STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165535	A. BUILDING _____ B. WING _____	C 02/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET KNOLL CARE AND REHAB CENTER	401 WEST FIFTH STREET AURELIA, IA 51005

(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 000	INITIAL COMMENTS Correction date: _____ The following deficiencies were identified during investigation of Complaint #72878-C conducted on 1/17/18 - 2/6/18. (See Code of Federal Regulations (42CFR0, Part 483, Subpart B - C).	F 000		
F 606 SS=D	Not Employ/Engage Staff w/ Adverse Actions CFR(s): 483.12(a)(3)(4) §483.12(a) The facility must- §483.12(a)(3) Not employ or otherwise engage individuals who- (i) Have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law; (ii) Have had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or (iii) Have a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property. §483.12(a)(4) Report to the State nurse aide registry or licensing authorities any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff. This REQUIREMENT is not met as evidenced by: Based on record review, facility policy, and staff interview, the facility failed to obtain criminal and abuse background checks prior to hiring 1 of 7	F 606		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 606	Continued From page 1 employees (Staff A). The facility reported a census of 18 residents Findings include: The 4/1/17 revised Abuse Prevention, Identification, Investigation and Reporting Policy revealed the facility will screen potential employees by conducting an Iowa criminal record check and dependent adult abuse registry check on all prospective employees prior to hire. The New Employee (Change) Worksheet documented the facility hired Staff A, Registered Nurse on 9/1/17. The Single Contact License and Background Check identified the facility obtained a criminal and abuse background check on Staff A on 1/18/18. Staff A's background checks were cleared when completed 4 months and 17 days after hire. When interviewed on 2/1/18 at 9:00 a.m. the Office Manager stated she forgot to run a background check on Staff A. The Office Manager reported the facility hired Staff A on 9/1/17, and she is still employed at the facility. On 2/1/18 at 12:30 p.m. the Office Manager reported she obtained Staff A's background check on 1/18/18, after the surveyor requested to review Staff A's employee file.	F 606		
F 727 SS=D	RN 8 Hrs/7 days/Wk, Full Time DON CFR(s): 483.35(b)(1)-(3) §483.35(b) Registered nurse §483.35(b)(1) Except when waived under	F 727		

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F 727	Continued From page 2	F 727		

paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.

§483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.

§483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.
This REQUIREMENT is not met as evidenced by:
Based on record review and staff interview, the facility failed to provide the services of a full time DON (director of nursing), and also failed to provide RN (registered nurse) coverage for at least 8 out of every 24 hours. The facility reported a census of 18 residents.

Findings include:

The Employee Earnings History dated 9/30/17 through 1/31/18 noted that Staff A, RN/DON worked 176 hours during that time span.

The September 2017 Nurses' schedule documented that an RN did not work at all on 9/21/17 and 9/29/17.

The October 2017 through January 2018 Nurses' Schedules documented that Staff A primarily worked the 3:00 p.m. to 11:00 p.m. shift as a floor/charge nurse on 15 days from 10/1/17 through 1/31/18.

The January 2018 Nurses' schedule documented that an RN did not work at all on 1/1/18.

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F 727	Continued From page 3	F 727		

When interview on 2/1/18 at 9:00 a.m. the Office Manager reported that currently the DON works the floor on Wednesdays from 2:00 p.m. to 10:00 p.m. and comes in a few times a week to review the Nurse Manager's work. According to the Office Manager, the Nurse Manager handles a lot of the paperwork and day to day tasks the DON typically do and the DON oversees her work. The Office Manager said they did not have a DON from 7/1/17 to 12/15/17 when the current DON stepped into that role on a part time basis. The Office Manager said the Nurse Manager started her duties on 10/1/17.

During a subsequent interview on 2/1/18 at 10:45 a.m. the Office Manger stated the facility did not obtain a waiver.

On 2/1/18 at 1:10 p.m. the Office Manger reported that the 2:00 p.m. to 10:00 p.m. LPN (licensed practical nurse) also worked the 10:00 p.m. to 6:00 a.m. shift to cover for the overnight RN that called in sick on 1/1/18.

When interviewed on 2/1/18 at 2:00 p.m. the DON reported she has a full time job elsewhere, but works at Sunset Knoll as the DON on Wednesdays from 2:00 p.m. to 10:00 p.m. and PRN (as needed.) The DON said she lives nearby so they can call her when they need to.

An interview on 2/5/18 at 2:20 p.m. with the Interim Administrator revealed they did not have a DON when she started as the Interim Administrator on 10/1/17. According to the Administrator, they spoke with the current DON and she agreed to assume the role as the DON on a part time basis beginning 10/1/17. The

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F 727	Continued From page 4 Administrator said they schedule the DON every Wednesday on the 2:00 p.m. to 10:00 p.m. shift to work the floor as the charge nurse and PRN as the DON. The Administrator said they never obtained a waiver. The Administrator said the DON worked the floor as a charge nurse on Wednesdays from 2:00 p.m. to 10:00 p.m. and also fulfilled DON responsibilities as time would allow. On 2/6/18 at 8:53 a.m. the Administrator reported the facility did not have RN coverage on 9/21/17 and 9/29/17. She stated an agency LPN worked on 9/21/17.	F 727		