Citation Numb 10314	er			Report date April 22, 2024		
Facility name Sunrise Hill Car	e Center		_	Survey dates April 2, 2024 - April 4, 2024		
Facility address 909 6 th Street	S					
City Traer		JB			·	
Rule or Code Section		Nature of Violation	Class	Fine Amount	Correction Date	
56.6(1)	56.6(1) Treble fi director of the cappeals shall tre 481—56.3(1350) class I or class II month period, if class I or class II	Treble and double fines. The lepartment of inspections and leble the penalties specified in rule for any second or subsequent violation occurring within any 12-fa citation was issued for the same violation occurring within that halty was assessed therefor.	Class I	\$23250.6 (\$7750 x Trebled	3) Receipt	
58.28(3)e	facility shall be r maintenance of and personnel. (58.28(3) Resider e. Each resident to protect again:	•	See A	taanee	POB 04/05/24	
·	Based on observed review, the faciling interventions recording reviewed (Reside required assist of placed around the and ambulation)	ations, interviews, and record ty failed to provide safety quired for 2 out of 4 residents ents #1 and #2). Resident #2 f 1 staff with a gait belt (a belt ne waist to aide in safe transfers for transfers and ambulation. A assistant (CNA) let go of the gait				

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Facility Administrator

Date

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City Traer		JB			.		
Rule or Code Section		ature of Violation		Class	Fine Amount	t	Correction Date
	her hip. Resident in his room unless found on floor unroom. The facility Findings include: 1. Resident #2's Massessment dated Interview for Merindicating intact cextensive assist of toilet use. The Miccerebrovascular a A Care Plan Focus Resident #2 as im she could safely dalarms. It directed required staff assiand transfers. It dassistance of 1 perfor ambulation. Resident #2's Clintransferred to the returned from the	esident #2 falling and fra #1 was to not be left un he was in bed. Resident attended at least twice reported a census of 47 linimum Data Set (MDS) 8/10/23 identified a Br atal Status (BIMS) score ognition. Resident #2 re f 1 for transfers, ambula DS included diagnoses of ccident (CVA)(Stroke). initiated on 6/30/22, id pulsive and tried to do r o. Resident #2 had pers I the staff that Resident stance of 1 person for t ocumented Resident #2 rson with a walker and ical Census reflected she hospital on 9/14/23 and hospital on 9/18/23. In Resident #2 discharged for Resident #2 discharged for Resident #2 discharged for	attended t #1 was in his residents. residents. ief of 14, equired ition and f a lentified more than onal #2 oilet use received gait belt e d then addition,				

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Facility address 909 6 th Street							
City Traer		JB		•		•	
Rule or Code Section	N	lature of Violation	Class	H	Fine Amoun	t	Correction Date
	by Staff B, License documented at 4: Resident #2 fell in documented that right side on the f wall. Resident #2: right side behind it assisted Resident toilet. Resident #2 Resident #2 was p on to her bed for documented that splayed out wider. Resident #2's Incidescribed her as s floor (on her right wall. Resident #2 for her right hip/le with a gait belt. The had a right hip fraction.	lated 9/14/23 at 4:45 AM, written ed Practical Nurse (LPN), 00 AM Staff A, CNA reported that her bathroom. Staff B, Resident #2 was laying on her floor with her head resting on the stated she hit her head on the her ear. Staff A and Staff B #1 up and placed her on the complained of sharp pain. Dlaced into a wheelchair and laid further assessment. Staff B Resident #2's right hip was than normal. Staff B phoned 911. Ident Report dated 9/14/23 itting/laying on the bathroom side) with her head resting on the had good range of motion, except eg. 2 Staff assisted her to standing he report indicated Resident #2 cture repaired on 9/14/23. Idated 9/14/23 at 2:49 PM, ity's physician reported Resident fracture and they admitted her to ght hip surgery.		A:	Hawbus	6 4	OC 04/05/24

