IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake: 38711-I

August 28, 2012

Ms. Jessica Umthun, Manager
Sunnybrook of Fort Madison
5025 River Valley Road
Fort Madison, IA 52627

RE: Final Complaint/Incident Investigation & Recertification Monitoring Evaluation Report – Sunnybrook of Fort Madison, Fort Madison, IA

Dear Ms. Umthun:

Enclosed is the **Final Complaint/Incident Investigation & 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 Complaint/Incident Investigation & 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 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 **S0280** with effective dates of **August 8, 2012** through **August 7, 2014**.

If you have any questions in regard to this certification, please contact me at 515/281-7039

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program:

Jessica Umthun, Manager
Sunnybrook Assisted Living
5025 River Valley Road
Fort Madison, Iowa 52627

Complaint/Incident Intake #:

38711-I

Date of Complaint/Incident Investigation:

April 17 and 18, 2012

Monitor(s):

Maribeth Freland RN
Joyce Kix RN

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:	30
Number of tenants with cognitive disorder:	1
Total Population of Program at time of on-site	31

Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	0
Number of tenants with cognitive disorder:	12
Total Population of Program at time of on-site	12
TOTAL census of Assisted Living Program	43

Tenant/Family Satisfaction Results – A community meeting was held with 15 tenants in attendance. The tenants reported general satisfaction with the program. They reported respectful staff interaction and timely response to calls made using emergency pendants. The tenants reported the food served by the program was palatable and the provision of scheduled activities plentiful. They reported the program's environment to be clean and safe, acknowledging they would recommend the program to others.

Program History – The program had no regulatory insufficiencies this certification period.

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

A. Staffing

Complaint/Incident Allegation: The program reported Tenant #2 fell while unattended by staff members, resulting in a fracture of the cervical spine.

- Monitoring Observation: The monitors reviewed the program's incident report forms documenting tenant falls between January 2012 and April 2012, noting multiple falls occurred during this time period, finding no other tenant falls resulting in a fracture except for Tenant #2's. The monitors also interviewed administrative personnel and staff members who were involved in caring for tenants residing in the program. The program utilized a personal emergency response system for cognitively intact tenants and utilized procedures for scheduled safety checks performed by staff members for cognitively impaired tenants. A group interview was held with 15 tenants in attendance, all who reported timely staff member response when summoned by a tenant using the program's personal emergency response system.

The monitors reviewed the clinical records of Tenants #2, #3 and #4, all who had experienced one or more falls in the previous four months. The monitors noted no safety concerns when reviewing the clinical records of Tenants #3 and #4. Both tenants had been evaluated by the registered nurse (RN) to determine individualized safety needs and each had an appropriate service plan dictating safety needs.

Tenant #2, an 88 year old, was admitted on 12-5-11 with diagnoses of: Anemia, Hyperlipidemia, Thrombocytopenia, and Hypertension. Tenant #2 currently resided in the memory care unit. Tenant #2 scored 4 on the Global Deterioration Scale (GDS), completed 4-4-12 which indicated moderate cognitive decline. The service plan dated 1-4-12 directed that Tenant #2 required assistance when getting up from a chair due to unsteady gait and a history of falls. The clinical record documented Tenant #2 sustained unwitnessed falls on 1-31-12 and 3-15-12 with minor injuries. The program implemented frequent safety checks due to Tenant #2's inability to remember to use the call system. Tenant #2 was found on the floor on 4-4-12 and sustained a fracture of a cervical vertebra which required placement of a soft cervical collar. The program developed additional interventions 4-4-12 for verbal reminders, frequent safety checks and placed signs around the tenant's room and on the tenant's walker to remind him/her to call for help prior to transferring. The monitor observed Tenant #2 on 4-17-12 at 5:00 p.m. and again on 4-18-12 at 9:35 a.m. ambulating in his/her room independently with a wheeled walker.

- Regulatory Insufficiency: None noted.

The following insufficiencies were identified during the recertification monitoring protocol:

B. Medications

- Monitoring Observation: The monitors reviewed the program's documentation of medication error reports completed between January 2012 and April 2012, which revealed documented errors for Tenants #8, #9 and #10, and reviewed multiple tenant clinical records, noting the following:

Tenant #	Physician's Order	Date	Error Noted
Tenant #1	Aricept 10 milligram (mg) daily	3-28-12	Not signed as given. No reason for omission identified.
Tenant #1	Seroquel 100 mg daily	3-29-12	Not signed as given. No reason for omission identified.
Tenant #1	Pravastatin 20 mg daily	12-27-11 and 1-4-12	Not signed as given. No reason for omission identified.
Tenant #5	Estrace Cream 0.5 mg inserted twice weekly	2-2-12 and 2-6-12	Not signed as given. No reason for omission identified.
Tenant	Melatonin 1 mg at	2-22-12	Not signed as given. No

#5	bedtime.		reason for omission identified.
Tenant #5	Trimethoprim 100 mg every 3 days beginning 2-22-12.	Should have been given 2-22, 25, 28-12.	Given on 2-24, 27-12. Only given 2 times instead of 3 times.
Tenant #5	Trimethoprim 100 mg every 3 days.	Should have been given 3-1,4,7,10,13,16,19,22,25-12.	Given on 3 2,7,9,12,14,16,19,21,23,25-12.
Tenant #8	Aricept 10 mg daily	3-28-12	Not given according to medication error report.
Tenant #8	Namenda 10 mg daily	3-28-12	Not given according to medication error report.
Tenant #9	Oxycodone 5 mg at noon	3-12-12 and 3-21-12	Not given according to medication error report.
Tenant #10	Isosorbide 20 mg, Atenolol 25 mg and Aricept 10 mg	1-4-12	Medications not given on 2-10 shift according to medication error report.

