



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/18/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>165556</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/30/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUNNYCREST MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2375 ROOSEVELT STREET</b> <b>DUBUQUE, IA 52001</b>		
(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) COMPLETION DATE	
F 656	<p>Continued From page 1</p> <p>provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, clinical record review, and staff and resident interviews, the facility failed to follow the resident's care plan for one of three residents reviewed (Resident #3). The facility reported a census of 56 residents.</p> <p>Findings include:</p> <p>The MDS (Minimum Data Set), an assessment tool, dated 3/1/2023, revealed Resident #3 had intact cognitive skills for daily decision making, and transferred from one surface to another with extensive assistance of two staff. The MDS dated 5/17/2023 revealed the resident had moderately impaired cognitive skills for daily decision making</p>	F 656			

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F 656	<p>Continued From page 2</p> <p>and transferred with extensive assistance of two staff. The resident had diagnoses including Cerebral Palsy, diabetes, anxiety, and depressive disorder.</p> <p>The resident's Care Plan revealed the resident required assistance with activities of daily living and had a fall risk. On 11/21/2022, the revised Care Plan directed staff to transfer the resident using a mechanical stand up lift and with the assistance of two staff.</p> <p>The Incident Summary dated 5/26/2023 revealed Resident #3 reported to Staff A, Social Worker, about two weeks prior, Staff B, CNA (Certified Nurse Aide) transferred her from the recliner with the stand up mechanical lift without another staff present. In the process of hooking the resident up to the lift, her foot got caught in the machine. Staff B corrected the foot position and completed cares. This caused the resident pain, but no injury.</p> <p>Observation on 8/28/2023 at 10:20 a.m. revealed Staff C, CNA and Staff D, CNA transfer the resident using the stand up lift. Staff C indicated the resident did not like being raised up too high as this caused pain. The resident expressed discomfort during the transfer from the recliner to the wheel chair.</p> <p>The resident reported a concern regarding Staff B, CNA and the way they assisted her during a particular transfer weeks ago. Staff B lifted her up with the stand up lift and her feet were not planted on the foot rest, and it caused her pain. The resident stated she had Cerebral Palsy and had constant pain.</p>	F 656		
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F 656	<p>Continued From page 3</p> <p>On 8/29/2023 at 11:40 a.m., Staff E, CNA, Rehab Aide, reported Resident #3 required assistance of two staff and the stand up lift. The Care Plan stated assistance of two, and typically one staff monitors the resident's legs. The resident had issues with her stiffness in her legs and she had a fear of falling.</p> <p>On 8/28/2023 at 3:00 p.m., Staff B, CNA reported working at the facility for one and a half years. That evening, Resident #3 did not want to participate in the transfer, and failed to stand. Staff B assisted the resident back down into the recliner, she relaxed, and then they raised her up again. Staff B continued and provided cares.</p>	F 656		

Sunnycrest Manor  
PLAN OF CORRECTION

09/28/2023

Please accept this plan of correction as my credible allegation of compliance.

F656

Education was provided to C.N.A. staff on resident care plans on September 7<sup>th</sup>. DON or designee will complete care plan audits with staff monthly. DON will review audits with QA committee for further follow up if needed.