| Citation Number: 5411 | | | Date: October 16, 2 | | | r 16, 2021 |
|---------------------------------|--|--|--|---------|-------|-----------------|
| Facility Name: Sunny View Ca | re Center | | Survey Dates: September 15 – 30, 2021 | | | |
| I - | s/City/State/Zip | | | | | |
| 410 N W Ash D Ankeny, IA 500 | | | | | | |
| ,, | | JM | | | | |
| Rule or | | И. | | Fine Am | nount | Correction |
| Code Section | Natur | e of Violation | Class | | | date |
| 58.28(3)e | facility shall be respon | ety. The licensee of a nursing nsible for the provision and environment for residents | I | \$10,00 | 00 | Upon Receipt |
| | 58.28(3) Resident safety. | | | | | |
| | e. Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III) | | | | | |
| | DESCRIPTION: | | | | | |
| | interviews, and facilit failed to provide adec falls and provide a sa five residents (Reside | ord review, staff and resident by policy review, the facility quate supervision to prevent fe environment for two of ents #40 and #79) reviewed reported a census of 71 | | | | |
| | Findings include: | | | | | |
| | dated 3/30/21 for Re | a Set (MDS) assessment sident #79 recorded ed arthritis, non-Alzheimer's | | | | |

| | | Page 1 of 21 |
|------------------------|------|--------------|
| | | _ |
| Facility Administrator | Date | |

| Citation Number: 5411 | | | | Ē | Date: October | r 16, 2021 |
|---------------------------------|--|---|---------------------|--------|------------------|------------|
| Facility Name: Sunny View Ca | re Center | | Survey D Septemb | | 30, 2021 | |
| Facility Address 410 N W Ash D | s/City/State/Zip r | | | | | |
| Ankeny, IA 500 | | JM | | | | |
| | | | | | | |
| Rule or | | | | Fine A | mount | Correction |
| Code Section | Natur | e of Violation | Class | | | date |
| | had severely impaired was totally dependent mobility and transfers she fell twice and sussince the prior assess received antianxiety as seven and an opioid reseven during the look. Review of the resider 6/3/13, revealed she confusion, unawaren being very unsteady a directed staff to keep position with the left padded side rail for saplace a mattress by the interventions added the room to leave he before staff left the resider of the room to leave he before the room to leave he befor | medication one day out of medication two days out of a back period on had a risk for falls related to ess of safety needs and at times. The Care Plan her bed in the lowest side rail in place, place a afety, use a low bed, and | | | | |

| Facility Administrator | Date |
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| Citation Numb | | 1 | | | Date: | |
|---------------------------------|--|---|----------|---------|----------|------------|
| 5411 | | | | | | r 16, 2021 |
| | | | | | | |
| Facility Name: | | | Survey D | | | |
| Sunny View Ca | | | Septemb | er 15 – | 30, 2021 | |
| _ | s/City/State/Zip | | | | | |
| 410 N W Ash D Ankeny, IA 500 | | | | | | |
| Alikelly, IA 300 | 23 | JM | | | | |
| Rule or | | | | Fine A | Amount | Correction |
| Code Section | Natur | e of Violation | Class | | | date |
| | T | | 1 | | | |
| | The Bio Sheet (pocke | - | | | | |
| | | 9 needed bilateral side rails, | | | | |
| | but lacked other fall i | • | | | | |
| | | Sheet dated 5/5/21 at 9:00 | | | | |
| | AM documented Resident #79 as at high risk for | | | | | |
| | falls. Staff directives included to ensure the l was in its lowest position, placement of a flo | | | | | |
| | • | while in bed, and bilateral | | | | |
| | side rails up. | wille ili beu, allu bilaterai | | | | |
| | side rails ap. | | | | | |
| | The Side Rail assessm | ent dated 6/19/20 revealed | | | | |
| | | le rail to promote her safety | | | | |
| | and independence. | | | | | |
| | The Morse Fall Scale | accessment dated 12/24/20 | | | | |
| | | assessment dated 12/24/20 had a high risk for falls and | | | | |
| | a history of falls. | , ildu a iligii ilsk ioi idiis aliu | | | | |
| | , , , , , , , | | | | | |
| | In a communication to the physician on 4/16/21, | | | | | |
| | staff documented Resident #79 found lying on | | | | | |
| | | the bed on the floor. Staff | | | | |
| | • | with neurological (neuro) | | | | |
| | checks. | | | | | |
| | Communication to th | e physician on 5/4/21 | | | | |
| | | '9 had unwitnessed fall out | | | | |

