IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

February 19, 2009

Peggy VanAmerongen, Director
Sunnybrook Ashford Park
1406 E Linden Dr
Mount Pleasant, IA 52641-1891

RE: Recertification Monitoring Evaluation Report, SunnyBrook Ashford Park, Mount Pleasant, IA

Dear Ms. VanAmerongen:

The Department of Inspections and Appeals (DIA) has completed the review of your Plan of Correction (POC) in response to the **Recertification Monitoring Evaluation Report.** Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiencies, DIA accepts your POC.

The recertification process entails other requirements that are not yet completed. We still need an updated food service license and information in regard to the CLIA certificate. Upon receipt of these items the certificate will be issued.

If you have any questions regarding this certification, please contact me at 515-281-4116.

Sincerely,

Chris Nothaft
Certification Coordinator – Eastern Iowa
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Recertification Monitoring Evaluation Report

Assisted Living Program:

Peggy VanAmerongen, Director
Sunnybrook Ashford Park
1406 E Linden Dr
Mount Pleasant, IA 52641-1891

Date of Monitoring Visit:

January 20, 2009

Monitor(s):

Stephanie Cummins, MA

Definitions:

The following definitions are relevant:

Regulatory Insufficiency - A violation of a statutory or rule provision within the Iowa Code or Iowa Administrative Code (IAC) governing assisted living programs. A regulatory insufficiency requires a plan of correction to be presented to, and approved by, the Department of Inspections and Appeals (DIA).

Plan of Correction - A written response to one or more regulatory insufficiencies that are rule violations [321 IAC 25.8(3)]. The plan should identify how, and by a specific date, an insufficiency will be corrected. The plan is due to DIA within ten (10) working days of the program's receipt of a Recertification Monitoring Evaluation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Dementia-specific assisted living program - An assisted living program certified under this chapter that either serves five or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

An on-site monitoring evaluation was conducted at Sunnybrook Ashford Park on January 20, 2009. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* - Not applicable.

Dementia Specific Program (DSP)* – Current number of tenants in a DSP that serves 5 or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale (GDS):

Current number of tenants without cognitive disorder:	31
Current number of tenants with cognitive disorder:	6
Total Population of GPP:	37

Dementia Specific Program (DSP)* – A program that is dementia specific and provides specialized care in a dedicated setting.

Total Population of DSP:	12
Total Census of ALP:	49

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Tenant/Family Satisfaction Results – A community meeting with 15 tenants and one visitor were held. The tenants do not have any concerns regarding housekeeping, laundry or maintenance. They state staff are good; however, more staff are needed. One tenant states his/her medications are administered late and another tenant states he/she is left unattended in the whirlpool. The tenants report they wait to be served at meals and state it is usually 15 minutes; however, at times it is 30 minutes. One tenant reports his/her call for assistance was answered in two minutes; however, two tenants stated it took a half hour recently. One of the tenants that waited 30 minutes states this occurred in the 8:00-9:00 a.m. hours one time and after supper the other time. One tenant has requested follow up from the nurse and it did not occur. Tenants state the quantity of food is appropriate; however, the temperature and quality need improvement. They state at times the temperature of the food is not warm enough, the meat quality is poor and it is overcooked and difficult to cut. They state there is too much rice or pasta served and at times the food is burnt. The tenants have concerns regarding sanitation at meals and state, at times, the staff do not wear gloves and their hair is not pulled back. (Staff files were reviewed and staff have appropriate training regarding food and sanitation.) Tenants report concerns that are brought up at the tenant council meetings are not resolved. The temperature in tenants' rooms and the dining room is cold at times. One tenant states he/she has a draft that comes into his/her apartment. The activities are sufficient and the activity staff do a good job, according to tenants. Tenants receive a calendar and activities are written on the board. They enjoy outings, exercise, musical performances and surprise pie day. Tenants feel safe, have routine fire drills and the alarms are loud enough to hear. Tenants are concerned with lack of

administrative staff on the weekends. They report they are satisfied with the program and would recommend it to others.

Program History – There were no substantiated Regulatory Insufficiencies this past certification period.

On-Site Monitoring Evaluation – The monitor(s) made the observations detailed in the following areas.

A. Nurse Review - Program provides a registered nurse to ensure the appropriate administration and documentation of medications, ensure that physician orders are current, and assess and document the tenants' health related activities. [321 IAC 25.30]

Monitoring Observation: Four tenant files were reviewed. Tenant #1 and Tenant #2 had physician orders not appropriately transcribed on the MAR.

Tenant #1, a 96 year old, was admitted on 12-27-05 and diagnoses include: Diabetes Mellitus (DM), Hypertension (HTN), Atrial Fibrillation, Transient Ischemic Attack (TIA), Diverticulosis, Artherosclerosis, Fractured Left Ankle and Fractured Left Hip. Discharge orders noted by the nurse on 12-9-08, indicated Milk of Magnesia (MOM) as needed, was ordered. The medication was not put on the Medication Administration Record (MAR) until 1-20-09, the day of the recertification visit. The MOM was not put on the December 2008 MAR or January 2008 MAR until 1-20-09. The nurse indicated the tenant did not request the MOM during this time.

Tenant #2, an 82 year old, was admitted on 2-20-05 and diagnoses include: Dementia, HTN and Hyperthyroidism. The tenant was staged at a six on the Global Deterioration Scale (GDS), which indicated severe cognitive impairment. The tenant resided in the dementia unit. The tenant was found on the floor and was sent to the Emergency Room (ER) on 1-10-09. The tenant had a contusion to the nose and forehead and had two new physician orders. One order stated ice packs were to be applied three times daily for 20 minutes each and another order stated ice packs as needed. Both orders were noted by the nurse on 1-10-09. Neither of the orders were transcribed on the MAR. The nurse indicated staff accompanied the tenant to the ER and the doctor told staff to put ice on his/her nose; however, the doctor stated the tenant may not leave the ice on due to the tenants dementia. The nurse stated the tenant refused the ice packs.

- Regulatory Insufficiency: The program did not consistently ensure that health care professionals' orders, for tenants receiving health care professional-directed care from the program, are current. (25.20(2))

B. Staffing - The provisions of this section address the program's staffing and training practices and associated documentation in responding to the identified needs of the tenant. [321 IAC 25.33]

Monitoring Observation: A community meeting with 15 tenants and one visitor was held. The tenants stated the staff were good; however, there were not enough staff. One tenant stated his/her medications were administered late and another tenant stated he/she was left unattended in the whirlpool. The tenants reported they wait to be served at meals and stated it was usually 15 minutes; however, at times it was 30 minutes. One tenant reported his/her call for assistance was answered in two minutes; however, two tenants stated it took a half hour. One of the tenants that waited 30 minutes stated this occurred in the 8:00-9:00 a.m. time frame and once after supper. Staff #2 stated there was not sufficient staff to meet the needs of tenants. Staff #2 stated things get done; however, it's very hectic and it takes longer to get things done.

Interviews with Staff #1, #2 and #3 indicated they drew up insulin and injected insulin. A review of staff files indicated the nurse had documented the delegation of injecting insulin; however, documentation of delegation of drawing up insulin was not found. Staff #1, #2, and #3 indicated the nurse observed them drawing up insulin. The nurse indicated she had taught and been given return demonstrations for drawing up insulin in the medication management class. The staff training of drawing up insulin was not documented.

- Regulatory Insufficiency: The program did not consistently provide sufficient trained staff available at all times to fully meet tenants' identified needs. (25.33 (1))

Dated this 19th day of February, 2009.