

V. Kellen
5/5/17

PRINTED: 05/02/2017
FORM APPROVED

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0208	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/20/2017
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NAME OF PROVIDER OR SUPPLIER SUNNYBROOK AL OF MT PLEASANT	STREET ADDRESS, CITY, STATE, ZIP CODE 1406 EAST LINDEN DRIVE MOUNT PLEASANT, IA 52641
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A 000	481-67 Initial Comments 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. General Population Program Number of tenants without cognitive disorder: 30 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 30 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 8 Total Population of Program at time of on-site: 8 TOTAL census of Assisted Living Program: 38 No regulatory insufficiencies were cited regarding the investigation of Complaint #67446-C. The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an ALP-D.	A 000		
A 003	481-67.2 Program policies and procedures 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	A 003		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X8) DATE _____

DD *5/12/17*

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A 003	<p>Continued From page 1</p> <p>including allegations of dependent adult abuse.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the Program failed to follow its policy regarding nurse notification of accidents and incidents for 2 of 5 tenants reviewed. Findings include:</p> <p>According to an Incident Report and Investigation Worksheet dated 3-14-17 at 5:40 a.m., Tenant #3 was turning in bed, rolled out onto the floor and landed on their bottom. Vital signs were obtained and the Executive Director (a non-nurse) was notified. A licensed nurse was not notified. According to an Incident Report and Investigation Worksheet dated 3-24-17 at 12:10 a.m., Tenant #3 was found sitting on the floor by the bed. Tenant #3 stated they thought they had fallen. Vital signs were obtained and the ED was notified at 1:15 a.m.. The family was notified at 8:00 a.m. A licensed nurse was not notified. According to an Incident Report and Investigation Worksheet dated 3-29-16 (sic 2017) at 11:30 p.m., staff heard a loud noise from Tenant #3's room and found Tenant #3 in the corner by the night stand laying on the floor on their back with their head propped up. The tenant complained of pain in the right hip and there was a skin tear on the right elbow. Vital signs were obtained and the Resident Care Coordinator (a non-nurse) was notified at 11:30 p.m.. Tenant #3's family was notified at 11:35 p.m. and the ED was notified at</p>	A 003	<p>The Executive Director and Nurse will review the policies and procedures of incident reports. All staff have been made aware that they are to contact the nurse when an incident occurs. If they are in charge at the time then they fill out the incident report. The nurse will then ensure that the incident report was filled out, reviewed, and filed correctly.</p>	5/3/17

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A 003	<p>Continued From page 2</p> <p>11:45 a.m. A licensed nurse was not notified. According to the Charting Notes for Tenant #3 dated 3-30-17, the hospital confirmed a right hip fracture.</p> <p>According to an Incident Report and Investigation Worksheet dated 3-16-17 at 6:30 a.m., Tenant #4 fell backwards, landing on her buttocks. Both elbows were scraped. Vital signs were obtained. The Resident Care Coordinator was notified at 6:50 a.m. and the ED was notified at 8:00 a.m. A licensed nurse was not notified. According to Tenant #4's Progress Notes dated 3-16-17 at 10:40 a.m., an entry was made by Staff B regarding Tenant #4's fall, elbow abrasions and treatment. On 4-18-17 at 2:12 p.m., Staff B, the Business Office Manager who was also a Licensed Practical Nurse stated she came to work at 10:30 a.m. on 3-16-17 and was told by staff that Tenant #4 had fallen. She found the incident report on her desk. She stated the previous RN's last day of work was 3-8-17. She did not personally go see Tenant #4 because she was told Tenant #4 was doing fine. The previous nurse trained her to just fill out the nurses notes and only check the tenant in person if there were abnormal findings. She stated she did not know who provided treatment to Tenant #4's elbows.</p> <p>According to the Program's "Accidents and Incidents" policy any licensed nurse in the building was allowed to complete an evaluation to determine if a tenant needed to go to the hospital to be seen. If no licensed nurse was available, and there was a suspected injury, staff were to call 911, the tenant's primary care provider and the family. According to the Program's "Fall with Possible Head Injury" policy if a tenant reported a fall or other incident that</p>	A 003		
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A 003	<p>Continued From page 3</p> <p>included striking their head on a solid surface, the identified nurse in charge was to be notified immediately. Upon instruction of the identified nurse in charge, the caregiver would implement the program protocol.</p> <p>When interviewed on 4-20-17 at 12:45 p.m., the Executive Director stated the previous RN resigned on 3-7-17 and since then the corporation's Regional Nurse, who lived in Illinois, was the Program's on call nurse. If a nurse was needed in the building, staff could call a nurse from another of the corporation's programs for assistance. A new nurse was hired and started in the Program on 4-17-17. There had been no need to utilize a nurse from another corporate program during the time the Program had no designated nurse.</p>	A 003		
A 013	<p>481-67.3(2) Tenant Rights</p> <p>481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews, the Program failed to have working equipment needed to provide tenants with adequate care, treatment and services. Findings include:</p> <p>During a community meeting attended by seven tenants on 4-18-17 at 12:15 p.m. it was revealed the whirlpool was often not working and shut</p>	A 013		

