptulariopsis	-	-	-
Stachybotrys	-	-	-
Torula	1	20	0.4
Ulocladium	-	-	-
Unidentifiable Spores	-	-	-
Zygomycetes	-	-	-
Cercospora	7	100	2.2
Nigrospora	7	100	2.2
Total Fungi	224	4617	100
Hyphal Fragment	3	60	-
Insect Fragment	-	-	-
Pollen	-	-	-
Analyt. Sensitivity 600x	-	21*	-
Analyt. Sensitivity 300x	-	7*	-
Skin Fragments (1-4)	-	1	-
Fibrous Particulate (1-4)	-	1	-
Background (1-5)	1		

Bipolaris++ = Bipolaris/Drechslera/Exserohilum
Myxomycetes++ = Myxomycetes/Periconia/Smut

No discernable field blank was submitted with this group of samples.

Andrea Brooke

Andrea Brooke, Microbiology Lab Manager
or Other Approved Signatory

High levels of background particulate can obscure spores and other particulates leading to underestimation. Background levels of 5 indicate an overloading of background particulates, prohibiting accurate detection and quantification. Present = Spores detected on overloaded samples. Results are not blank corrected unless otherwise noted. The detection limit is equal to one single spore, structure, pollen, fiber particle or insect fragment. "" Denotes particles found at 600X. "-" Denotes not detected. Due to method stopping rules, raw counts in excess of 100 are extrapolated based on the percentage analyzed. EMSL maintains liability limited to cost of analysis. This report relates only to the samples reported above and may not be reproduced, except in full, without written approval by EMSL. EMSL bears no responsibility for sample collection activities or analytical method limitations, interpretation and use of test results are the responsibility of the client. Samples received in good condition unless otherwise noted.*

Samples analyzed by EMSL Analytical, Inc. Indianapolis, IN AIHA-LAP, LLC--ENVLAP 187243

Initial report from: 09/30/2015 09:34:32

For information on the fungi listed in this report please visit the Resources section at www.emsl.com

EMSL Analytical, Inc.
2001 East 52nd St. Indianapolis, IN 46205
Phone: (317) 803-2997 Fax: (317) 803-3047 Web: http://www.EMSL.com Email:indianapolislab@emsl.com

Attn: Michael Buelow
MB Environmental, Inc
10475 Timothy Street
Dubuque, IA 52003

EMSL Order: 161515533
Customer ID: MBEV25
Collected: 9/10/2015
Received: 9/14/2015
Analyzed: 9/15/2015

Proj: Servpro of Burlington 5260

Test Report: Air-O-Cell(™) Analysis of Fungal Spores & Particulates by Optical Microscopy (Methods EMSL 05-TP-003, ASTM D7391)

Lab Sample Number:	161515533-0001			161515533-0002			161515533-0003		
Client Sample ID:	1			2			3		
Volume (L):	150			150			150		
Sample Location:	Entry			North Exam			Break Room		
Spore Types	**Raw Count**	**Count/m³**	**% of Total**	**Raw Count**	**Count/m³**	**% of Total**	**Raw Count**	**Count/m³**	**% of Total**
Alternaria	-	-	-	1	20	3.8	2	40	4.9
Ascospores	10	210	13.6	2	40	7.7	2	40	4.9
Aspergillus/Penicillium	19	400	26	4	80	15.4	17	360	43.9
Basidiospores	7	100	6.5	1	20	3.8	1	20	2.4
Bipolaris++	-	-	-	-	-	-	-	-	-
Chaetomium	-	-	-	-	-	-	-	-	-
Cladosporium	30	630	40.9	16	340	65.4	8	200	24.4
Curvularia	-	-	-	-	-	-	-	-	-
Epicoccum	1	20	1.3	1	20	3.8	1	20	2.4
Fusarium	-	-	-	-	-	-	-	-	-
Ganoderma	-	-	-	-	-	-	-	-	-
Myxomycetes++	3	60	3.9	-	-	-	2	40	4.9
Pithomyces	2	40	2.6	-	-	-	1	20	2.4
Rust	1	20	1.3	-	-	-	2	40	4.9
Scopulariopsis	-	-	-	-	-	-	-	-	-
Stachybotrys	-	-	-	-	-	-	-	-	-
Torula	-	-	-	-	-	-	-	-	-
Ulocladium	-	-	-	-	-	-	-	-	-
Unidentifiable Spores	-	-	-	-	-	-	-	-	-
Cercospora	-	-	-	-	-	-	-	-	-
Nigrospora	2	40	2.6	-	-	-	1	20	2.4
Polythrincium	1	20	1.3	-	-	-	1	20	2.4
Total Fungi	**76**	**1540**	**100**	**25**	**520**	**100**	**38**	**820**	**100**
Hyphal Fragment	1	20	-	1	20	-	1	20	-
Insect Fragment	1	20	-	1	20	-	1	20	-
Pollen	-	-	-	-	-	-	-	-	-
Analyt. Sensitivity 600x	-	21	-	-	21	-	-	21	-
Analyt. Sensitivity 300x	-	7*	-	-	7*	-	-	7*	-
Skin Fragments (1-4)	-	1	-	-	1	-	-	1	-
Fibrous Particulate (1-4)	-	1	-	-	1	-	-	1	-
Background (1-5)	-	1	-	-	1	-	-	1	-

