IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

August 28, 2012

Mr. Bruce Boehm, Administrator
SunnyBrook of Carroll
1214 E. 18th Street
Carroll, IA 51401

RE: Final Recertification Monitoring Evaluation Report – SunnyBrook of Carroll, Carroll, IA

Dear Mr. Boehm:

Enclosed is the **Final Recertification Monitoring Evaluation Report** 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.

DIA has completed the review of your Plan of Correction (POC) in response to the **Preliminary Recertification Monitoring Evaluation Report**. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiency, DIA accepts your POC. The Final report is enclosed.

The review of the recertification documents you submitted has been completed and the documents are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Enclosed you will find the Assisted Living Program Certificate **S0285** with effective dates of **September 10, 2012** through **September 9, 2014**.

If you have any questions in regard to this certification, please contact me at 515/281-4116.

Sincerely,

Jim Berkley

Jim Berkley
Program Coordinator
Adult Services Bureau

Enclosure

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Recertification Monitoring Evaluation Report

Assisted Living Program:

Bruce Boehm, Administrator
Sunny Brook of Carroll
1214 E. 18th Street
Carroll, IA 51401

Date of Monitoring Visit:

June 19-20, 2012

Monitor(s):

Hal L. Chase, RN BSN MPH
Lori Miner, RN BSN

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 were provided by the Program at the time of the on-site.

General Population Program	
Number of tenants without cognitive disorder:	29
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	29

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	0
Number of tenants with cognitive disorder:	11
Total Population of Program at time of on-site	11
TOTAL census of Assisted Living Program	40

Tenant/Family Satisfaction Results – A community meeting was held with 18 tenants in attendance. Tenants reported living at the Program was second best to living in their own homes. Their apartments and the building and grounds were clean safe and sanitary. Housekeeping services were completed to the tenants' satisfaction. Nursing services were available when needed and staff responded within a couple of minutes of being called. Staff was trained to provide the services needed and staff treated tenants with respect and dignity, courteous and well-meaning. The food was good, with a variety of meats and vegetables offered. There were plenty of activities offered for both tenants in the general population and tenants from the dementia unit would often attend. Tenants reported feeling safe, made their own decisions related to personal and health-related cares, and would recommend the Program to anyone.

Program History –There were no regulatory insufficiencies during this recertification period.

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

A. Service Plan

Monitoring Observation: Six tenant files were reviewed. No issues were found with Tenant #4, #5 and #6.

Tenant #1, an 84 year-old, was admitted on 3-16-09 and had diagnoses of: Coronary Artery Disease (CAD), Dyspepsia and Alzheimer's Dementia. A Global Deterioration Scale (GDS) was completed on 6-15-12 and staged Tenant #1 at six, which indicated severe cognitive decline. Tenant #1 resided in the dementia unit.

Tenant #1's physician was notified on 4-23-12 Tenant #1 was harder to redirect from the exit door of the dementia unit, was taking other tenant's belongings, hiding things in his/her shoes and getting upset with other tenants.

On 5-3-12 Tenant #1's physician was notified Tenant #1 was tearful, crying and reported other "people" were hitting him/her. Tenant #1 was pacing, was unsettled, and staff was not successful in redirecting Tenant #1.

An incident report of 5-16-12 indicated Tenant #1 wanted to leave the Program. Staff was resetting the door alarm when Tenant #1 hit staff in the arm. An incident report of 5-17-12 indicated Tenant #1 exited the dementia unit when staff entered the dementia unit. Staff attempted to redirect Tenant #1, but Tenant #1 walked outside the Program and tried to get into anyone's car that was driving by the Program. Three incident reports of 5-19-12, separated by 15 minutes each time, indicated Tenant #1 tried to shove staff into a wall, dug his/her nails into staff and kicked at staff. An incident report of 5-23-12 indicated Tenant #1 pushed staff into a door with his/her elbows, dug his/her nails into staff's side while staff was shutting off the door alarm. An incident report of 5-28-12 indicated Tenant #1 punched staff in the stomach while staff was redirecting Tenant #1 from the exit door.

Nurse's notes of 5-29-12 indicated Tenant #1's physician ordered medications to be administered in response to Tenant #1's behavior. A 90-day nurse review of 6-5-12 indicated Tenant #1's behavior had improved and there had been no recent reports of aggression and Tenant #1 was easier to redirect. The Activities Director was interviewed and reported Tenant #1 wanted to go home, became anxious, was able to be redirected and was not physically aggressive. Staff #1 was interviewed and reported Tenant #1 wandered the dementia unit, went into other tenant's room, but was able to be redirected and was not physically aggressive. Staff #2 was interviewed and reported Tenant #1 was exit seeking and would look for his/her mother. Tenant #1 would push the exit door, hear the door alarm and would stop pushing the exit door at that time. Tenant #1 was not physically aggressive. Medication changes made a couple of week earlier had improved Tenant's behavior and outlook on life. Staff #7 was interviewed and reported Tenant #1 got upset, wanted to go home and exit seeks, but hasn't been physically aggressive.

Tenant #1's service plans of 5-29-12 and 6-15-12 did not have interventions related to behavior of wandering, exit seeking and potential physical aggression toward staff.