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A 013	<p>Continued From page 4</p> <p>down for repairs. One tenant reported the door was warped and didn't seal. Another tenant provided a list of dates the whirlpool did not work starting in January 2017 through April 2017. The list indicated nine occurrences when the whirlpool was not available for the tenant's scheduled whirlpool baths. Tenants who desired whirlpool baths were not able to receive them due to the equipment not working.</p> <p>When interviewed on 4-19-17 at 1:40 p.m. the Director of Environmental Services confirmed the whirlpool had been unavaialble due to needed repairs. A new door was needed as the door had warped and the seals did not work. A few weeks prior the mixing valve also failed with the water temperature set on high heat. He stated the whirlpool had periodically not worked for approximately one year. He believed the problem had finally been identified as the service technician thought a new door would solve the problem. Parts were being obtained from two different sources and the mixing valve needed to be rebuilt so he was unsure when the whirlpool would be fixed. Invoices revealed service calls had occurred on 1-30-17, 2-9-17 and 2-17-17.</p> <p>On 4-19-17 at 1:52 p.m. the Executive Director stated the whirlpool had been out of order but believed it had been working more often than not.</p>	A 013	<p>SBAL will ensure all tenants recieve adequate and appropriate care and treatment. If and when equipment breaks down the program will see that it is properly fixed and in working order in a timely manner.</p>	5/3/17
A 023	<p>481-67.4(2) Program Notification to Department</p> <p>481-67.4(231B,231C,231D) Program notification to the department. The director or the director's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available:</p> <p>67.4(2) When damage to the program is</p>	A 023		

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A 023	Continued From page 5 caused by a natural or other disaster. This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the Program failed to notify the Department of damage sustained on the courtyard fence during a storm. Findings include: On 4-18-17 at 3:00 p.m., the monitor observed approximately 21 feet of the dementia unit courtyard fence on the ground with grass growing through the slats. The monitor examined the entire fence around the courtyard and in addition to the 21 feet of fence on the ground, noted an additional eight areas where individual slats or boards were missing and/or damaged. On 4-18-17 at 3:40 p.m., the Executive Director (ED) stated there had been a storm on 3-7-17 that resulted in damage to the courtyard fence. The insurance adjustor was notified and bids for repairs were received from three repair companies. She was waiting for bids prior to having the fence repaired. On 4-19-17 at 1:45 p.m., the ED stated she had met with the corporate owners and they decided to replace the entire fence, thus she would need to obtain new bids for the cost of replacing the fence instead of repairing the damaged areas. On 4-20-17 at 12:30 p.m., the ED stated she was not aware the damaged fence required notification to the department.	A 023	Executive Director will review the policy and procedure. Any accidents or unusual occurrences with in the building or premise will be reported with in 24 hours.	5/5/17

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A 121	Continued From page 6	A 121		
A 121	<p>481-67.19(3)c Record Checks</p> <p>481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks.</p> <p>67.19(3)c If a person considered for employment has been convicted of a crime. If a person being considered for employment in a program has been convicted of a crime under a law of any state, the department of public safety shall notify the program that upon the request of the program the department of human services will perform an evaluation to determine whether the crime warrants prohibition of the person's employment in the program.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to ensure criminal history checks were completed as required for 1 of 1 staff reviewed with a criminal history. Findings include:</p> <p>Review of employee files revealed Staff A was hired on 1-27-17. A SING check was completed by the Executive Director (ED) on 1-9-17. The criminal history check revealed further research was required and to await Department of Criminal Investigation's (DCI's) final response for criminal history. On 1-10-17 the criminal history record was received. No evaluation from Department of Human Services (DHS) approving Staff A to work in the Program could be located. On 4-18-17 at 9:45 a.m. the ED stated she was unaware she needed to request an evaluation from DHS after receiving the criminal history.</p>	A 121	<p>The Executive Director will review the state Regulations on record checks and ensure that record checks are completed prior to hire date by doing the record check themselves. After the initial interview, the Executive Director will have the new hire come back in and fill out appropriate paperwork and complete the online background check.</p>	5/4/17