Page **3** of **21**

Facility Administrator

Date

| Citation Number: 5411 | | | | | Date: Octobe | r 16, 2021 |
|---------------------------------|--|--|---------------------|--------|-----------------|------------|
| Facility Name: Sunny View Ca | re Center | | Survey D Septemb | | 30, 2021 | |
| - | s/City/State/Zip | | | | | |
| 410 N W Ash D Ankeny, IA 500 | | | | | | |
| Allikelly, IA 300 | 23 | JM | | | | |
| Rule or | | | | Fine A | Amount | Correction |
| Code Section | Natur | re of Violation | Class | | | date |
| | more rotated than us with touch to her left obtained an order to emergency room for The resident's Nurse' following information a. On 3/27/21 at 10:2 #79 on the floor at 6: back against the end revealed red/purple owitnessed the fall and checks. b. On 4/16/21 at 4:30 Assistant (CNA) found on her stomach next resident approximate Assessment revealed her left arm by the elincident report and ostaff initiated fall folloc. On 4/30/21 at 9:50 | s Notes revealed the n: 21 AM, staff found Resident 15 AM sitting up with her of the bed. Assessment discoloration. Nobody d staff initiated neuro 2 AM, a Certified Nursing d the resident lying on floor to the bed. A CNA saw the | | | | |

| Facility Administrator | Date |
|------------------------|------|

Page 4 of 21

| Citation Number: 5411 | | | | | Date: Octobe | r 16, 2021 |
|----------------------------------|---|---|---------------------|--------|-----------------|------------|
| Facility Name: Sunny View Car | | | Survey D Septemb | | 30, 2021 | |
| Facility Address 410 N W Ash Dr | · • | | | | | |
| Ankeny, IA 5002 | | 16.4 | | | | |
| ,, | | JM | | | | |
| Rule or | | | | Fine A | Amount | Correction |
| Code Section | Natur | e of Violation | Class | | | date |
| | | | | | | |
| | revealed no injuries a | nd staff would continue to | | | | |
| | monitor. | | | | | |
| | • • | 4 PM, Resident #79 had an | | | | |
| | | of bed and a CNA found her | | | | |
| | • • | m. Resident #79 lay with her | | | | |
| | head toward the door and her left leg bent at a | | | | | |
| | | to end table. The resident's | | | | |
| | knee appeared rotate | | | | | |
| | • | pain when her knee and left | | | | |
| | hip were touched. Th | | | | | |
| | • • | with a possible left hip | | | | |
| | injury. Her vital signs | · | | | | |
| | pressure) 159/67, P (p | • | | | | |
| | , , | ther nurse assessed the | | | | |
| | _ | ieved an injury occurred. | | | | |
| | | nembers and Resident #79 | | | | |
| | transferred to the hos | • | | | | |
| | • | I staff informed facility staffed both femurs and had a | | | | |
| | | | | | | |
| | urinary tract infection | n. PM, Resident #79 returned to | | | | |
| | | e at approximately 5:45 pm. | | | | |
| | • | teral femur breaks and | | | | |
| | | egs to be worn at all times. | | | | |
| | | d with orders for morphine | | | | |
| | | ded for pain, Ativan every 4 | | | | |