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Facility Administrator

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City Traer		ЈВ				
Rule or Code Section		ature of Violation		Class	Fine Amount	Correction Date
	The Hospital's Clir indicated the hospital surgical (intertrochanteric included a diagnor). The Hospital Progindicated the provinto her surgical sereceiving 2 units of Resident #2 also her (Fracture in mid-le Con 4/3/24 at 10:4 called her to Resident #2 also her found Resident bathroom floor. So linen around the coart. Staff B said we corner, Resident #2 time. Staff B remait he toilet. Staff B Resident #2 had a Staff B stated the and sat her on the	dated 9/18/23 at 5:15 PM, t #2 returned to the facility. hical Summary dated 9/18/25 pital admitted Resident #2 at all repair for a right hip fraction, right femur). The summary sis of acute blood loss. ress Notes printed 9/18/23 yided suspected Resident #2 ite, resulting in Resident #2 if blood. The note included had a T12 compression fraction ower back of the vertebrae is the staff B explained Staff dent #2's room. When she are the staff B explained as Staff A the corner into the bathroom line when Staff A reached around ite fell in that short of period arked Staff A took Resident # stated she did not remember gait belt around her waist of y lifted Resident #2 off the flet toilet. Staff B stated Resided she wouldn't bear any weight staff was stated to the staff B stated Resided she wouldn't bear any weight.	bled ure bone). f A rived, the en the of er if or not. oor ent #2			

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Rule or Code Section	N	ature of Violation		Class	Fine Amou	ınt	Correction Date
	Resident #2 to the holding onto Resident stated she wanted on when they lifted remember. Staff Eleassistance for 1 per of course they are Resident #2. She son residents that a sambulation. Staff loaded, as she wo always tried to do left alone on the to while she slept. St	off of the floor and transferring toilet, were lifting her up while toilet, were lifting her up while dent #2 under each arm. Staff Ed to say Resident #2 had a gait led her but staff B couldn't be reported Resident #1 required erson with transfers. Staff B sait supposed to have a gait belt of tated they are to use a gait belt of tated they are to use a gait belt are an assist of 1 for transfers at B described Resident #2 as springly up on her own. She things like that. She couldn't boilet. Resident #2 had a bed also aff B thought that Resident #2 por alarm. Staff B stated she see thospital.	le B belt d id on lt and ing pe arm	Zee 7	ANTORZ	ehal	POD 24
	washed her hands bathroom, after hands Resident #2 fell bathroom. Staff A #2 with standing ubelt. Staff A turned floor of the bathro the sink. Staff A stands to move the Resident #2 fell. St	AM, Staff A reported Resident at the sink of her small aving a bowel movement. Inck into the corner of her explained she assisted Resider p from the toilet using the gaird to put the dirty towels on to som while Resident #2 stood at lated she had to use both of he at towels and at that moment aff A stated she didn't have tiresident #2 before she fell. Staff	nt t the t				

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Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
	floor. The towels we hand was holding go (of the gait belt of her hands to mexplained she sho belt as Resident #5. On 4/3/24 at 4:30 (DON), stated und belt use for Reside that a fall with frarelated to a differe #2's gait belt. She that a gait belt we the toilet for Residents with assand the staff show when a resident is ambulating. The Education that Stared and the staff show when a resident #2 fell are A Major Injury Dedocumented that causing the injury injury was a right. The form describe functional ability as	PM, the Director of Nursing lerstanding of concern with gait ent #2. This DON acknowledged cture happened a year prior ent CNA letting go of Resident stated her expectations would be ould be used with transferring off dent #2. The DON stated all ist of 1 needed to have a gait belt ald not let go of that gait belt is standing, transferring, and/or DON stated the facility provided aff A attended after the last time			