Tenant #2, an 80 year-old, was admitted on 9-22-09 and had diagnoses of: Severe Alzheimer's Dementia and Chronic Obstructive Pulmonary Disease (COPD). Tenant #2 was staged at six on the GDS which indicated severe cognitive decline. Tenant #2 resided in the dementia unit. Tenant #2 was admitted to hospice on 4-18-12 for COPD, Dementia, Debility, and Failure to Thrive. The hospice admission assessment dated 4-18-12 indicated Tenant #2 became agitated when hospice staff attempted to assist Tenant #2. The hospice assessment dated 5-1-12 indicated Tenant #2 calmed with humming. The hospice clinical note of 5-8-12 indicated Tenant #2 calmed when staff spoke quietly in his/her ear. Music also calmed Tenant #2. The hospice clinical note of 5-22-12 indicated Tenant #2 required much encouragement to shower and was repeating a "mantra" with increased urgency. Music was started which calmed Tenant #2 a bit and Tenant #2 was not combative with cares. The hospice care plan update dated 5-31-12 indicated staff should use quiet, slow movements and a soft voice when working with Tenant #2. The hospice assessment of 6-5-12 indicated if Tenant #2 was agitated, the music "Jesus Loves Me" was played and Tenant #2 calmed down.

The hospice Plan of Care updated and dated 6-14-12 revealed staff members were to use music with showers, and be slow, patient, and deliberate with cares. An interview with the Activity Director revealed Tenant #2 becomes anxious, and singing "Jesus Loves Me" is calming. The Activity Director also stated staff members were to state something once and give Tenant #2 time to process and respond to a request rather than repeating a request several times to maintain calm with Tenant #2. Staff #2 stated Tenant #2 sometimes used a doll for comfort.

The Program's nursing assessment dated 4-19-12 with documentation found in the nurse's notes indicated Tenant #2 wore absorbent briefs for incontinence and was to be changed in bed during the overnight hours due to aggression and agitation when waking. Functional, cognitive, and health evaluations were completed on 4-19-12 and the service plan was updated with admission to hospice. The service plan identified Tenant #2 exhibited some anxiety, but did not identify interventions used to combat the anxiety. The service plan did not identify the use of music, the specific song "Jesus Loves Me," making requests once and waiting for Tenant #2 to respond, using a calm voice, or whispering in Tenant #2's ear as effective calming measures for Tenant #2. The service plan did not indicate Tenant #2's needs and preferences for assistance related to anxiety.

Tenant #3, a 69 year-old, was admitted on 5-13-11 and had diagnoses of: Alzheimer's Dementia, CAD, History of Myocardial Infarction, HTN, Hyperlipidemia and Benign Prostatic Hyperplasia. A GDS was completed on 5-4-12 and staged Tenant #3 at five, which indicated moderately severe cognitive decline. Tenant #3 resided in the dementia unit. Tenant #3's physician was notified on 1-10-12 Tenant #3 had increased wandering and had been urinating in trash cans. On 3-28-12 Tenant #3's physician was notified Tenant #3 was isolating himself/herself and had stopped participating in organized activities. On 4-16-12 Tenant #3's physician was notified Tenant #3 woke up angry, would strike out at staff without making contact, continued to not participate in activities three to four days out of seven days. The physician responded that Tenant #3's behavior was "classic dementia progression." On 4-18-12 Tenant #3's physician was notified Tenant #3 was sleeping more and when staff attempted to wake Tenant #3 he/she would become angry and strike out at staff. On 4-29-12 Tenant #3's physician was notified staff attempted to administer medications to Tenant #3 and he/she kicked at staff, jumped out of bed, cornered staff in the bathroom and told staff he/she was going to "kill" staff and punched staff in the chest are arms. Thirty minutes later Tenant #3 approached staff while feeding fish in an aquarium and told staff if they didn't leave Tenant #3 was going to kill them and tried to hit staff.

Nurse's notes of 4-30-12 indicated Tenant #3 was admitted to the hospital for observation. Medication changes were made during the hospitalization. Tenant #3 was discharged from the hospital and returned to the Program. The Program completed functional, cognitive and health evaluations and updated to the service plan, however, the service plan did not have interventions related to Tenant #3's behavior related to self isolation, physical aggression and verbal threats of aggression.

Staff #1 was interviewed and reported Tenant #3 had been recently hospitalized related to the incident of 4-29-12. Since Tenant #3's return, there had been no incidents of physical or verbal aggression. Staff #2 was interviewed and reported Tenant #3 resisted staff attempts to get out of bed in the morning and would be verbally and physically aggressive.

Since Tenant #3's return from a recent hospitalization there had been no further episodes of verbal and physical aggression. Staff #7 was interviewed and reported there had been only one incident of Tenant #3 being verbally and physically aggressive and there had been no other incidents since Tenant #3's return from the hospital. The Activities Director and the Program Nurse were interviewed and reported Tenant #3's behavior had significantly improved upon return from the hospital.

Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum: (a) The tenant's identified needs and preferences for assistance.
(IAC r. 481-69.26(4)(a))