IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 40357-C

November 2, 2012

Ms. Judy Qualters, Manager
SunnyBrook Assisted Living
3000 West Madison Avenue
Fairfield, IA 52556

RE: Final Complaint/Incident Investigation Report – Sunnybrook Assisted Living, Fairfield, IA

Dear Ms. Qualters:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of October 23, 2012, 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 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

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

Assisted Living Program: **Complaint/Incident Intake #:** 40357-C

Judy Qualters, Manager
SunnyBrook AL
3000 West Madison Avenue
Fairfield, IA 52556

Date of Complaint/Incident Investigation:

October 23, 2012

Monitor(s):

Stephanie Cummins, MA

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:	48
Number of tenants with cognitive disorder:	0
Total Population of Program at time of on-site	48
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	0
Number of tenants with cognitive disorder:	8
Total Population of Program at time of on-site	8
TOTAL census of Assisted Living Program	56

Program History – The program has not received any regulatory insufficiencies during this certification period.

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

A. Medications

Complaint/Incident Allegation: It was alleged a medication was borrowed from a tenant and given to another tenant.

- Monitoring Observation: Five tenant files were reviewed including two discharged tenants and three current tenants. Tenants #1, #2 and #3 were current tenants and received medications administered by the Program. Tenants #4 and #5 were discharged tenants and had received medications administered by the Program.

  Tenant #1, a 90 year old, was admitted on 4-11-11 and diagnoses include: Dementia, Transient Ischemic Attacks, Hypertension (HTN), Vitamin B12 Deficiency and Diverticulitis. Tenant #1 was staged at a four on the Global Deterioration Scale (GDS), which indicated moderate cognitive decline. Tenant #1 resided in the dementia unit. Review of Medication Administration Records (MARs) for August 2012 indicated medications were available. The MARs for September 2012 indicated Potassium 10 mg and Lisinopril 30 mg at times were not available. There was no documentation in Tenant #1's file regarding borrowing medications.

  Tenant #2, an 84 year old, was admitted on 2-9-08 and had a diagnosis of Dementia. Tenant #2 was staged at a four on the GDS, which indicated moderate cognitive decline. Tenant #2 resided in the dementia unit. Review of MARs for August 2012

and September 2012 indicated medications were available. There was no documentation in Tenant #2's file regarding borrowing medications.

Tenant #3, an 81 year old, was admitted on 8-9-12 and diagnoses include: Dementia, HTN, Acid Reflux and Chronic Back Pain. The MARs for August 2012 indicated medications were available. There was no documentation in Tenant #3's file regarding borrowing medications.

Tenant #4, a 90 year old, was admitted on 11-19-05 and diagnoses include: HTN, Scoliosis, Osteoporosis, Gastric Bypass, Dementia, Anxiety and Depression. Tenant #4 was staged at a five on the GDS, which indicated moderately severe cognitive decline. Tenant #4 was discharged on 9-13-12 and had resided in the dementia unit. The MARs for August 2012 and September 2012 (until Tenant #4 was discharged) indicated medications were available. There was no documentation in Tenant #4's file regarding borrowing medications.

Tenant #5, a 91 year old, was admitted on 8-17-09 and diagnoses include: HTN, Dementia, Diabetes Mellitus, Alzheimer's Disease, Arthritis and Knee Pain. Tenant #5 was discharged on 7-29-12 and had resided in the dementia unit. The MARs for July 2012 indicated medications were available. There was no documentation in Tenant #5's file regarding borrowing medications.

Medication error reports for the past three months were reviewed and there were medication error reports for medications not given, medications signed but not given and medication given at the wrong day/time. There was no documentation in medication error reports regarding medications not available or medications being borrowed from a tenant and given to another tenant.

Four staff that administered medications were interviewed (Staff #1, #2, #3 and #4). Staff #1, #2, #3 and #4 said medications were available to administer to the tenants. Staff #1, #2, #3 and #4 said medications were administered according to physician orders and medications were not borrowed from a tenant and given to another tenant.

The Manager said medications were available to administer to the tenants. The Manager said medications were administered according to physician orders and medications were not borrowed from a tenant and given to another tenant.

The Health Care Coordinator said medications were available to administer. She said mail ordered medications had been delayed. There were three tenants that had mail ordered medications. Tenant #1 had one medication (Lisinopril) delayed and Tenant #1's blood pressure was monitored. Tenant #1's physician and family were made aware and Tenant #1 did not have any side effects. It was corrected by automatic refills. The Health Care Coordinator said medications were administered according to physician orders and medications were not borrowed from a tenant and given to another tenant.

Nurse delegations regarding medication administration for six staff (Staff #1, #2, #3, #4, #5 and #6) were reviewed. Staff #1, #2, #3, #4, #5 and #6 had nurse delegated training on medication administration.

A medication pass was observed and appropriate protocol was observed. The Program's Medication Administration Guideline indicated when medications were administered traditionally by the Program the administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced registered nurse practitioner in Iowa or by unlicensed assistive personnel in accordance with requirements in 655-Chappter 6 governing nurse delegation.

Review of five tenant files including both current and discharged tenants, staff interviews, review of nurse delegation regarding medication administration, observation of a medication pass and interviews with the Manager and Health Care Coordinator revealed there were no concerns regarding borrowing medication from a tenant and administering it to another tenant.

- Regulatory Insufficiency: None noted.