Bipolaris++ = Bipolaris/Drechslera/Exserohilum
Myxomycetes++ = Myxomycetes/Periconia/Smut

No discernable field blank was submitted with this group of samples.

Andrea Brooke
Andrea Brooke, Microbiology Lab Manager
or Other Approved Signatory

High levels of background particulate can obscure spores and other particulates leading to underestimation. Background levels of 5 indicate an overloading of background particulates, prohibiting accurate detection and quantification. Present = Spores detected on overloaded samples. Results are not blank corrected unless otherwise noted. The detection limit is equal to one fungal spore, structure, pollen, fiber particle or insect fragment. "*" Denotes particles found at 300X. "-" Denotes not detected. Due to method stopping rules, raw counts in excess of 100 are extrapolated based on the percentage analyzed. EMSL maintains liability limited to cost of analysis. This report relates only to the samples reported above and may not be reproduced, except in full, without written approval by EMSL. EMSL bears no responsibility for sample collection activities or analytical method limitations. Interpretation and use of test results are the responsibility of the client. Samples received in good condition unless otherwise noted.

Initial report from: 09/15/2015 09:09:40

EMSL Analytical, Inc.
2001 East 52nd St. Indianapolis, IN 46205
Phone: (317) 803-2997 Fax: (317) 803-3047 Web: http://www.EMSL.com Email.indianapolislab@emsl.com

Attn: Michael Buelow
MB Environmental, Inc
10475 Timothy Street
Dubuque, IA 52003

EMSL Order: 161515533
Customer ID: MBEV25
Collected: 9/10/2015
Received: 9/14/2015
Analyzed: 9/15/2015

Proj: Servpro of Burlington 5260

Test Report: Air-O-Cell(™) Analysis of Fungal Spores & Particulates by Optical Microscopy (Methods EMSL 05-TP-003, ASTM D7391)