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the injury, the patient, and the Resident #2 had lowa Administrative The Use of Gait directed the stat that cannot independent to a BIM cognitive impairs substantial/max transferring. The Alzheimer's den A Care Plan Foctory 5/31/23, directed #1 to stay out or bed. If in his bed pressure pad in included Reside 11/3/23, 11/28/2/18/24 and 3/3. The Nurses Note reflected the nurse in the stay out or bed.	MDS assessment dated 12/14/23, S score of 3, indicating severe ment. Resident #1 required imal assistance for toilet use and MDS included a diagnosis of non-tentia. Its regarding Fall/Safety initiated d the staff to encourage Resident his room unattended unless in , ensure he had a bed alarm and chair for safety. The Care Plan at #1 fell on 6/4/23, 9/8/23, 23 (resulting in a right hip fracture),	Seef	Hashed	040524

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104/25/34

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ter		1 '	Survey dates April 2, 2024 - April 4, 2024	
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ith a gait belt. The his left hand. To proximated (purcility notified the eincident and his lesident #1's Incident and the facility reeduced. The Nurses Note of the staff por next to his being his legs extensives extensive ansfer to his where the staff assible ansfer to his where the staff as not the staff assible ansfer to his where the staff as not the staff assible ansfer to his where the staff as not the st	he assessment revealed a skin tear he nurse cleaned the area and t together) with steri-strips. The e doctor and Resident #1's son of his new skin area. Ident Report dated 2/18/24 fround him on his bathroom floor. Cated the staff to not leave in his bedroom unless he's in dated 3/16/24 at 3:15 PM, found Resident #1 lying on the ed, positioned flat on his back haded out. He denied pain and his led no injuries or skin issues sted Resident #1 to stand and eelchair. Ident Report dated 3/16/24 listed to be alone in room unless in elf-transfer from his recliner in his his Report directed the staff to at the nurse's station for closer			
	nat happened. 2 th a gait belt. The his left hand. The proximated (pure cility notified the incident and he sident #1's Incident #1 alone and the staff per next to his bett his legs extensessment reveal the staff assignant for his whe seident #1's Incident #1 as not each the tried to see the seident #1 as not each the staff assignant for his where the seident #1 as not each the tried to see the seident #1 as not each the tried to see the seident #1 as not each the tried to see the seident #1 as not each the tried to see the seident #1 as not each the tried to see the seident #1 as not each the tried to see the seident #1 as not each the tried to see the seident #1 as not each the tried to see the seident #1 apervision.	Nature of Violation That happened. 2 staff assisted him to standing the agait belt. The assessment revealed a skin tear in his left hand. The nurse cleaned the area and proximated (put together) with steri-strips. The cility notified the doctor and Resident #1's son of e incident and his new skin area. The sident #1's Incident Report dated 2/18/24 dicated the staff found him on his bathroom floor. The facility reeducated the staff to not leave esident #1 alone in his bedroom unless he's in end. The Nurses Note dated 3/16/24 at 3:15 PM, flected the staff found Resident #1 lying on the for next to his bed, positioned flat on his back with his legs extended out. He denied pain and his sessment revealed no injuries or skin issues ofted. 2 staff assisted Resident #1 to stand and fansfer to his wheelchair. The sident #1's Incident Report dated 3/16/24 listed the staff to self-transfer from his recliner in his om. The Incident Report directed the staff to ave Resident #1 at the nurse's station for closer	Nature of Violation Class That happened. 2 staff assisted him to standing the agait belt. The assessment revealed a skin tear in his left hand. The nurse cleaned the area and proximated (put together) with steri-strips. The cility notified the doctor and Resident #1's son of e incident and his new skin area. Insident #1's Incident Report dated 2/18/24 dicated the staff found him on his bathroom floor. The facility reeducated the staff to not leave estident #1 alone in his bedroom unless he's in each of the staff found Resident #1 lying on the floor next to his bed, positioned flat on his back the his legs extended out. He denied pain and his seessment revealed no injuries or skin issues ofted. 2 staff assisted Resident #1 to stand and ansfer to his wheelchair. The licident Report dated 3/16/24 listed estident #1 as not to be alone in room unless in each. He tried to self-transfer from his recliner in his own. The Incident Report directed the staff to have Resident #1 at the nurse's station for closer of the staff to have Resident #1 at the nurse's station for closer of the staff to have Resident #1 at the nurse's station for closer of the staff to have Resident #1 at the nurse's station for closer of the staff to have Resident #1 at the nurse's station for closer of the staff to have Resident #1 at the nurse's station for closer of the staff to have Resident #1 at the nurse's station for closer of the staff to have Resident #1 at the nurse's station for closer of the staff to have Resident #1 at the nurse's station for closer of the staff to have Resident #1 at the nurse's station for closer of the staff to have Resident #1 at the nurse's station for closer of the staff to have Resident #1 at the nurse's station for closer of the staff to have Resident #1 at the nurse's station for closer of the staff to have Resident #1 at the nurse's station for closer of the staff to have Resident #1 at the nurse's station for closer of the staff to have Resident #1 at the nurse's station for closer of the staff to have	Nature of Violation Class Fine Amount This left hand. The assessment revealed a skin tear this left hand. The nurse cleaned the area and proximated (put together) with steri-strips. The cility notified the doctor and Resident #1's son of e incident and his new skin area. It is incident Report dated 2/18/24 dicated the staff found him on his bathroom floor. The facility reeducated the staff to not leave stident #1 alone in his bedroom unless he's in ted. The Nurses Note dated 3/16/24 at 3:15 PM, flected the staff found Resident #1 lying on the poor next to his bed, positioned flat on his back th his legs extended out. He denied pain and his seessment revealed no injuries or skin issues ofted. 2 staff assisted Resident #1 to stand and ansfer to his wheelchair. The incident Report dated 3/16/24 listed the staff to not be alone in room unless in the did. He tried to self-transfer from his recliner in his om. The Incident Report directed the staff to not leave the staff to

