

TERRY E. BRANSTAD
GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

KIM REYNOLDS
LT. GOVERNOR

November 23, 2015

Ms. Elaine Helgeson, Director
Mills Harbour Ind. & AL
311 South 10th Avenue East
Lake Mills, IA 50450**RE: Final Recertification Monitoring Evaluation Report -- Mills Harbour Ind. & AL, Lake Mills, IA**

Dear Ms. Helgeson:

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, following a survey by DIA on **November 18, 2015**. The Report notes a Regulatory Insufficiency in the area(s) of: Policies & Procedures.

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/mailed 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.

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 or a contested case hearing must be made within 20 working days of the notice or service of this letter and the final report. Please refer to rule 67.14 for more information.

If you have any questions in regard to this report, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0262	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/18/2015
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NAME OF PROVIDER OR SUPPLIER MILLS HARBOUR IND/AL	STREET ADDRESS, CITY, STATE, ZIP CODE 311 SOUTH 10TH AVENUE EAST LAKE MILLS, IA 50450
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(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	<p>481-67 Initial Comments</p> <p>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.</p> <p>General Population Program</p> <p>Number of tenants without cognitive disorder: 31 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 32</p> <p>TOTAL census of Assisted Living Program: 32</p> <p>The following regulatory insufficiencies were cited during the recertification conducted to determine compliance with certification for an Assisted Living Program:</p>	A 000		
A 003	<p>481-67.2 Program policies and procedures</p> <p>481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program ' s policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse.</p> <p>This REQUIREMENT is not met as evidenced by: Based on a review of procedures and observations during a medication pass, the Program's procedures on eye drop administration and the use of gloves was not followed.</p>	A 003		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 003	<p>Continued From page 1</p> <ol style="list-style-type: none"> 1. Staff A was observed during a medication pass at 12:15 p.m. on 11-18-15. Staff A was observed administering eye medications to Tenant #5. Staff A administered Brimonidine into the left eye. The eye drop bottle was observed to touch Tenant #5's eyelashes and eyelid. 2. Staff A then administered Dorzolamide into the right eye. The eye drop bottle was observed to touch Tenant #5's eyelashes and eyelid. 3. The Program's Consultant was present during the medication pass. The Consultant stated she observed the eye drop bottle touching the eye and instructed Staff A not to allow the eye drop bottle to touch the eye. The Consultant stated the eye drop bottle was very close to the eye. 4. Staff A removed gloves after the administration of the Dorzolamide but did not wash hands. 5. After waiting five minutes, Staff A reapplied gloves without washing hands first. 6. Staff A administered Oflaxacin to the left eye. The eye drop bottle was observed to touch Tenant #5's eyelashes. 7. Staff A removed gloves and did not wash hands. 8. After waiting five minutes, Staff A reapplied gloves without washing hands. 9. The Skills Check-list outlining the procedure for the administration of eye medications 	A 003		

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A 003	<p>Continued From page 2</p> <p>documented hands were to be washed before the application of gloves.</p> <p>10. The Skills Check-list for the administration of eye medications documented contact with the eye was to be avoided.</p> <p>11. The Skills Check-list for the administration of eye medications documented after gloves were removed, hands were to be washed.</p>	A 003		



Lake Mills Care Center

406 S. 10th Ave. E • Lake Mills, IA 50450
(641) 592-4900 • www.abcmcorp.com

November 24, 2015

Rose Boccella, Program Coordinator
Adult Services Bureau, Health Services Division
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319-0083

Re: Mills Harbour Independent & Assisted Living
Required Plan of Correction for Recertification
Evaluation of November 18, 2015

A000 – Correction Date: November 23, 2015

Preparation and execution of this plan of correction should not be construed as an admission of the insufficiencies cited. This plan of correction is prepared solely because it is required under State law.

A003 481-67.2 Program Policies and Procedures

The Program follows the policies and procedures it has established.

The following Plan of Correction is submitted:

1. The AL RN will continue to verify skills competency of caregivers at the time of hire and annually—including competency in administering eye drops..
2. Re-education was provided to AL staff on November 23, 2015 and competency was verified by the AL RN.
3. The Program's RN will audit eye drop administration per program policies and procedures to assure continued compliance.