IOWA DEPARTMENT OF

INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

April 22, 2009

Colleen Warner, Director
Sunnybrook Assisted Living of Fairfield
3000 W. Madison Avenue
Fairfield, IA 52556-4205

Dear Ms. Warner:

The Department of Inspections and Appeals (DIA) has finalized your recertification report and received the information on the apartment sizes. Your Plan of Correction has been approved and the standard certificate is attached.

Enclosed you will find an Assisted Living Program Certificate **#S0170** with effective dates of **February 19, 2009 through February 18, 2011**. This certificate must be posted in the building for public viewing.

If you have any questions in regard to the certification, please contact me at 515/281-4116. Thank you for your patience.

Sincerely,

Chris Nothaft

Chris Nothaft
Certification Coordinator-Eastern Iowa
Adults Services Bureau

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

Assisted Living Program: **Incident Intake #: 21399-I**

Colleen Warner, Director
Sunnybrook Assisted Living of Fairfield
3000 W. Madison Avenue
Fairfield, IA 52556-4205

Date of Recertification/Incident Investigation:

January 14, 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 26.2(5)(a)]. 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 an Incident Investigation 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 321 IAC - chapter 25 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 special care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

An on-site visit was conducted at Sunnybrook Assisted Living of Fairfield on January 14, 2009. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – A program that is not a Dementia Specific program, but may have tenants with cognitive disorder.

Current number of tenants without cognitive disorder:	49
Current number of tenants with cognitive disorder:	3
Total Population of GPP:	52

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

Total Population of DSP:	8
Total Census of ALP:	60

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

Accreditation Status – Not applicable.

Tenant/Family Satisfaction Results – A community meeting with 46 tenants was held. The tenants do not have any concerns with housekeeping or laundry and state maintenance is prompt. When tenants were asked how they would describe staff, the group applauded. They state staff are excellent and there are sufficient staff to meet their needs. Tenants' state staff responds quickly when they call for assistance. They state weekends are short staffed; however, they are still getting their needs met. Tenants state the food is good and there is a nice environment in the dining room. One tenant had concerns regarding staff touching the top of the glasses. (Staff files were reviewed and staff have appropriate training regarding food and sanitation.) The temperature of the food is appropriate; however, one tenant stated the baked beans need to be warmer. Overall, the quality of the food is appropriate; however, one tenant stated one time the chicken was cooked inappropriately. At times, the meat is a little tough and more meatless options were requested by two tenants. When the tenants were asked about activities they applauded. There are sufficient activities and tenants enjoy Bingo, musical programs and exercises. They receive an activity calendar. Tenants feel safe, have no personal belongings missing and indicate there are routine fire drills. Tenants indicate they are getting what they signed up for when they came to the program. They make their own decisions and feel the nurse is available and accessible. Tenants are satisfied with the program and would recommend it to others. One tenant states he/she had moved and gone to "Heaven." When asked what made the program a nice place the tenants state the nice atmosphere, staff are friendly and one tenant stated an Elvis impersonator visited the program.

Program History – There have been no Regulatory Insufficiencies this past certification period.

Incident Investigation – The investigator(s) made the observations detailed in the following areas.

A. Evaluation of Tenant - The program evaluates each tenant's functional and cognitive abilities and health status and the determination of needed services as required. [321 IAC 25.23(1) and/or (2)]

Monitoring Observation: Tenant #1, a 74 year old, was admitted on 5-5-06 and diagnoses include: Dementia and Depression. 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's family has moved the tenant's belongings out of the program, according to notes.

According to Nurse's/Care Notes dated 12-3-08 to 12-18-08 the tenant fell or was found on the floor four times. On 12-22-08, staff checked on the tenant and found him/her on the floor between a table and the bed. The nurse stated the tenant's pain was only noticeable if the tenant stood to walk and they stopped walking the tenant after the fall. The nurse was concerned about getting the tenant into a hospital and expressed verbally to staff what cares needed to be provided; however, it was not updated on the service plan. Evaluations were last completed on 9-25-08. Evaluations were not completed as needed.

- Regulatory Insufficiency: The program did not consistently evaluate each tenants' functional, cognitive and health status as needed to determine the tenants' continued eligibility for the program and to determine any modifications to the services needed. (25.23(2))

B. Service Plan – Program has an individualized service plan developed and updated for each tenant as required. [321 IAC 25.28]

Monitoring Observation: Tenant #1's service plan was last updated on 9-25-08. According to Nurse's/Care Notes dated 12-3-08 to 12-18-08 the tenant fell or was found on the floor four times. On 12-22-08, staff checked on the tenant and found him/her on the floor between the table and the bed. The nurse stated the tenant's pain was only noticeable if the tenant stood to walk and they stopped walking the tenant after the fall. The nurse was concerned about getting the tenant into a hospital and expressed verbally to staff what cares needed to be provided; however, did not update the service plan. The tenant's service plan was not updated as needed.

- Regulatory Insufficiency: The program did not consistently develop service plans for tenants, as needed, when a tenant needs personal care or health-related care. (25.28(3))

C. Medications – Program has a comprehensive written medication policy that allows tenant self-administration, but accommodates the need for tenant medication assistance via nurse delegation. The medication assistance is appropriately supervised and administered. Medications are appropriately stored. [231C.16A]

Monitoring Observation: During the medication pass in the dementia unit, the monitor observed medications administered to Tenant #6. Tenant #6 received Cephalexin,

500mg, one capsule, three times daily. It was observed that the 2:00 p.m. and HS doses were not initialed as given on 1-13-09. Staff initialed the medications on 1-14-09, the day of the on-site. The medication was checked and the medication was administered; however, was not documented as given.