Facility Administrator

Date

Page 5 of 21

| Citation Number: 5411 | | | | | Date: Octobe | r 16, 2021 |
|----------------------------------|--|-------------------------------|---------------------|--------|-----------------|------------|
| Facility Name: Sunny View Car | re Center | | Survey D Septemb | | 30, 2021 | |
| <u>-</u> | s/City/State/Zip | | | | | |
| 410 N W Ash D | | | | | | |
| Ankeny, IA 500 | 23 | JM | | | | |
| Rule or | | | | Fine A | mount | Correction |
| Code Section | Natur | e of Violation | Class | | | date |
| <u></u> | | | | | 1 | <u> </u> |
| | hours as needed for a | • • | | | | |
| | , , , | ive days. Resident #79 yelled | | | | |
| | • | ed onto her side. Staff | | | | |
| | positioned her bed in the lowest position and | | | | | |
| | placed a floor mat. Resident #79 was extrem agitated and yelled out in pain when the nur | | | | | |
| | | her legs; unable to assess | | | | |
| | the areas due to resid | | | | | |
| | | AM, staff documented | | | | |
| | = | van and morphine at 10:30 | | | | |
| | | estlessness and pain. The | | | | |
| | | the knee area had a hole | | | | |
| | | ter) round with drainage. | | | | |
| | · · | (dressing), but the resident | | | | |
| | removed the dressing | | | | | |
| | _ | .4 cm with bone seen in the | | | | |
| | • | ranged the immobilizer to | | | | |
| | | nt's leg and keep her bone | | | | |
| | from rubbing on the I | nole. The nursed notified | | | | |
| | Hospice notified and | applied a new dressing. | | | | |
| | h. On 5/22/21 at 7:50 | PM, staff changed the | | | | |
| | dressing to her left kr | nee due to saturation | | | | |
| | through the gauze dr | essing and noted the bone | | | | |
| | appeared to be protruding more than usual. | | | | | |

| | | Page 6 of 2 1 |
|------------------------|------|-----------------------------|
| Facility Administrator | Date | |

| Facility Name: Sunny View Care Center Facility Address/City/State/Zip 410 N W Ash Dr. Ankeny, IA 50023 I. On 5/24/21 at 11:49 AM, staff summoned the nurse to the resident's room at 8:40 AM. Resident #79 had no respirations or heart rate. The Quality Assurance Condition Report dated 5/4/21 at 8:25 PM revealed Resident #79 as found by a CNA. The nurse evaluated the resident; her left leg bent at a 90 degree angle next to the end table and her left knee appeared rotated with pain to the left hip. The nurse called 911. The author added an intervention to the Bio Sheet/care plan for the resident's bed to be in its lowest position and a floor mat by the bed. Both interventions were not on the Bio sheet/care plan and education provided to CNAs. A Witness Statement dated 5/4/21 at 8:25 PM Staff O, CNA documented she last visualized the resident after supper when she laid her down and changed her. Staff O wrote the Bio sheet indicated Resident #79 needed to be on her side because of a wound on her coccyx but didn't say anything about her bed being in the lowest position or a mat on the floor and no signs detailing either of these interventions. Staff O | Citation Number: 5411 | | | | | Date: Octobe | r 16, 2021 |
|--|--------------------------|---------------------------------------|-------------------------------|-------|--------|-----------------|------------|
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| position or a mat on the floor and no signs | | | • | | | | |
| | | | _ | | | | |
| " OCIANUS ENDELO DESENDENCIA MANO " " " " " " " " " " " " " " " " " " " | | - | _ | | | | |
| heard the resident yelling for help and found her | | _ | | | | | |

Page 7 of 21

Facility Administrator

Date

| Citation Number: 5411 | | | | | Date: Octobe | r 16, 2021 |
|---------------------------------|--|--|---------------------|--------|-----------------|------------|
| Facility Name: Sunny View Ca | re Center | | Survey D Septemb | | 30, 2021 | |
| Facility Addres | s/City/State/Zip | | | | | |
| Ankeny, IA 500 | | 10.4 | | | | |
| ,, | | JM | | | | |
| Rule or | | | | Fine A | Amount | Correction |
| Code Section | Natur | e of Violation | Class | | | date |
| | her into a lying position wrong and she complement of the Emergency Department of 5/4/21 revealed and complained of bilitray of left and right known fractures. The Internal Medicine 5/5/21 documented from 5/4/21. The resident hip and leg pain. Per follow bed at nursing factories bed rails to prevent his Somehow, the resident ground by staff and wollower extremity injurit documented the resident distal femur fractures. The Orthopedic Constitution of the Proposition of the Propositio | rtment physician's note d resident fell out of bed lateral leg and hip pain. Xnee revealed distal femur e History and Physical dated Resident #79 fell out of bed ent complained of bilateral family, the resident had a cility, pads on the floor and fer from falling out. In the was found down on the were concerned about her ies. The physician dent had acute bilateral is and consulted Orthopedics. | | | | |

