

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/05/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>165556</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/22/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUNNYCREST MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2375 ROOSEVELT STREET</b> <b>DUBUQUE, IA 52001</b>		
(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	F 000			
F 333 SS=G	<p>483.45(f)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS</p> <p>483.45(f) Medication Errors.</p> <p>The facility must ensure that its-</p> <p>(f)(2) Residents are free of any significant medication errors.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews, the facility failed to administer medications as ordered by the physician which resulted in a significant medication error and hospitalization. Resident #3 received an administration of Resident #4's morning medication. on 8/16/17 (Resident #3). The facility self corrected the deficiency and performed audits to ensure the nurse had not made additional errors. The audit and a medication administration inservice on 8/19/17, determined the facility had self corrected the error prior to the investigation. The sample consisted of 9 residents and the facility reported a census of 76 residents.</p> <p>Findings include:</p> <p>Review of the August 2017 Medication Administration Record, identified Resident #3 had diagnoses which included eating disorder, obsessive compulsive disorder and chronic</p>	F 333	Past noncompliance: no plan of correction required.		

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 333	<p>Continued From page 1</p> <p>obstructive pulmonary disease (COPD).</p> <p>Review of the Minimum Data Set (MDS) assessment form dated 08-09-2017 indicated Resident #3 scored 13 (of 15) points on the Brief Interview for Mental Status (BIMS). A score of 13-15 reflected no cognitive impairment. According to the facility plan of care, Resident #3 exhibited long term and short term memory loss and periods of confusion. The MDS assessment described Resident #3 as being able to transfer and ambulate independently.</p> <p>According to record review, Resident # 4 had diagnoses which included paranoid schizophrenia, anxiety, obsessive compulsive disorder, postural kyphosis and osteoporosis. Review of the MDS dated 07-27-17 Resident #4 scored 12 (of 15) points on the BIMS indicating mild cognitive decline. According to the facility plan of care Resident #4 transferred and ambulated independently.</p> <p>During an interview on 08-21-2017 at 12:28 p.m. Staff A stated she worked the overnight shift on 8/15/17 from 10:00 p.m. to 6:30 p.m. to 6:30 a.m. on 08/16/2017. Staff A stated about 5:20/5:30 a.m. (on 08/16/2017) she observed Resident #3 in the solarium seated at a table. Staff A stated a nursing assistant informed her that Resident #4 was also in the solarium resting in a recliner. Staff A stated she dispensed the morning medications for both Resident # 3 and # 4. Staff A stated she took both medication cups to the solarium and placed one cup in front of Resident #3. Staff gave Resident #4 a dietary supplement and then returned to Resident #3 to administer a treatment. Staff A then returned to the medication cart, placing the remaining medication cup on the</p>	F 333			

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F 333	<p>Continued From page 2</p> <p>cart. At that time Staff A stated she recognized the medication cup appeared to contain Resident #3's medications. Staff A stated she then started doubting herself on which medications Resident #3 had consumed. She stated she destroyed the unused medications and reported the possible error to her supervisor. Review of the medication list identified Resident #3 received the following medications belonging to Resident #4: Synthroid 50 mcg (thyroid medication), MAPAP 325 milligrams (analgesic), Buspar 15 milligrams (anti-anxiety, Clozapine 100 milligrams 3 tablets (antipsychotic), Colace 100 milligrams (stool softener), Lorazepam 0.5 milligrams (antianxiety), Zyprexa 15 milligrams (antipsychotic), Artane 2 milligrams (for Parkinson's disease and helps with stiffness, tremors).</p> <p>According to documentation in the Nurse's Notes dated 08-16-2017 at 5:40 a.m. Resident #3 was observed (by a resident friend) to drop his/her pop bottle and all of a sudden became not him/herself. Documentation at 5:55 a.m. indicated staff alerted Resident #3's physician and received orders to transfer Resident #3 to the emergency room. At that time Resident #3's condition remained unchanged.</p> <p>According to the hospital history and physical report, another resident's medications were accidentally given at perhaps 6:00 this morning. Resident had "slurred speech, alteration in mental status, can respond to stimulation but not able to put things together." The notation also indicated the Resident #3 "is likely to become more lethargic in the next several hours given the sedative effects of the medications given and fairly long half-life. (Resident #3) has chronic underlying hypoxic respiratory failure with COPD,</p>	F 333			

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F 333	<p>Continued From page 3</p> <p>sleep apnea, pulmonary fibrosis and is at high risk for respiratory failure. For safety, he/she is intubated in the Emergency Department." The note indicated the resident in serious condition.</p> <p>According to documentation in the Nurse's Notes dated 08-19-2017, Resident #3 returned to the facility at 1:55 p.m. Resident #3 was alert and expressed happy to be back [to the facility].</p> <p>Staff A's medication administration pass was audited. Staff A did not have a history of medication errors.</p> <p>The Administrator provided a typed response that all nurses and certified medical assistants would have medication pass audits by 9/15/17. The audit would be repeated in the next 3 to 6 months or until all the nurses and certified nursing assistants have been again audited to assure compliance with facility standards of practice.</p>	F 333		