Tenant #2	Vitamins-Multi Minerals (liquid), 5cc, daily.	12-18-08 at 8:00 a.m., not given or not signed as given.
Tenant #6	Ferrous Sulfate, 325 mg, one tablet twice daily.	1-11-09 at 5:00 p.m., not given or not signed as given.
Tenant #6	Lorazepam, .5 mg, take one every evening.	1-11-09 at 5:00 p.m., not given or not signed as given.
Tenant #6	Allopurinol, 100 mg, every day.	1-1-09 & 1-2-09 at 8:00 a.m., not given or not signed as given.
Tenant #6	Cephalexin, 500 mg, one capsule three times per day for 10 days.	1-15-09 at 8:00 a.m. and at 2:00 p.m. shows the MAR was signed as if the medication was given; however, the on-site occurred on 1-14-09, prior to that date.
Tenant #6	Amlodipine 5/20, take one every day.	1-15-09 at 8:00 a.m. the MAR was signed as if the medication was given; however, the on-site occurred on 1-14-09, prior to that date.
Tenant #6	Glyburide, 5 mg, take one tablet twice daily.	1-15-09 at 8:00 a.m. the MAR was signed as if the medication was given; however, the on-site occurred on 1-14-09, prior to that date.
Tenant #6	Ferrous Sulfate, 325 mg, one tablet twice daily.	1-15-09 at 8:00 a.m. the MAR was signed as if the medication was given; however, the on-site occurred on 1-14-09, prior to that date.

- Regulatory Insufficiency: The program did not administer medications by an Iowa-licensed registered nurse or advanced registered nurse practitioner registered in Iowa or the authorized agent in accordance with 655—subrule 6.2(5) and 655—subrule 6.3(1) and Iowa Code chapter 155A and in executing the medical regimen as prescribed by the physician, the registered nurse shall exercise professional judgment in accordance with minimum standards of nursing practice as defined in these rules: 25.29(2)a, 655-6.2(5)e(152).

D. 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]

Incident Allegation: It was reported by the program that Tenant #1 fell on 12-3-08, 12-6-08 and 12-22-08. It was reported on 12-22-08, the program felt the tenant was in pain, but only had a Tylenol ordered. It was reported the medication was administered; however, the tenant was still in pain and the ability to reposition the tenant was limited due to the pain. It was reported the tenant is in the hospital and is not expected to be discharged from the hospital because the tenant's condition deteriorated quickly.

Monitoring Observation: Tenant #1's nurse's/care notes and incident reports indicate the tenant was found on the floor on 12-2-08 and 12-3-08 with no injuries. An order was received to decrease Zyprexa. On 12-6-08 the tenant was found on the floor and had reddened areas around the eyes. On 12-10-08 the tenant was taken to the doctor and Aricept was discontinued. On 12-18-08 the tenant was found on the floor and had a skin tear on the right elbow. On 12-22-08 staff checked on the tenant and found him/her on the floor between the table and the bed. The incident report indicated the tenant was complaining of pain in the left hip. The tenant's vitals were B/P 141/83, pulse 92 and temperature 97.5° F. The report indicated family, who was the tenant's Durable Power of Attorney for Health Care Decisions, was notified. The nurse's/cares notes had an entry dated 12-22-08 at 1350 that indicated the tenant was found on the floor and complained of left thigh pain. According to notes, there was no redness or bruising noted. The family was contacted and encouraged to take the tenant to the doctor. The note stated the family would set up an appointment and call back. The tenant had an appointment at 1600 on 12-23-08. The tenant returned to the program at 1730 on 12-23-08 and the doctor indicated there were only contusions. No x-rays were completed. The nurse indicated that the tenant left with family on 12-25-08. The tenant did not return to the program and the nurse indicated family, in the past, had taken the tenant home for a week at a time. The Director received a phone call from the tenant's family on 12-29-08 at 1600. The tenant was admitted to the hospital with bilateral fractures of the hips, one was old and one was new. On 12-30-08 the nurse received a phone call from the orthopedic surgeon at 1600. The doctor stated the bilateral hip fractures were old and when asked what was considered old, the doctor stated, possibly years. The Director received a telephone call on 12-31-08 that stated the tenant was actively dying.

A review of the tenant's PRN Medication Administration Record (MAR) indicated Tylenol, 325 mg, was administered on 12-22-08, 12-23-08 (9:30 a.m. and 8:00 p.m.) and 12-24-08. The record indicated the medication was effective.

The nurse indicated she was in the building when the tenant was found on the floor and she responded within one minute of being notified. The nurse and staff assisted the tenant into a wheelchair and the nurse stated she did not observe any rotation or shortening of the legs. Once in the wheelchair, the tenant rubbed his/her left thigh. The tenant did not complain of hip pain. The nurse indicated the tenant's leg was kept aligned and that PRN Tylenol took the edge off the pain for the tenant. The nurse indicated she did not feel an ambulance was needed at the time of the incident and had she no hip concerns at that time. The nurse stated the tenant's pain was only noticeable if he/she stood to walk and they stopped walking the tenant after the fall. The nurse was

concerned about getting the tenant into a hospital and expressed verbally to staff what cares needed to be provided; however, the cares were not updated on the service plan. The nurse indicated she would have called the ambulance; however, she did not feel it would change any outcomes for the tenant. The nurse stated the staff and nurse did as much for the tenant as possible.

The nurse indicated the tenant exceeded the appropriate level of care. According to notes on 1-7-09 the tenant's personal items were moved from the room. According to the notes dated 1-14-09 the discharge planner was contacted and stated the tenant was receiving Hospice services.

- Regulatory Insufficiency: None noted.

Dated this 22nd day of April, 2009.