| Facility Administrator | Date |
|------------------------|------|

Page 8 of 21

| Citation Number 5411 | er: | | | Ī | Date: Octobe | r 16, 2021 |
|---------------------------------|---|--|---------------------|--------|-----------------|------------|
| Facility Name: Sunny View Ca | | | Survey D Septemb | | 30, 2021 | |
| Facility Address 410 N W Ash D | s/City/State/Zip r. | | | | | |
| Ankeny, IA 500 | 23 | JM | | | | |
| Rule or | | | | Fine A | mount | Correction |
| Code Section | Natur | e of Violation | Class | | | date |
| | candidate given her had a Employee Warning recorded that Staff W (DON) provided coach regarding leaving resiposition. Resident controlled in injury. An Employee Warning documented Staff M Licensed Practical Nurplace an intervention result the aides did not and Resident #79 fell Staff P immediately with Bio sheet. The resident's Skin Co 5/12/21 revealed sheet. | g Notice dated 5/4/21 I, former Director of Nursing hing to Staff O, CNA dent bed in the highest awled out of bed which g Notice dated 5/5/21 provided coaching to Staff P, rse (LPN) regarding failure to on the Bio sheet and as a ot follow the intervention Staff M instructed that will put all interventions on ondition Report dated that open area with red to showing to her left leg resident wore an | | | | |

| Facility Administrator | Date |
|------------------------|------|

Page **9** of **21**

| Citation Number 5411 | er: | | | | Date: Octobe | r 16, 2021 |
|---------------------------------|------------------------|--|---------------------|--------|-----------------|------------|
| Facility Name: Sunny View Ca | re Center | | Survey D Septemb | | 30, 2021 | |
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| Ankeny, IA 500 | 25 | JM | | | | |
| Rule or | | <u> </u> | | Fine A | Amount | Correction |
| Code Section | Natur | e of Violation | Class | | | date |
| | | | | I | | |
| | In an interview on 9/2 | 23/21 at 9:45 AM, Staff M, | | | | |
| | Registered Nurse (RN |), stated she worked as a RN | | | | |
| | since 2008 and worke | ed at the facility since 2016. | | | | |
| | | with residents and the care | | | | |
| | ' | M used the pocket care plan | | | | |
| | | guide care; the pocket care | | | | |
| | | edge of assistance needed | | | | |
| | | ne referred to the pocket | | | | |
| | · · | e plans set up for each | | | | |
| | | ventions are incorporated. | | | | |
| | Nurses complete follo | • | | | | |
| | _ | nd assessment (possibly | | | | |
| | neurological) every sh | | | | | |
| | ' | completed huddles on each | | | | |
| | shift that updated nu | _ | | | | |
| | · . | ne pocket care plans, placed | | | | |
| | · · | printed them each morning. | | | | |
| | | ere placed in a binder for all M said changes made | | | | |
| | | vere put on the master copy | | | | |
| | | stem the next day. Licensed | | | | |
| | | rventions immediately after | | | | |
| | | t did not agree with the | | | | |
| | _ | ntion, they changed it back | | | | |
| | • | t intervention and then | | | | |
| | | are plan. Staff M reported | | | | |