- Regulatory Insufficiency: The administration of medications shall be provided by a registered nurse, a licensed practical nurse or advanced registered nurse practitioner registered in Iowa or by unlicensed personnel in accordance with requirements in 655-Chapter 6 governing nurse delegation. (IAC r. 481-67.5(6) a.)

C. Service Plans

- Monitoring Observation: Tenant #1, a 93 year old, was admitted on 7-18-09 with diagnoses of Anxiety and Dizziness. Tenant #1 resided in the memory care unit. The GDS of 12-9-11 documented Tenant #1 scored 4 which indicated moderate cognitive decline. The service plan, dated 12-11-11, documented the tenant was continent of bowel and bladder and was independent in toileting needs. During interview on 4-18-12, Staff #1, universal worker (UW), reported Tenant #1 was having almost daily accidents of bowel requiring extensive clean-up because Tenant #1 did not wear incontinent briefs and would attempt to void in inappropriate places. Staff #2, UW, stated that Tenant #1 had been slipping with toileting for about a month. Staff communication note of 2-22-12 documented Tenant #1 had a bowel movement (BM) accident requiring a shower. Staff communication note of 4-6-12 documented Tenant #1 had a messy BM and was given a shower. Staff communication note of 4-16-12 documented Tenant #1 had a large BM mess all over his/her room. The service plan for Tenant #1 did not reflect the current individualized interventions to meet the specific needs of Tenant #1.

  Tenant #5, an 88 year old, was admitted on 1-28-11 with diagnoses of Alzheimer's Disease, Chronic Urinary Tract Infections and Insomnia. Tenant #5 resided in the program's memory care unit at the time of the monitoring visit. Tenant #5 scored a 4 on the GDS completed on 4-4-12, which indicated moderate cognitive decline. Tenant #5's service plans, dated 1-25-12 and 4-4-12, documented he/she required the assistance of one staff member for bathing, grooming dressing, transfers, ambulation

and toileting assistance several times every shift. Task sheets, dated February, March and April 2012, directed staff members to assist Tenant #5 with hygiene/grooming needs in the morning and evening, assist with dressing in the morning and evening, assist with all mobility on first, second and third shift, ambulate Tenant #5 in the hallways after breakfast, lunch and supper, and assist with toileting needs on first, second and third shift.

According to staff member signatures on the above stated task sheets, staff members did not assist Tenant #5 as identified on the service plan as follows:

Task	Dates of Omission
Hygiene/Grooming assistance in the evening	February 2,3,6,8 and 29, 2012. The sheet lacked indication for the reason of omission.
Dressing assistance in the evening	February 2,3,6,8 and 29, 2012. The sheet lacked indication for the reason of omission.
Mobility assistance on first shift	Entire month of February 2012- documenting staff allowed the tenant to ambulate independently during this month; entire month of April 2012- documenting staff allowed the tenant to ambulate independently during this month.
Mobility assistance on second shift	Entire month of February 2012- documenting staff allowed the tenant to ambulate independently during this month; March 7,8,9,10,11,12,13,17,18,19,20,22,23 and 25, 2012-documenting staff allowed the tenant to ambulate independently.
Mobility assistance on third shift	Entire month of February 2012- documenting staff allowed the tenant to ambulate independently during this month; March 6,9,10,11,12,13,14,15,16,22,23,24,25 and 26, 2012-documenting staff allowed the tenant to ambulate independently; and April 4,5,6,7,8,9,11,12,13,14 and 15, 2012-documenting staff allowed the tenant to ambulate independently.
Toileting assistance on first shift	Entire month of February 2012- documenting staff allowed the tenant to toilet independently during this month; March 1,2,3,4,5,6,7,8,9,10,12,14,16,18,19,20,21,22,23,25,26 and 27, 2012- documenting staff allowed the tenant to toilet independently; and April 5,9,10,11,12,13,14,15,16 and 17, 2012- documenting staff allowed the tenant to toilet independently.
Toileting assistance on second shift	March 1,3,4,6,8,10,13 and 16, 2012 and April 5, 2012-documenting staff allowed the tenant to toilet independently.
Toileting assistance on third shift	February 24,25,26,28 and 29, 2012- documenting staff allowed the tenant to toilet independently.

The service plan had not been updated for Tenant #1 to reflect identified changes in his/her toileting needs. Staff members did not follow the service plan designed to meet the individualized needs of Tenant #5 as directed by the registered nurse.

- Regulatory Insufficiency: A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22 (1) and 69.22 (2) and shall be designed to meet the specific needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. (IAC r. 481-69.26 (1))

D. Dementia-Specific Education

- Monitoring Observation: The monitors reviewed program personnel files, finding the following:

  Staff #4, a UW, was hired by the program on 3-15-12. Staff #4's personnel file contained documentation of four hours of dementia training on 3-8-12 and two hours of dementia training on 4-18-12.

  Staff #5, UW, was hired by the program on 3-13-12. Staff #5's personnel file contained documentation of four hours of dementia training on 4-10-12.

  Staff #4 and #5 both lacked the required documentation of eight hours of dementia training within 30 days of employment. Administration indicated routinely assigning certain staff members to work in the memory care unit to maintain continuity of care for cognitively impaired tenants; however, indicated all staff members have the potential for working in the memory care unit on occasion or the potential for having to respond for assistance in the memory care unit as needed. Program administration reported Staff #5 routinely worked in the memory care unit.

- Regulatory Insufficiency: All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. (IAC r. 481- 69.30(1))