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City Traer		JB				
Rule or Code Section		lature of Violation	Class	Fine Amou	unt	Correction Date
	unless he had his expected them to should sit in in the when the staff cor The DON acknowl reports indicated unattended in his received reeducated. A Fall Assessment directed to comple Plan reviews and (Quality Assurance to review the incident team input. In additional attempts to dof the week, time occurs. The form reand update the will should be supported to the week, time occurs. The form reand update the will should be supported to the week occurs.	alarms on and laid in bed. She follow that. She said Resident #1 e recliner by the nurses' station uldn't observe him in his room. edged that on the incident Resident #1 fell twice while room. She stated the staff		At	tashe	d POC 040524

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	DESCRIPTION Based on observative, the facility interventions required (Resider required assist of placed around the and ambulation) f	tions, interviews, and record y failed to provide safety uired for 2 out of 4 residents ats #1 and #2). Resident #2 1 staff with a gait belt (a belt waist to aide in safe transfers for transfers and ambulation. A sistant (CNA) let go of the gait				

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e Liis Liis hie	April 2, 2024 - April 4, 20 Class Fine

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		dated 9/18/23 at 5:15 PM, it #2 returned to the facility.		•	
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	indicated the pro- into her surgical s receiving 2 units of Resident #2 also h	ress Notes printed 9/18/23 vided suspected Resident #2 bled lite, resulting in Resident #2 of blood. The note included had a T12 compression fracture ower back of the vertebrae bone).			
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Rule or Code Section	N	lature of Violation	Class	Fine Amount	t	Correction Date
	floor. The towels hand was holding go (of the gait bel of her hands to mexplained she sho belt as Resident # On 4/3/24 at 4:30 (DON), stated under belt use for Resident at a fall with frage related to a differ #2's gait belt. She that a gait belt we the toilet for Residents with assand the staff show when a resident is ambulating. The I education that St. Resident #2 fell at A Major Injury Dedocumented that causing the injury injury was a right The form describe functional ability	PPM, the Director of Nursing derstanding of concern with gait ent #2. This DON acknowledged acture happened a year prior ent CNA letting go of Resident stated her expectations would be ould be used with transferring off dent #2. The DON stated all sist of 1 needed to have a gait belt ald not let go of that gait belt standing, transferring, and/or DON stated the facility provided aff A attended after the last time				

If, within thirty (30) days of the receipt of the citation, you: (1) do not request a formal hearing or; (2) withdraw your request for formal hearing; and (3) pay the penalty, the assessed penalty will be reduced by thirty—five percent (35%) pursuant to lowa Code section 135C.43A (2013).