Facility Administrator Data

Facility Administrator Date

Page 10 of 21

| Citation Number 5411 | er: | | | | Date: Octobe | r 16, 2021 |
|---------------------------------|---|---|---------------------|--------|-----------------|------------|
| Facility Name: Sunny View Ca | | | Survey D Septemb | | 30, 2021 | |
| Facility Address 410 N W Ash D | s/City/State/Zip r | | | | | |
| Ankeny, IA 500 | | JM | | | | |
| | | Jivi | | | | |
| Rule or | | | | Fine A | mount | Correction |
| Code Section | Natur | e of Violation | Class | | | date |
| (| | | | Г | | <u> </u> |
| | 1 | d alarms and used alarms as | | | | |
| | | could not recall that any | | | | |
| | residents currently ut | | | | | |
| | | it #79 and believed that she | | | | |
| | | I history. Staff M stated that | | | | |
| | Resident #79 came on and off Hospice. Staff | | | | | |
| | | on 5/4/21 in which Resident | | | | |
| | | and fractured her femurs. | | | | |
| | | the hospital and returned | | | | |
| | on 5/5/21. On the e | _ | | | | |
| | | t Resident #79's bed was left | | | | |
| | | nd the side rails were up. | | | | |
| | | esident #79 climbed over | | | | |
| | · | ils. Staff M did not know for | | | | |
| | | ised a regular bed or a low | | | | |
| | , , , , , , , , , , , , , , , , , , , | spice services at the time of not know whether or not the | | | | |
| | | | | | | |
| | · · | ained fall interventions that e time of the fall. Staff M | | | | |
| | | DON at the time of the | | | | |
| | • | recall concerns with the fall | | | | |
| | | the fall. Staff M stated | | | | |
| | | alarm at the time of the fall. | | | | |
| | | intervention put into place | | | | |
| | | ed staff put interventions in | | | | |
| | - | The management team | | | | |

Facility Administrator

Date

Page 11 of 21

| | | 1 | | | | |
|---------------------|---------------------------------------|-------------------------------|----------|--------|----------|------------|
| Citation Number: | | | | | Date: | |
| 5411 | | | | | Octobe | r 16, 2021 |
| Facility Name: | | | Survey D | ates: | <u> </u> | |
| Sunny View Ca | re Center | | | | 30, 2021 | |
| Facility Address | s/City/State/Zip | | | | | |
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| Ankeny, IA 500 | 23 | JM | | | | |
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| Rule or | | <u> </u> | | Fine A | Mount | Correction |
| Code Section | Natur | e of Violation | Class | | | date |
| | m | | | | | |
| | | lanned interventions, and | | | | |
| | assisted with implem | entation. Staff M | | | | |
| | | at risk for falls with any | | | | |
| | medication changes, | ,, , | | | | |
| | • | ior out of the norm, room | | | | |
| | changes or new admi | | | | | |
| | assessed for fall risk u | • | | | | |
| | | or with any physical or | | | | |
| | behavioral changes. S | | | | | |
| | | dmission paperwork and in | | | | |
| | | record (EHR) or in the paper | | | | |
| | | ited fall assessments in the | | | | |
| | | M reported she monitored | | | | |
| | | entions were implemented | | | | |
| | <u>-</u> | eets. The management team | | | | |
| | | n off on changes made and | | | | |
| | discussion at shift rep | ort. | | | | |
| | In an interview on 9/ | 23/21 at 11:40 AM, Staff O, | | | | |
| | | sed at the facility for three | | | | |
| | • | miliar with the residents, | | | | |
| | | w much assistance they | | | | |
| | · · · · · · · · · · · · · · · · · · · | o the Bio sheets which had | | | | |
| | , , | ch resident. Staff O, stated | | | | |
| | | located on the back of the | | | | |
| | Bio sheets (for examp | | | | | |

Facility Administrator

Date

Page 12 of 21

| Citation Number: 5411 | | | | ate: October | 16, 2021 |
|---|---|---------------------|------------------------|-----------------|------------------------------|
| Facility Name: Sunny View Care Center | | Survey D Septemb | Dates: per 15 – 30, | , 2021 | |
| Facility Address/City/State/Zip 410 N W Ash Dr. | | | | | |
| Ankeny, IA 50023 | JM | | | | |
| | 7141 | | | | |
| Rule or | | | Fine Amo | ount | Correction |
| | re of Violation | Class | | | date |
| | | | 1 | | |
| | and the front of the Bio | | | | |
| | v much assistance each | | | | |
| | aff O stated the facility no | | | | |
| - | larms. Resident #79 fell on | | | | |
| | eported she put the resident | | | | |
| | to bed that evening. Staff O reported she had not | | | | |
| | in a while, and did not know | | | | |
| | nge in cognition, her crawling | | | | |
| | nt fall. Staff O reported she | | | | |
| I | sheet prior to assisting | | | | |
| • | oted she had a body pillow on | | | | |
| | of the reason. Staff O stated | | | | |
| | interventions related to falls. | | | | |
| | out because she hadn't | | | | |
| <u> </u> | ertinent information related | | | | |
| | not shared. Staff O assisted | | | | |
| I | and placed a body pillow and | | | | |
| _ · | couple of hours later she | | | | |
| l | elling. Staff O found Resident | | | | |
| I | noted an injury as her leg | | | | |
| | appeared in pain. Staff O | | | | |
| | r assistance. Staff O stated | | | | |
| | aff put interventions in place. | | | | |
| | rked all the residents' walls | | | | |
| | e bed should be left after the | | | | |
| incident. | | | | | Page 13 of 2 ' |