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A 121	Continued From page 7 An evaluation request was sent to DHS on 4-17-17 and approval was received for the staff to work at the Program on 4-18-17.	A 121			
A 089	481-69.26(4)a Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on record reviews, the Program failed to ensure service plans included identified needs for 2 of 5 tenants reviewed (Tenants #2, #4). Findings include: Review of Tenant #2's record revealed a Charting Note dated 2-14-17 that inciated the tenant was extremely agitated and hallucinating the previous day. An entry dated 2-22-17 indicated Tenant #2 had been feeling less anxious since the discontinuation of Lorazepam. A Quarterly Assessment dated 3-17-17 indicated general behaviors had decreased but there was still some concerns regarding the tenant's agitation. Charting Notes dated 4-4-17 indicated Tenant #2 received Haldol late evening on 4-3-17 due to inappropriate and aggressive behaviors. An Incident Report and Investigation Worksheet dated 4-3-17 at 7:00 p.m. indicated Tenant #2 got irritated and urinated on the floor when their family had cancelled plans to pick him/her up.	A 089	SBAL staff will update service plans stating interventions for dealing with agitation, hallucinations, or aggressive behaviors. Service plans will be reviewed and updated as needed every 30 days, 90 days, and annually. All service plans will be reviewed by Executive Director every 30 days.	5/4/17	

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A 092	Continued From page 9 Based on record review, the Program failed to include a list of individualized planned and spontaneous activities in the service plans of 2 of 2 tenants reviewed residing in the dementia unit (Tenants #2, #3). Findings include: Review of Tenant #2's file revealed a diagnosis of dementia and a Global Deterioration Score (GDS) of 5 which indicated moderate severe cognitive decline. A service plan completed on 3-17-17 indicated Tenant #2 would attend activities of choice and would be reminded of upcoming activities. Tenant #2's service plan did not include planned and spontaneous activities based on Tenant #2's abilities and personal interests. Review of Tenant #3's file revealed a diagnosis of dementia and a GDS of 4 which indicated moderate cognitive decline. A service plan completed on 2-14-17 indicated Tenant #3 would attend activities of choice, would be reminded of upcoming activities and would be assisted to and from activities. Tenant #3's service plan did not include planned and spontaneous activities based on Tenant #3's abilities and personal interests.	A 092	SBAL staff will update service plans stating SBAL staff will provide activities based on their personal interest and abilities. Executive Director will review service plans as they are done.	5/5/17	
A 094	481-69.27(1)a Nurse Review 481-69.27(231C) Nurse review. If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse: 69.27(1)a To monitor, at least every 90 days, or after a significant change in the tenant's	A 094			

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A 094	<p>Continued From page 10</p> <p>condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record reviews, the Program failed to complete nurse reviews when tenants had a significant change in condition for 3 of 5 tenants reviewed (Tenants #2, #3, #4). Findings include:</p> <p>According to an Incident Report and Investigation Worksheet dated 3-19-17 at 2:00 a.m., Tenant #2 slid out of bed and hit their head and chest on night stand and ended up sitting on the floor. Tenant #2 complained of chest pain from the night stand and a 1/2 inch skin tear on the head. A nurse review was not completed.</p> <p>According to an Incident Report and Investigation Worksheet dated 3-14-17 at 5:40 a.m., Tenant #3 was turning in bed, rolled out onto the floor and landed on their bottom. According to an Incident Report and Investigation Worksheet dated 3-24-17 at 12:10 a.m., Tenant #3 was found sitting on the floor by the bed. Tenant #3 stated they thought they had fallen. Nurse reviews were not completed for either fall.</p> <p>According to an Incident Report and Investigation Worksheet dated 3-16-17 at 6:30 a.m., Tenant #4 fell backwards, landing on buttocks. Both elbows</p>	A 094	<p>SBAL nurse will complete a nurse review with each incident/change of condition. Once nurse review is completed the Executive Director will review. Executive Director will review all care plans and Nurse Reviews every 30 days.</p>	5/5/17
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A 094	Continued From page 11 were scrapped. A nurse review was not completed.	A 094		
A 151	481-69.34(3) Activities 481-69.34(231C) Activities. 69.34(3) A written schedule of activities shall be developed at least monthly and made available to tenants and their legal representatives. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to provide a written schedule of activities for tenants residing in the dementia unit. Findings include: A monthly calendar of activities for April 2017 for tenants in the general population was provided. There was no calendar of activities for tenants in the dementia unit. On 4-19-17 at 2:18 p.m., the Life Enrichment Coordinator stated she had never created an activity calendar for tenants in the dementia unit. She was not aware she needed to do so until she attended a meeting the previous day where she was told this was required. She stated she created a monthly calendar for the tenants living in the general assisted living area which was included in the monthly newsletter. In addition activities were written on a large white board in the living room of the general assisted living area.	A 151	The executive Director and Life Enrichment Coordinator will plan and review a monthly calendar for memory care. Executive Director and Life Enrichment Coordinator will meet on a monthly bases to ensure that a Memory Care Calendar is done and fits the needs of the Tenants.	5/8/17

Jeanne Rowland
Executive Director
5/11/17