- Facility Administrator Date

Citation Number 10314	XXXIII				Report April 22	
Facility name Sunrise Hill Care	Center		Survey dates April 2, 2024 - April 4, 2024		4	
Facility address 909 6 th Street						
City Traer		JB				
Rule or Code Section	N	lature of Violation	Class	Fine Amo	unt	Correction Date
	the injury, the prepatient, and the prepatient, and the president #2 had a lowa Administration. The Use of Gait Bedirected the staff that cannot indep the purpose of safe 2. Resident #1's Midentified a BIMS cognitive impairm substantial/maxim transferring. The Nalzheimer's demendance A Care Plan Focus 5/31/23, directed #1 to stay out of hed. If in his bed, opressure pad in chincluded Resident 11/3/23, 11/28/23 2/18/24 and 3/16/2 The Nurses Note of reflected the nurse	IDS assessment dated 12/14/23, score of 3, indicating severe ent. Resident #1 required nal assistance for toilet use and MDS included a diagnosis of nonntia. regarding Fall/Safety initiated the staff to encourage Resident his room unattended unless in ensure he had a bed alarm and nair for safety. The Care Plan #1 fell on 6/4/23, 9/8/23, 8 (resulting in a right hip fracture),	See A			200 040524

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Facility Administrator

Date

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Citation Number 10314	•			H -	rt date 22, 2024	
Facility name Sunrise Hill Care Center			-	Survey dates April 2, 2024 - April 4, 2024		
Facility address 909 6 th Street						
City Traer		JB				
Rule or Code Section	N	lature of Violation	Class	Fine Amount	Correction Date	
	with a gait belt. To on his left hand. Tapproximated (put facility notified the the incident and he resident #1's Incident and the facility reedures and the staff floor next to his bed. The Nurses Note or reflected the staff floor next to his bed. The Nurses Note or reflected the staff floor next to his bed. With his legs extension assessment reveal noted. 2 staff assist transfer to his who resident #1's Incident #1 as no bed. He tried to so room. The Incident have Resident #1 supervision. On 4/4/24 at 10:00	dent Report dated 2/18/24 If found him on his bathroom floo cated the staff to not leave in his bedroom unless he's in dated 3/16/24 at 3:15 PM, If found Resident #1 lying on the red, positioned flat on his back inded out. He denied pain and his aled no injuries or skin issues isted Resident #1 to stand and				

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Citation Number 10314	r				1 -	ort date il 22, 2024
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Rule or Code Section	N	ature of Violation		Class	Fine Amount	Correction Date
	unless he had his a expected them to should sit in in the when the staff course to review the incident team input. In add and attempts to do f the week, time occurs. The had had appeared to the week, the work of the week, the work of the week, the work of the work of the work of the work of the week, time occurs. The form rand update the work of the work of the work occurs.	d not be left alone in alarms on and laid in follow that. She said recliner by the nursuldn't observe him in edged that on the in Resident #1 fell twice room. She stated the ion both times. Protocol updated Auste fall risk assessment ould be reviewed well committee weekly rition, the DON monite termine patterns resofthe day, and whele effected to implement itten plan of care with interdisciplinary teasure.	bed. She Resident #1 ses' station his room. cident e while e staff ugust 2022, ents with Care with the QA the directed meeting with itors all falls egarding day re the fall nt changes th input from	Social	Haraha	al 2000 0405-24

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Facility Administrator

Date

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tes 124 - April 4, 2	024
Fine Amount	Correction Date
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Daviel M. Jannone, M. 04/25/34

Facility Administrator Date

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