Facility Administrator

Date

| Citation Numb | er: | | | | Date: Octobe | r 16, 2021 |
|---|--|---|---------------------|--------|-----------------|------------|
| Facility Name: Sunny View Care Center Facility Address/City/State/Zip | | | Survey D Septemb | | 30, 2021 | |
| 410 N W Ash D | | | | | | |
| Ankeny, IA 500 | 23 | JM | | | | |
| Rule or | | | | Fine A | mount | Correction |
| Code Section | Natur | e of Violation | Class | | | date |
| | CNA, stated she had a 9/2020, and was fam resided in the front hutilized the care plans cares the residents no located at the nurse's printed daily for the stated fall intervention resident's name on the tells staff what type of the resident needed. provided information new interventions we and placed these on the reported Resident #7 A worked the evening #79 fell from her bed transferred Resident Staff A stated she bel to have her side rails state if other interversided in the staff of the side rails state if other interversided in the staff of the side rails state if other interversided in the staff of the side rails state if other interversided in the staff of the side rails state if other interversided in the staff of the side rails state in the staff of the side rails staff of t | 9 had a history of falls. Staff of 5/4/21 when Resident. Staff A and Staff O #79 into bed on 5/4/21. ieved the Bio sheet directed down but she could not nations were on the Bio sheet thought the resident had | | | | |

Page **14** of **21**

Facility Administrator

Date

| Citation Numb | er: | | | | Date: October | r 16, 2021 |
|---|--|--|---------------------|--------|------------------|-----------------|
| Facility Name: Sunny View Care Center Facility Address/City/State/Zip 410 N W Ash Dr. | | | Survey D Septemb | | 30, 2021 | |
| Ankeny, IA 500 | | JM | | | | |
| Rule or Code Section | Natur | e of Violation | Class | Fine A | Amount | Correction date |
| | Certified Medication she had worked at the was familiar with Reserported the resident bed, on the opposite pillow against the side anytime Resident #79 she knew to use the season sheet. She also state until the resident pass. In an interview on 9/2 reported she worked and cared for Resident used a side resident used a side resident used and the pad persident used the bed and the pad persident use the side stated Resident #79 time of her death. In an interview on 9/2 CNA, reported she worked she worked stated Resident #79 time of her death. | 27/21 at 11:26 AM, Staff R, Assistant (CMA), reported e facility for four years and ident #79's cares. Staff R used a 1/2 side rail on her side of the wall, and a body e rail. Staff used the side rail of lay in bed. Staff R reported side rail by reviewing the Bio d the side rails were used sed away. 27/21 at 11:32 AM, Staff B at the facility for one year at #79. Staff B recalled the ail located in the middle of colaced against the side rail ide rail. She stated she rails per the Bio sheet. She utilized the side rails until the 27/21 at 11:38 AM, Staff Q, orked at the facility for four ed Resident #79 utilized side all mat on the floor opposite | | | | |