Lab Sample Number:	161515533-0004			161515533-0005			161515533-0006		
Client Sample ID:	4			5			6		
Volume (L):	150			150			150		
Sample Location:	Laundry Room			South Exam			Hallway		
Spore Types	**Raw Count**	**Count/m³**	**% of Total**	**Raw Count**	**Count/m³**	**% of Total**	**Raw Count**	**Count/m³**	**% of Total**
Alternaria	1	20	2.4	-	-	-	1	20	2.4
Ascospores	7	100	11.8	5	100	15.5	1	20	2.4
Aspergillus/Penicillium	1	20	2.4	7	100	15.5	18	380	46.3
Basidiospores	5	100	11.8	2	40	6.2	1	20	2.4
Bipolaris++	-	-	-	-	-	-	-	-	-
Chaetomium	-	-	-	-	-	-	-	-	-
Cladosporium	23	460	57.6	15	320	49.5	14	300	36.6
Curvularia	-	-	-	-	-	-	-	-	-
Epicoccum	1	20	2.4	1*	7*	1.1	2	40	4.9
Fusarium	-	-	-	-	-	-	-	-	-
Ganoderma	-	-	-	-	-	-	-	-	-
Myxomycetes++	1	20	2.4	3	60	9.3	-	-	-
Pithomyces	1	20	2.4	1	20	3.1	1	20	2.4
Rust	1	20	2.4	-	-	-	-	-	-
Scopulariopsis	-	-	-	-	-	-	-	-	-
Stachybotrys	-	-	-	-	-	-	-	-	-
Torula	-	-	-	-	-	-	-	-	-
Ulocladium	-	-	-	-	-	-	-	-	-
Unidentifiable Spores	-	-	-	-	-	-	-	-	-
Cercospora	-	-	-	-	-	-	-	-	-
Nigrospora	1	20	2.4	-	-	-	1	20	2.4
Polythrincium	1	20	2.4	-	-	-	-	-	-
Total Fungi	**43**	**850**	**100**	**34**	**647**	**100**	**39**	**820**	**100**
Hyphal Fragment	1	20	-	1	20	-	1	20	-
Insect Fragment	2	40	-	1	20	-	2	40	-
Pollen	-	-	-	-	-	-	-	-	-
Analyt. Sensitivity 600x	-	21	-	-	21	-	-	21	-
Analyt. Sensitivity 300x	-	7*	-	-	7*	-	-	7*	-
Skin Fragments (1-4)	-	1	-	-	1	-	-	1	-
Fibrous Particulate (1-4)	-	1	-	-	1	-	-	1	-
Background (1-5)	-	1	-	-	1	-	-	1	-

Bipolaris++ = Bipolaris/Drechslera/Exserohilum
Myxomycetes++ = Myxomycetes/Periconia/Smut

No discernable field blank was submitted with this group of samples.

Andrea Brooke
Andrea Brooke, Microbiology Lab Manager
or Other Approved Signatory

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Attn: Michael Buelow
MB Environmental, Inc
10475 Timothy Street
Dubuque, IA 52003

EMSL Order: 161515533
Customer ID: MBEV25
Collected: 9/10/2015
Received: 9/14/2015
Analyzed: 9/15/2015

Proj: Servpro of Burlington 5260

Test Report: Air-O-Cell(™) Analysis of Fungal Spores & Particulates by Optical Microscopy (Methods EMSL 05-TP-003, ASTM D7391)

Lab Sample Number:	161515533-0007			161515533-0008			161515533-0009		
Client Sample ID:	7			8			9		
Volume (L):	150			150			150		
Sample Location:	Room # 316			Room # 309			Outside		
Spore Types	Raw Count	Count/m³	% of Total	Raw Count	Count/m³	% of Total	Raw Count	Count/m³	% of Total
Alternaria	-	-	-	2	40	5.7	2	40	0.6
Ascospores	2	40	5.6	5	100	14.1	33	700	10.8
Aspergillus/Penicillium	9	200	27.8	5	100	14.1	-	-	-
Basidiospores	-	-	-	1	20	2.8	29	610	9.4
Bipolaris++	-	-	-	-	-	-	-	-	-
Chaetomium	-	-	-	-	-	-	-	-	-
Cladosporium	20	420	58.3	16	340	48.1	219	4620	71
Curvularia	-	-	-	-	-	-	-	-	-
Epicoccum	-	-	-	3	60	8.5	3	60	0.9
Fusarium	-	-	-	-	-	-	-	-	-
Ganoderma	-	-	-	-	-	-	-	-	-
Myxomycetes++	1	20	2.8	2	40	5.7	3	60	0.9
Pithomyces	2	40	5.6	-	-	-	1	20	0.3
Rust	-	-	-	-	-	-	-	-	-
Scopulariopsis	-	-	-	-	-	-	-	-	-
Stachybotrys	-	-	-	-	-	-	-	-	-
Torula	-	-	-	-	-	-	-	-	-
Ulocladium	-	-	-	-	-	-	-	-	-
Unidentifiable Spores	-	-	-	-	-	-	-	-	-
Cercospora	-	-	-	-	-	-	16	340	5.2
Nigrospora	-	-	-	1*	7*	1	2	40	0.6
Polythrincium	-	-	-	-	-	-	1	20	0.3
Total Fungi	**34**	**720**	**100**	**35**	**707**	**100**	**309**	**6510**	**100**
Hyphal Fragment	3	60	-	5	100	-	1	20	-
Insect Fragment	3	60	-	-	-	-	2	40	-
Pollen	1	20	-	1	20	-	-	-	-
Analyt. Sensitivity 600x	-	21	-	-	21	-	-	21	-
Analyt. Sensitivity 300x	-	7*	-	-	7*	-	-	7*	-
Skin Fragments (1-4)	-	1	-	-	1	-	-	1	-
Fibrous Particulate (1-4)	-	1	-	-	1	-	-	1	-
Background (1-5)	-	1	-	-	1	-	-	1	-

