IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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October 16, 2014

Complaint/Incident Intake #: 49989-I

Mr. Bruce Boehm, Executive Director
SunnyBrook of Carroll Assisted Living
1214 East 18th Street
Carroll, IA 51401

RE: Final Recertification & Complaint/Incident Investigation Report – SunnyBrook of Carroll Assisted Living, Carroll, IA

Dear Mr. Boehm:

Enclosed is the **Final Recertification & Complaint/Incident Investigation 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, following a survey by DIA on **October 8 & 9, 2014.** The Report notes Regulatory Insufficiencies in the area(s) of: Policies and Procedures, Staffing and Service Plans.

Each Regulatory Insufficiency requires that the Program submit a written Plan of Correction (POC).

In preparing the POC, please use the tenant identifiers from the Report, i.e. Tenant #1, when reference is made to specific tenants. If your response includes a specific tenant's assessment or service plan, it is the Program's responsibility to conceal the tenant's name in order to maintain the tenant's anonymity. Your response shall include the following:

1. Elements detailing how the Program will correct each regulatory insufficiency.
2. What measures will be taken to ensure the problem does not recur.
3. How the Program plans to monitor performance to ensure compliance.
4. The date by which the regulatory insufficiency will be corrected.

Please note that all regulatory insufficiencies must be **corrected within 30 days of the date of the exit conference**; however, there may be situations where the timeframe may be shortened or lengthened, at the discretion of the department.

The POC must be submitted/emailed to DIA to my attention within ten (10) working days of receipt of this letter. It may be necessary for DIA to revisit the Program to confirm progress in fulfilling the POC's corrective measures.

As provided by IAC rule 481-67.14, you are afforded one opportunity to refute cited regulatory insufficiencies through the informal conference process. A request for an informal conference must be made within 20 working days of the notice or service of this letter and the final report. Please refer to rule 67.14 for more information.

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.

Also enclosed you will find the Assisted Living Program Certificate **S0285** with effective dates of **September 10, 2014** through **September 9, 2016**.

If you have any questions in regard to this 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 Recertification and Complaint/Incident Investigation Report

Assisted Living Program:

Bruce Boehm, Executive Director
Sunnybrook of Carroll Assisted Living
1214 East 18th Street
Carroll, IA 51401

Complaint/Incident Intake #: 49989-I

Date of Complaint/Incident Investigation:

October 8th and 9th, 2014

Monitor(s):

Lori Miner, RN BSN
Michael Rohner, OTR/L

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:	36
Number of tenants with cognitive disorder:	1
Total Population of Program at time of on-site	37
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	2
Number of tenants with cognitive disorder:	9
Total Population of Program at time of on-site	11
TOTAL census of Assisted Living Program	48

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

A. Policies and Procedures

- Monitoring Observation: A medication pass was observed on 10-8-14 at 4:15 p.m. Staff #3 took Systane eye drops from the locked medication drawer in Tenant #3's apartment. Staff #3 checked the Medication Administration Record (MAR) and saw the Systane listed. Staff #3 proceeded to administer one drop to each eye. Staff #3 was asked how she knew to administer one drop to each eye, as the MAR did not indicate the number of drops. Staff #3 reported the number of drops was listed on a previous MAR.

  In an interview with RN #1 on 10-9-14 at 1:30 p.m., she stated staff should have questioned the MAR when it did not indicate the number of eye drops to be given.

  A medication pass was observed on 10-9-14 at 11:21 a.m. Staff #4 took Systane eye drops from the locked medication drawer in Tenant #3's apartment and proceeded to administer the eye drops. Staff #4 was asked how she knew she had the right drug and dose. Staff #4 stated medications do not change during the day and she had already checked the MAR when administering the eye drops at 8:00 a.m.

  In an interview with RN #1 on 10-9-14 at 1:30 p.m., she stated the MAR should be checked with every administration.

The program's medication management agreement revealed MARs were to be used each time a staff member entered a tenant's apartment to administer medication and were to be verified at the time of administration.

The program's procedure for medication administration was not followed on two occasions.

