7/11/18

PRINTED: 06/25/2018
FORM APPROVED

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0288	A. BUILDING: _____ B. WING _____	C 06/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNNYBROOK OF MUSCATINE	3515 DIANA QUEEN DRIVE MUSCATINE, IA 52761

(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) COMPLETE DATE
A 000	Initial Comments Assisted Living Programs for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. General Population Number of tenants without cognitive disorder: 44 Number of tenants with cognitive disorder: 2 Memory Care Unit (if applicable) Number of tenants without cognitive disorder: 3 Number of tenants with cognitive disorder: 8 TOTAL Census of Assisted Living Program for People with Dementia: 57 The following regulatory insufficiency was cited during the Investigation of Incident #75632-I	A 000	Plan of correction: - Our program will ensure that staff will be delegated for any task they will complete for a resident. -This will be completed within 60 days of hire for all new hires. -Our program plans to monitor performance through our QA audits completed monthly. - On June 22, 2018 we ensured that all staff hired as of the date; were delegated by the RN on wheelchair use.	
A 117	481-69.29(3) Staffing 481-69.29(231C) Staffing. 69.29(3) The owner or management corporation of the program is responsible for ensuring that all personnel employed by or contracting with the program receive training appropriate to assigned tasks and target population. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure staff received appropriate training for assigned tasks and target population. This pertained to 1 of 1 tenant (Tenant #1) that experienced major injury. Finding follows: Record review revealed Tenant #1's Service Plan,	A 117		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

7/6/18

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A 117	Continued From page 1 dated 3-31-18, noted he/she required assistance of one staff for ambulation and transfers. He/she began to use a wheelchair and would propel himself/herself at times. The Service Plan indicated he/she lacked the ability to understand safety concerns and attempted to ambulate independently at times. Continued record review revealed Tenant #1's Global Deterioration Scale (GDS) dated 3-31-18 revealed a score of five (5) and indicated severe cognitive decline. Review of Tenant #1's Charting Notes dated 4-5-18 revealed a late chart for quarterly assessment, completed 3-31-18, indicated he/she required assistance with toileting, dressing, bathing, grooming, medications, and required assist of one with transfers and ambulation. The assessment noted he/she used wheelchair and propelled himself/herself at times. Review of Incident Report and Investigation Worksheet dated 4-30-18 indicated Tenant #1 self-propelled himself/herself over a curb and fell face first on the concrete. The fall resulted in skin tears and bleeding. The staff called 911 and he/she was transported to the hospital for treatment. Continued record review revealed a lack of staff training regarding wheelchair use and safety for the tenants residing at the Program. When interviewed on 6-7-18 at 9:08 a.m. the Director stated she took two tenants outside on 4-30-18 to enjoy the nice weather. She walked along the sidewalk pushing Tenant #1 in his/her wheelchair and another tenant walked behind them pushing a cart. She stated the other tenant	A 117		

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A 117	Continued From page 2 got stuck on a crack in the sidewalk. She turned to assist the other tenant and when she turned back to Tenant #1 he/she propelled himself/herself over a curb and fell face first onto the concrete. His/her glasses were broken and he/she bled from the nose. Another staff witnessed fall, but was unable to reach Tenant #1 in time. The Director stated she was about three steps away from Tenant #1 and did not think he/she would propel himself/herself. The Director notified family. When the Director visited the hospital she was informed Tenant #1 had numerous skin tears and a fractured nose. The Director stated she knew Tenant #1 had the ability to propel himself/herself in the wheelchair and just did not think to lock the wheels prior to leaving him/her unattended. The Director stated she received no training for wheelchair use and safety. She stated they completed a training to all staff after the incident and now have included this as part of the nurse delegation training.	A 117		