Bipolaris++ = Bipolaris/Drechslera/Exserohilum
Myxomycetes++ = Myxomycetes/Periconia/Smut

No detectable field blank was submitted with this group of samples.

Andrea Brooke
Andrea Brooke, Microbiology Lab Manager
or Other Approved Signatory

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Initial report from: 09/15/2015 09:09:40

SERVPRO® of BURLINGTON

PO Box 951
Burlington, Iowa 52601

319-754-8050
877-754-8050
Fax 319-527-2836
servpro9801@hotmail.com

8/19/2015

Sunny Brook
5175 West Avenue
Burlington, Iowa 52601

Today I did a visual inspection at Sunny Brook Assisted Living located at 5175 West Avenue, Burlington, Iowa 52601. There were three different areas that were inspected. The first was in the laundry area/common area and the other two were located in unoccupied apartments which were unit 309 and unit 312.

The laundry room appeared like it had a previous high moisture issue with an aggressive attempt by Sunny Brook to rectify the humidity issue by placing dehumidification in this area. There was obvious staining to the ceiling tile, registers and grid work. After inspection of the exhaust of the dryers it appeared that one of the dryers is not venting to the exterior and is possible that the other three dryers could be leaking moist exhaust air into the laundry room. It is my opinion that the wall chase located behind the dryers be opened up for further inspection to the dryer exhaust ductwork. Once the dryers are properly exhausted to the exterior it should help reduce the moisture level in the laundry room. There are other rooms and common areas that share the same air handler system as that is in the laundry room. These areas have some discoloration on the tile and register vents. The worst of the stained tile is located in the dryer side of the laundry room. The stained ceiling tile should be removed and replaced. The HVAC return / supply grills and other effected hard surfaces should be cleaned before replacing the tile. An air scrubber with an HEPA filter should be placed in the laundry room until work is completed.

The room 309 and 312 had staining on the bathroom ceiling tile. Both of these rooms are currently not being utilized until repairs are made. The rooms have their own HVAC unit so it does not share air with any other parts of the facility. My recommendation is that the ceiling tile be replaced in these two rooms and keep the HVAC units running to keep the moisture level lower.

During the inspection is was determined that there is outside air being ducted into the HVAC return systems that supplies the common areas. I was told there is not an air to air heat exchanger in the attic. The outside air being introduced into the HVAC system without a heat exchanger is very inefficient. During the humid days of summer the moist outside air is being directly introduce along with the cold days of winter the cold air is being introduced into the HVAC system. With an air to air heat exchanger the inside air either warms or cools the outside air depending on the time of year which makes it efficient.

It would be my opinion that a mechanical engineer revisit the design of the existing HVAC ductwork system to determine if there is too much outside air being introduced into the structure. The engineer would also be able to answer the questions regarding the air to air heat exchanger and if there is any relationship to the laundry room moisture issue with the outside air being introduced HVAC.

Please contact me if you have any other questions, concerns or help locating a mechanical engineer.

Thank You

Todd Earnest