STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165515	A. BUILDING _____ B. WING _____	C 10/17/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNNYCREST NURSING CENTER	401 CRISMAN STREET DYSART, IA 52224

(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 The following deficiency relates to the investigation of facility reported incident #77934. (See Code of Federal Regulations (42CFR) Part 483, Subpart B-C). The deficient practice was corrected on August 30, 2018, prior to surveyor entrance, therefore a plan of correction and an onsite revisit is not required.	F 000		
F 689 SS=J	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility did not always ensure that each resident received adequate supervision and assistance devices to prevent accidents. Concerns were noted for one resident (#1) who exited the facility without being noticed by staff. A sample of five (5) residents were reviewed who the facility identified as potential "wanderers" and/or who had wanderguard devices. The facility reported a census of 33 residents. Findings include: According to documentation in the medical record, Resident # 1 had diagnoses which	F 689	Past noncompliance: no plan of correction required.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 10/31/2018

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F 689	Continued From page 1 included Alzheimer's disease, diabetes, a history of breast malignancy and Gastroesophageal reflux disease (GERD). The facility Minimum Data Set (MDS) assessment dated 07-25-2018 indicated Resident # 1 required limited staff assistance with most activities of daily living including bed mobility, transferring, dressing, and ambulation in the room and corridor. The assessment also indicated Resident # 1 was unable to complete the Brief Interview for Mental Status (BIMS) indicating severely impaired cognitive and decision making skills. The individual plan of care for Resident #1 included the focus area of "Cognitive impairment at risk to wander; Diagnoses Alzheimer's disease". The goal was that Resident #1 would not leave the facility unattended or injure him/herself during periods of wandering through the next review. Planned interventions and tasks included the following: * Answer all door and/or personal alarms when sounding/follow facility protocol. * Baby doll therapy related to dementia as chooses. * Document and report changes in cognition. * Escort and encourage to take part in exercise and activities. * Identification on clothing. * Keep picture of resident in MAR (medication administration record) for easy identification if needed. * Personalize room with clock, calendar, signs or pictures and * Redirect as needed for safety. According to documentation in the nurse's notes, Resident #1 entered the facility on 07-22-2016 following a fall at home and a fracture of the right	F 689		

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F 689	Continued From page 2	F 689		

humerus. The notation indicated a wanderguard bracelet was applied at that time due to a moderate to high risk of Resident #1 wandering.

Documentation in the nurse's notes dated 10-28-2017 at 1337 (1:37 p.m.) indicated review of Resident #1's medical record revealed no attempts had been made to exit the building. The notation indicated a pressure pad alarm continued to be in use at all times, and Resident #1 was cooperative with assistance. At that time the facility received a new order to discontinue the use of the wanderguard for Resident #1..

A social service notation dated 01-29-2018 as a quarterly MDS note, indicated Resident #1 has a "personal guard as well as a wanderguard due to his/her history of wandering in the past, however there were no noted behaviors during the current ARD (assessment reference date) period."

Documentation in the nurse's notes dated 08-29-2018, indicated that around 1725 (5:25 p.m.) a nurse and nursing assistant at the nurse's station heard a knock at the back door of the south nurse's station. Resident #1 was brought back to the facility by an outside resident (of the community) . The resident (of the community) stated Resident #1 had been spotted walking across some yards.

During an interview on 10-16-2018 at 6:26 p.m. Staff B stated she was working the evening Resident #1 exited the facility. Staff B stated she was getting report (as she had not worked for a couple of days) and she and the nurse heard knocking and at first did not know where the noise/knocking was coming from and then asked

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F 689	Continued From page 3 for assistance to bring Resident #1 back into to facility. Staff B stated she thought Resident #1 had a wanderguard on, at least it was on in December but she wasn't aware if it had been discontinued or not, and did not ask anyone about it. Staff B also stated that if Resident #1 had a wanderguard on, it would have sounded when the resident left the building. She also stated that once the front door closed, the alarm stopped sounding without any staff intervention. During an interview on 10-16-2018 at 3:42 p.m. Staff A stated she thought Resident #1 had a wanderguard on at least a week or so prior to the incident, but on the date of the elopement Resident #1 did not have a wanderguard on. Staff A stated she last observed Resident #1 seated in the dining room at a table when she left for her half hour break. Staff stated the time was either 4:00 or 4:30 p.m. Staff A also stated she was aware that the front door alarmed when opened, but when the door closed, the alarm stopped sounding. She stated she had shared that information with prior administrative personnel. She also added that the front door alarm was faint. During an interview on 10-16-2018 at 12:18 p.m. the facility director of nursing (D.O.N.) stated she was aware that the front door alarm always sounded when the door was opened, and goes quiet (stops sounding) when the door is closed. The D.O.N. also clarified that Resident #1 did not have a wanderguard on at the time he/she exited the building. If a wanderguard had been in place it would have alarmed/sounded even when the door was closed and door alarm stopped sounding.	F 689		

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F 689	Continued From page 4 During an interview on 10-16-2018 Staff C (maintenance) indicated he checked the alarms on all the facility exit doors every day he works, which is Monday through Thursday. He stated each door had a letter (to identify the door location). Staff C stated if the alarm sounded weak, he would change the battery. Staff C indicated the check list is located at the nurse's station and he did not keep any documentation when alarms were changed or if/when other maintenance work was done on the doors and/or door alarms. Review of the facility policy dated 06-05-2009 indicated "in order that all residents remain safe while at Sunnycrest all door alarms will be checked on regular basis. * The alarms located at each and on each door will be checked by the maintenance director each morning, Monday through Friday and by the Charge nurse on the weekend. * All door alarms that are operated by battery will have the batteries changed by the director of maintenance every two months. * All alarms that do not function appropriately upon test are reported to the director of maintenance and are repaired or replaced as needed. * All persons checking alarms need to document that the alarms were checked and functioning properly on the alarm check document." Review of the facility door alarm check list for August 2018 indicated the door alarms were checked on all doors on the following dates: August 1, 2, 6, 7, 8, 9, 13, 14, 15, 16, 20, 21, 22, 23, 27, 28, 29 and 30. There was no	F 689		

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F 689	Continued From page 5 documentation that door alarms were checked on August 3, 4, 5, 10, 11, 12 17, 18, 19, 24, 25,26 30 and 31. During a tour and test of door alarms on 10-16-2018 at 12:33 p.m. the "east south" door did not alarm when tested/opened. Staff on the tour indicated this door was used to accompany residents in and out of the building and had not been "reset". At 12:34 p.m. the motion detector on the "north center" door alarmed but the actual door alarm did not sound. At this time the facility administrator directed the Staff C to replace the batteries in all the door alarms. According to documentation in the nurse's notes dated 08-29-2018 at 1725 (5:25 p.m.) staff placed a wanderguard on Resident #1 and initiated 15 minutes checks on his/her whereabouts. The facility corrected the IJ on 8/30/2018 after a motion alarm was placed next to the front door and checks completed to ensure motion alarm was functioning. The facility ordered a new alarm for the front door. Wandering risks assessments started on all residents to identify all current and new risks. The treatment administrative record was updated to include documentation of location of alarm and functional status. Pictures of all risk residents placed on wander board at nurse's station.	F 689		