- Regulatory Insufficiency: A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse. (IAC r. 481-67.2)

B. Staffing

Complaint/Incident Allegation: The program reported Tenant #1 sustained a fall which resulted in a fracture. (49989-I)

- Monitoring Observation: Tenant #1, an 85 year-old, was admitted on 4-3-13 and had diagnoses of: Atherosclerosis, Alzheimer's Dementia, Anxiety, and Osteoporosis. Tenant #1 was staged at four on the Global Deterioration Scale (GDS) which indicated moderate cognitive decline. Tenant #1 resided in the secured dementia unit.

  Evaluations of function, cognition, and health were completed on 7-11-14 following a hospitalization for Urinary Tract Infection and falls. Tenant #1 required the assist of one person for transfers and was being seen by physical therapy (PT). The Individualized Service Plan (service plan) of 7-11-14 was updated to include the assist with transfers and PT.

  According to the PT discharge summary, Tenant #1 completed therapy on 7-31-14 as PT goals had been met.

  According to the guidelines on the personal response system, staff members were to do frequent visual checks on tenants unable to utilize and emergency call system. In an interview with RN #1 on 10-8-14, she stated checks were completed every 30 minutes in the dementia unit.

  Nurse's notes documented no falls until 9-9-14, when Tenant #1 was found on the floor at the foot of the bed in the apartment. An incident report was completed documenting the event.

  According to the incident report, Staff #1 and #2 had observed Tenant #1 on the day of the incident. According to Staff #1 interviewed on 10-8-14 at 1:55 p.m., Tenant #1 was tired on the day of the incident. Tenant #1 had transferred self from the wheelchair to the bathroom, then walked with the walker from the bathroom to bed. Staff #1 thought the time was about 12:30 p.m., after lunch. Staff #1 reported she checked on tenants about every 30 minutes. Staff #1 reported Staff #2 had entered Tenant #1's apartment, and reported Tenant #1 was sleeping. Staff #1 reported

approximately 20 minutes later, she was called back to Tenant #1's apartment. Tenant #1 was on the floor, complaining of pain.

Staff #2, interviewed on 10-9-14 at 3:05 p.m. stated on the day of the incident, Tenant #1 was tired and had gone to bed after lunch, towards the end of the shift. Staff #2 reported she checked on tenants in the dementia unit about every 30 minutes. Staff #2 had entered the apartment to check Tenant #1's medications and Tenant #1 was sleeping. Staff #2 reported no more than 10 minutes later, Tenant #1 was yelling and found on the floor. According to nurse's notes dated 9-10-14, family reported Tenant #1 had fractured the top of the femur. Nurse's notes dated 10-6-14 revealed Tenant #1 had not returned to the program and family was looking at transfer to a higher level of care.

Tenant #1 had a history of falls. PT had been prescribed and discontinued when goals were met. There was no documentation of any fall between 7-11-14 and 9-9-14 when Tenant #1 fell and fractured the top of the femur. Tenant #1 resided in the dementia unit and was checked every 30 minutes. Staff #1 and #2, working at the time of the incident on 9-9-14 reported Tenant #1 had been seen 20 minutes prior to being found on the floor.

- Regulatory Insufficiency: None noted.

During the course of the investigation, the following was noted:

- Monitoring Observation: Tenant #2, an 86 year-old, was admitted on 8-27-13 and had diagnoses of: Hypertension, Osteoporosis, Alzheimer's Disease, and Partial Seizure Disorder. On 8-26-14, Tenant #2 was staged at five on the GDS which indicated moderately severe cognitive decline and resided in the secured dementia unit.

  Nurse's notes dated 6-23-14 documented staff reported Tenant #2 was increasingly agitated, was secluding, waking frequently in the night and not sleeping much. The nurse's notes documented Tenant #2 mentioned committing suicide.

  Nurse's notes dated 7-25-14 documented Tenant #2 talked of suicide "off and on" and appeared more depressed than normal.