Page 15 of 21

Facility Administrator

Date

| Citation Numb 5411 | er: | | | | Date: Octobe | r 16, 2021 |
|---|--|--|---------------------|--------|-----------------|------------|
| Facility Name: Sunny View Care Center Facility Address/City/State/Zip | | | Survey D Septemb | | 30, 2021 | |
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| 7 | | JM | | | | |
| Rule or | | | | Fine A | Amount | Correction |
| Code Section | Natur | e of Violation | Class | | | date |
| | Q reported the Bio shinterventions. In an interview on 9/3 Corporate Nurse, reppolicy related to falls Policy. At 11:21 AM, no other fall policies of the Resider revealed following and directed staff to docutaken and section 2.1. follow-up information specific instruction to 2. The admission MD documented Residen 5/31/18. The resident above the knee amplingury (TBI), depression arthritis. The MDS resident interview for med 13, which indicated in the section in the section of the s | 30/21 at 10:53 AM, Staff H, orted the facility had no besides the Resident Safety Staff H reported there are utilized at the facility. Int Safety Policy, dated 2016, resident fall, section 2.k. Iment any corrective action directed to documented in The policy contained no update resident Care Plans. S assessment dated 4/6/21 t #40 entered the facility on it had diagnoses of a right utation, traumatic brain | | | | |

Facility Administrator

Date

Page 16 of 21

| Citation Number 5411 | er: | | | | Date: Octobe | r 16, 2021 |
|---|---------------------------------------|--|---------------------|--------|-----------------|------------|
| Facility Name: Sunny View Care Center Facility Address/City/State/Zip | | | Survey D Septemb | | 30, 2021 | |
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| Ankeny, IA 500 | 23 | JM | | | | |
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| Rule or | | | | Fine A | mount | Correction |
| Code Section | Natur | e of Violation | Class | | | date |
| | avtanciva assistance | of two for had mahility and | | | <u> </u> | |
| | | of two for bed mobility and ndence on two for transfers, | | | | |
| | • | e assistance to roll left and | | | | |
| | · · · · · · · · · · · · · · · · · · · | nented Resident #40 fell | | | | |
| | | ince her prior assessment. | | | | |
| | | · | | | | |
| | The facility Quality As | ssurance Condition Report | | | | |
| | | O AM documented Staff K, | | | | |
| | | #40 rolled out of bed and hit | | | | |
| | | on the bedside table while | | | | |
| | - | nen change. Resident #40 | | | | |
| | | ump was sore and slightly re in use at the time of the | | | | |
| | | completed the report, | | | | |
| | | mental concerns, and wrote | | | | |
| | | rails. Initiated interventions | | | | |
| | included counseling o | of Staff K and the resident. | | | | |
| | | | | | | |
| | | nt report dated 6/23/21 | | | | |
| | _ | he process of changing the | | | | |
| | · · · · · · · · · · · · · · · · · · · | told the resident to roll. As | | | | |
| | • | s and a bedpan from area, out of bed onto the floor. On | | | | |
| | | added to the report that staff | | | | |
| | were educated on Re | | | | | |
| | | items needed to the bedside | | | | |

Facility Administrator

Date

Page 17 of 21

| Citation Number 5411 | er: | | | | Date: October | 16, 2021 |
|---------------------------------|-------------------------|--|-----------------------|--------|------------------|------------------------------|
| Facility Name: Sunny View Ca | | | Survey Da Septembe | | 30, 2021 | |
| Facility Address 410 N W Ash D | s/City/State/Zip - | | | | | |
| Ankeny, IA 500 | | | | | | |
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| Rule or | | | | Fine A | mount | Correction |
| Code Section | Natur | e of Violation | Class | 1 | | date |
| | | | | | | |
| | when changing Resid | ent #40. Staff K, CNA added | | | | |
| | she had everything ne | ext to her. She stepped back | | | | |
| | | the package of wipes out of | | | | |
| | , , | moment, the resident rolled | | | | |
| | | noted Resident #40 rolled by | , | | | |
| | herself and Staff K jus | st cued her. | | | | |
| | la on intomious on 0/s | 15/21 at 2:15 DNA Docidont | | | | |
| | | 15/21 at 3:15 PM Resident | | | | |
| | #40 reported while st | | | | | |
| | - | aide told her to roll over. ed was down and she rolled | | | | |
| | | floor causing broken ribs and | | | | |
| | | follow up interview on | | | | |
| | | Resident #40 stated she fell | | | | |
| | out of bed while staff | | | | | |
| | | ne stated staff told her to | | | | |
| | | bed and then roll back | | | | |
| | toward them. When | she rolled back to staff, no | | | | |
| | | esident #40 fell off the bed. | | | | |
| | Resident #40 blamed | staff for the fall out of the | | | | |
| | bed. She stated there | e was only one staff member | | | | |
| | in the room. During t | his interview, Resident #40 | | | | |
| | reported her only inju | ury was bruising to the | | | | |
| | stump of her amputa | ted leg. She further stated | | | | |
| | she had a different fa | ll where she broke her ribs a | | | | |
| | very long time ago. | | | | | |
| | | | | _ | | Page 18 of 2 1 |

