IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

November 6, 2014

Ms. Jennifer Schwartz, Executive Director
Sunnybrook of Fort Madison
5025 River Valley Road
Fort Madison, IA 52627

RE: Final Recertification Monitoring Evaluation Report – Sunnybrook of Fort Madison, Fort Madison, IA

Dear Ms. Schwartz:

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, following a survey by DIA on **October 27 & 28, 2014.** The Report notes Regulatory Insufficiencies in the area(s) of: Dementia Specific Education for Program Personnel and Staffing.

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 **S0280** with effective dates of **August 8, 2014** through **August 7, 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 Monitoring Evaluation Report

Assisted Living Program:

Sunnybrook of Fort Madison
Jennifer Schwartz, Executive Director
5025 River Valley Road
Fort Madison, IA 52627

Date of Monitoring Visit:

October 27 & 28, 2014

Monitor(s):

Wendy E. Kuhse, RN, BS

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

Tenant/Family Satisfaction Results – A community meeting was held with twenty tenants. Housekeeping services were completed to their satisfaction and the buildings and grounds were safe, clean and sanitary. Nursing services were available when needed staff responded almost immediately when tenants used their pendants. Tenants stated they received the services expected when they signed the occupancy agreement. The tenants described the staff as friendly and compassionate and tenants stated they were treated well. They stated the food was generally good (with the exception of some meats being difficult to chew) and the amounts served were adequate. The hot foods were usually hot (with the exception of some soups being just "warm"). There were no concerns with cold foods. Staff served tenants appropriately and there was a variety of foods served. Tenants stated there were enough activities and some stated they would enjoy more live music. Tenants were satisfied with the program and would recommend it to others.

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

A. Dementia-Specific Education for Program Personnel

Monitoring Observation: Six staff files were reviewed. Concerns were noted for 3 of the files, (Staff 3, 4, and 5)

Documentation in the personnel file indicated Staff 3 began employment on 08-19-14. Review of Staff 3's personnel file indicated Staff 3 completed 4 hours of dementia-specific training on 08-23-14. Staff 3's personnel file did not include documentation of any further dementia-specific training.

Documentation in the personnel file indicated Staff 4 began employment on 08-19-14. Review of Staff 4's personnel file indicated Staff 4 completed 4 hours of dementia-specific training on 10-03-14. Staff 4's personnel file did not include documentation of any further dementia-specific training.

Documentation in the personnel file indicated Staff 5 began employment on 08-12-14. Review of Staff 5's personnel file indicated Staff 5 completed 4 hours of dementia-specific training on 08-04-14. Staff 5's personnel file did not include documentation of any further dementia-specific training.

During an interview on 10-27-14 at 4:45 p.m. the Executive Director confirmed that Staff 3, 4 and 5 had not completed the required 8 hours of dementia-specific training. The Executive Director stated these staff had been scheduled to complete the training.

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 of the beginning of the contact, as applicable. (IAC r. 481-69.30 (1)).

B. Staffing

Monitoring Observation: Four personnel files for universal workers were reviewed. Concerns were noted in two files (Staff 3 and 4).

Documentation in the personnel record indicated Staff 3 began employment on 08-19-14. Review of Staff 3's personnel record indicated RN delegation was completed on 10-24-14 which exceeded the 30 day requirement.

Documentation in the personnel record indicated Staff 4 began employment on 08-19-14. Review of Staff 4's personnel record indicated RN delegation was completed on 10-24-14 which exceeded the 30 day requirement.

During an interview on 10-28-14 at 1:00 p.m. the Executive Director confirmed that Staff 3 and 4 had not completed their nurse delegations within the 30 day time frame.

Regulatory Insufficiency: Nurse delegation procedures. The program's registered nurse shall ensure certified and none certified staff are competent to meet the individual needs of tenants. Nurse delegation shall at a minimum include the following: b. Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse. (IAC r. 481- 67.9(4) b)