  RN #1 was interviewed on 10-9-14 at 4:20 p.m. RN #1 reported staff had notified her of Tenant #2's suicidal thoughts and probably documented the instances on shift communication sheets. RN #1 provided only one staff communication sheet for Tenant #2, the Early Warning Tool, dated 8-4-14, which documented Tenant #2's agitation more than usual.

  RN #2 was interviewed on 10-9-14 at 3:40 p.m. and was asked to provide staff communication regarding Tenant #2 having suicidal thoughts. RN #2 stated there were some sheets that were kept for a few days, but there was no documentation of communication from staff regarding Tenant #2's suicidal thoughts.

RN #1 and RN #2 both reported staff members had reported to them Tenant #2 was having suicidal thoughts. The program was unable to provide written communication from the staff documenting the suicidal thoughts of Tenant #2.

- Regulatory Insufficiency: The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following. (g) The program shall have in place a system by which certified or noncertified staff communicate in writing occurrences that differ from the tenant's normal health, functional and cognitive status. The program's registered nurse or designee shall train certified and noncertified staff on reporting to the program's registered nurse or designee and documenting occurrences that differ from the tenant's normal health, functional and cognitive status. The written communication required by this paragraph shall be retained by the program for a period of not less than three years, and shall be accessible to the department upon request. (IAC r. 481-67.9(4)(g))

C. Service Plans

- Monitoring Observation: Tenant #2, an 86 year-old, was admitted on 8-27-13 and had diagnoses of: Hypertension, Osteoporosis, Alzheimer's Disease, and Partial Seizure Disorder. On 8-26-14, Tenant #2 was staged at five on the GDS which indicated moderately severe cognitive decline and resided in the secured dementia unit.

  Nurse's notes dated 6-23-14 documented staff reported Tenant #2 was increasingly agitated, was secluding, waking frequently in the night and not sleeping much. The nurse's notes documented Tenant #2 mentioned committing suicide.

  Nurse's notes dated 7-25-14 documented Tenant #2 talked of suicide "off and on" and appeared more depressed than normal.

  The service plans for Tenant #2 dated 7-25-14 and 8-26-14 did not identify Tenant #2 had expressed suicidal thoughts and did not identify interventions for staff to follow when Tenant #2 expressed suicidal thoughts. The service plans did not meet the identified needs of Tenant #2.

  Tenant #2's service plan dated 7-25-14 was not signed by Tenant #2 or a legal representative.

  Tenant #4, an 89 year-old, was admitted on 8-29-09 and had diagnoses of: Neuropathy, Degenerative Joint Disease, Heart Disease, Gastroesophageal Reflux Disease, and Depression. On 10-6-14 Tenant #4 was staged at one on the GDS which indicated no cognitive decline. Tenant #4 resided in the general population.

  Evaluations were completed on 10-4-14 following an admission to the hospital for cellulitis on the left leg according to the nurse's notes of 10-4-14. The evaluations noted Tenant #4 used a leg brace to the right leg. Notes of 10-7-14 documented the program was to provide monthly injections of antibiotic due to the history of cellulitis.

The service plan dated 10-4-14 did not identify the use of the leg brace or staff's role in the application of the leg brace. The service plan did indicate staff assisted with dressing and undressing.

The service plan dated 10-4-14 did not identify signs or symptoms of cellulitis that staff was to report to the nurse. The service plan indicated staff assisted Tenant #4 with bathing.

The service plan did not meet the identified needs of Tenant #4

Tenant #5, a 91 year-old, was admitted on 5-24-12 and had diagnoses of: Hypertension, Vitamin D Deficiency, Prostate Cancer, Heart Disease, Memory Disturbance, and Gastroesophageal Reflux Disease. On 9-2-14 Tenant #5 was staged at four on the GDS which indicated moderate cognitive decline. Tenant #5 resided in the general population. Tenant #5 was admitted into hospice on 7-24-14 according to the nurse's notes.

Evaluations were completed and the service plan was updated. The service plan of 9-2-14 was not signed by the tenant or legal representative.

- Regulatory Insufficiency: When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. (a) If a significant change triggers the review and update of the service plan, the updated service plan shall be signed and dated by all parties. (IAC r. 481-69.26(3)(a))

- 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))