Facility Administrator

Date

| Citation Number: 5411 | | | | | Date: October | 16, 2021 |
|---|---|----------------|---------------------|--|------------------|----------|
| Facility Name: Sunny View Care Center Facility Address/City/State/Zip 410 N W Ash Dr. | | | Survey D Septemb | | 30, 2021 | |
| Ankeny, IA 50023 | | JM | | | | |
| Rule or Code Section | Natur | e of Violation | | | Correction date | |
| | In a joint interview on 9/21/21 at 12:11 PM, the Administrator and Staff H, Director of Clinical Services reported that Staff K received counseling for Resident #40's fall. Education completed regarding turning and having resident turn into your body. In an interview on 9/22/21 at 2:30 PM, Staff K reported she was assisting Resident #40 to change depends (incontinence briefs) and asked the resident to roll toward her. Staff K stated she stepped back maybe one inch to grab a wipe and Resident #40 rolled onto floor. Staff K denied stepping several feet away from the resident. In an interview on 9/22/21 at 2:48 PM, Staff L, LPN stated Staff K reported she turned Resident #40 and asked Resident #40 to roll toward her. When Resident #40 rolled, the CNA thought Resident #40 had stopped rolling and she turned to grab a wipe. Resident #40 continued to roll and rolled onto the floor. Staff L thought the fall was preventable, but she did not witness the fall. | | | | | |

Page 19 of 21

Date

Facility Administrator

| Citation Number: 5411 | | | | | Date: October | r 16, 2021 |
|---|---|-------|-----------------------------|--|------------------|------------|
| Facility Name: Sunny View Care Center Facility Address/City/State/Zip 410 N W Ash Dr. | | | Survey D Septemb | | 30, 2021 | |
| Ankeny, IA 50023 | | JM | | | | |
| Rule or Code Section | Natur | Class | Fine Amount Correction date | | | |
| | At the request of the DON, Resident #40 reinterviewed on 9/29/21 at 9:39 AM regarding her fall on 6/23/21. Resident #40 stated she felt the CNA was at fault for her fall. Resident #40 reported the CNA had Resident #40 turn to the wall. The CNA removed her brief and then told Resident #40 to roll back toward her. Resident #40 said when she rolled back toward the CNA, she rolled onto the floor because the CNA was over by the door to the room. Resident #40 said the trash can held the door open and the CNA went to throw away her brief. Resident #40 reported a minor injury of bruising to her right above the knee amputation stump. The resident's Care Plan, updated 4/23/21, reflected Resident #40 at a moderate risk for falls and had activities of daily living (ADL) self-care performance deficit related to amputation above the right knee. The resident required assistance of two for bed mobility when repositioning the head of the bed, otherwise the assistance of one for turning. The Care Plan identified Resident # | | | | | |

Page **20** of **21**

Facility Administrator Date

| Citation Number: 5411 | | | | | Date: October | r 16, 2021 | | |
|--|--------------------|----------------|-------|---------------------|-----------------------------|-----------------|--|--|
| Facility Name: Sunny View Care Center | | | | Dates: nber 15 - | Dates: ber 15 – 30, 2021 | | | |
| Facility Address/City/State/Zip 410 N W Ash Dr. | | | | | | | | |
| Ankeny, IA 50023 | | JM | | | | | | |
| Rule or Code Section | Natur | e of Violation | Class | | Amount | Correction date | | |
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| | | | | | | | | |

Page 21 of 21

Facility Administrator

Date