IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint Intake #: 35883-C

September 23, 2011

Ms. Lisa Hanson, Nurse Manager
SunnyBrook of Mt. Pleasant
1406 East Linden Drive
Mount Pleasant, IA 52641

RE: Final Complaint Investigation Report – SunnyBrook of Mt. Pleasant, Mt. Pleasant, IA

Dear Ms. Hanson:

Enclosed is the **Final Complaint Investigation Report** from the on-site monitoring visit of September 21, 2011, completed by the Department of Inspections and Appeals ("DIA") in accordance with Iowa Code chapter 231C and Iowa Administrative Code ("IAC") chapters 481—67 and 481—69. **No Regulatory Insufficiencies were identified.**

If you have any questions regarding the enclosed Report, please contact me at 515/281-4116.

Sincerely,

Jim Berkley

Jim Berkley
Program Coordinator
Adult Services Bureau

Enclosure

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IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Complaint/Incident Investigation Report

Assisted Living Program:

Lisa Hanson, Nurse Manager
SunnyBrook of Mt. Pleasant
1406 East Linden Drive
Mount Pleasant, IA 52641

Complaint/Incident Intake #: 35883-C

Date of Complaint/Incident Investigation:

September 21, 2011

Monitor(s):

Margaret Kaltefleiter, RN MS

Definitions: ***The following definitions are relevant:***

Assisted Living Program – A program certified under 481 IAC 69 that provides housing with contracted services to three or more tenants in a physical structure that provides a homelike environment. Services may include but are not limited to health-related care, personal care, and assistance with instrumental activities of daily living. A General Population Program is an Assisted Living Program that is not dementia-specific but may have tenants with cognitive disorder.

Dementia-Specific Assisted Living Program - An assisted living program certified under 481 IAC 69 that serves fewer than fifty-five (55) tenants and has five (5) or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale (GDS), or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the GDS, or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Regulatory Insufficiency - A violation of a statutory or rule provision within the Code of Iowa (2011) or the 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 statutory or rule violations. The plan should identify how and by what date each regulatory insufficiency will be corrected, and what measures will be taken to ensure the problem does not recur. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint/Incident Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Overview: ***In preparing this report, the following information was considered:***

Current Program Census

Assisted Living Programs are defined by the type of population served. The census numbers below were provided by the Program at the time of the on-site visit.

General Population Program	
Number of tenants without cognitive disorder:	32
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	32
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	5
Number of tenants with cognitive disorder:	5
Total Population of Program at time of on-site	10
TOTAL census of Assisted Living Program	42

Program History – There were regulatory insufficiencies cited during this certification period in the area of medications.

Complaint/Incident Investigation – The Complaint/Incident investigator(s) made the observations detailed in the following areas:

A. Staffing

Complaint/Incident Allegation: It was alleged a staff member who passes medications stated he/she used drugs prior to going to work and has made medications errors.

- Monitoring Observation: Five staff files were reviewed. Criminal background checks were completed prior to employment for all staff members and results were negative for any criminal activity. Pre-employment drug screens were performed for all five staff members and all results were negative. The Nurse Manager stated employment is dependent upon all applicants passing a pre-employment drug screen and background checks. She stated she does not have any staff members that have had excessive medication errors or have risen to a level of concern to her in passing medications. She stated she has never felt any tenants were at risk. The Nurse Manager has the ability to conduct random drug tests if there are medication errors, suspicious behaviors, missing medications or something out of the ordinary. She stated she has not had any concerns with staff members coming to work under the influence of drugs. Interviews were conducted with Staff #1 and #2 who passed medications. Staff #1 and #2 had not had any medication errors within the past three months and did not have any concerns regarding other staff members passing medications.

A review of medication error reports from 7-10-11 through 9-21-11 revealed seven errors that did not have any negative outcomes for the tenants involved. A medication pass for three tenants was observed without any concerns.

- Regulatory Insufficiency: None noted.

Dated this 23rd day of September 2011.