IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

December 15, 2014

Ms. Valerie Adams, Manager
Sunnybrook of Burlington
5175 West Avenue
Burlington, IA 52601

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

Dear Ms. Adams:

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 **December 3 - 5, 2014.** The Report notes Regulatory Insufficiencies in the area(s) of: Staffing, Evaluation of Tenant, Service Plans, Food Service and Dementia Specific Education for Personnel.

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 **S0287** with effective dates of **September 23, 2014** through **September 22, 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

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0287	A. BUILDING. _____ B. WING _____	12/05/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNNYBROOK OF BURLINGTON	5175 WEST AVENUE BURLINGTON, IA 52601

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	481-67 Initial Comments 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: 50 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 51 Dementia-Specific Program by Dedication: Number of tenants without cognitive disorder: 5 Number of tenants with cognitive disorder: 15 Total Population of Program at time of on-site: 20 TOTAL census of Assisted Living Program: 71 The following regulatory insufficiencies were cited during the recertification conducted to determine compliance with certification for an Assisted Living Program:	A 000		
A 060	481-67.9(4)c Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(4) Nurse delegation procedures. 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: c. Training for noncertified staff shall include, at a minimum, the provision of activities of daily living and instrumental activities of daily living. This REQUIREMENT is not met as evidenced by: Based on staff file reviews and a staff interview	A 060		

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A 060	Continued From page 1 the Program failed to provide training on activities of daily living (ADLs) for four non-certified staff (Staff A, B, D and E). Non-certified staff assisted tenants with ADLs and did not have nurse delegated training on those tasks. 1. Staff A, a caregiver, was a non-certified staff and did not have documented training on ADLs. 2. Staff B, a caregiver, was a non-certified staff and did not have documented training on ADLs. 3. Staff D, a caregiver, was a non-certified staff and did not have documented training on ADLs. 4. Staff E, a caregiver, was a non-certified staff and did not have documented training on ADLs 5. According to an interview with the Director of Nursing on 12-3-14 at 4:02 p.m , Staff A, B, D and E assisted tenants with ADLs and were non-certified staff.	A 060		
A 061	481-67.9(4)d Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(4) Nurse delegation procedures. 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: d. Certified and noncertified staff shall receive training regarding service plan tasks (e.g., wound care, pain management, rehabilitation needs and hospice care) in accordance with medical or nursing directives and the acuity of the tenants ' health, cognitive or functional status.	A 061		

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A 061	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on staff files and a staff interview the Program failed to provide training of supervision of self-administration of insulin to seven out of seven staff (Staff A, B, C, D, E, F and G) Staff assisted tenants with the supervision of self-administration of insulin and did not have documented training on the task. 1. Staff A, a caregiver, did not have documented training for the supervision of self-administration of insulin. 2. Staff B, a caregiver, did not have documented training for the supervision of self-administration of insulin. 3. Staff C, a caregiver, did not have documented training for the supervision of self-administration of insulin 4. Staff D, a caregiver, did not have documented training for the supervision of self-administration of insulin. 5. Staff E, a caregiver, did not have documented training for the supervision of self-administration of insulin. 6. Staff F, a caregiver, did not have documented training for the supervision of self-administration of insulin. 7. Staff G, a caregiver, did not have documented training for the supervision of self-administration of insulin.	A 061		

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A 061	Continued From page 3 8. According to an interview with the Director of Nursing on 12-3-14 at 4:02 p.m., Staff A, B, C, D, E, F and G assisted tenants with the supervision of self-administration of insulin.	A 061		
A 037	481-69.22(2) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant ' s functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant ' s continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on review of tenant files and a staff interview the Program failed to evaluate the cognitive, functional and health status for three out of five tenant files reviewed (Tenants #2, #3 and #4). Evaluations were not completed within 30 days of occupancy and as needed with significant change. 1. Tenant #2, an 89 year old, was admitted on 8-15-14 and diagnoses included: hypothyroid, dementia with depression and edema Tenant #2	A 037		

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A 037	Continued From page 4 was staged at a five on the Global Deterioration Scale (GDS), which indicated moderately severe cognitive decline. Tenant #2 resided in the dementia unit. On 9-16-14 a health evaluation was completed within 30 days of taking occupancy. The functional section of the evaluation was not completed. A functional evaluation was not completed within 30 days of taking occupancy. According to Nurse's Notes dated 8-16-14, Tenant #2 was staged at a five on the GDS. A scored cognitive tool was completed on 9-16-14 within 30 days of taking occupancy; however, the GDS was not completed despite having a GDS score of five as indicated in Nurse's Notes. When the evaluations were completed within 30 days the applicable cognitive evaluation tool was not completed. Evaluations were not completed within 30 days of taking occupancy. 2. Tenant #3, an 83 year old, was admitted on 9-7-14 and diagnoses included: diabetes mellitus II, congestive heart failure, coronary artery disease, atrial fibrillation, hypertension (HTN) and osteoarthritis. A cognitive evaluation within 30 days was not completed. Narrative Charting dated 10-27-14 indicated Tenant #3 returned from a hospital with a diagnosis of atrial fibrillation. The next entry in Narrative Charting dated 11-28-14 indicated Tenant #3 returned to the Program from a nursing facility. According to an interview with the Director of Nursing on 12-3-14, Tenant #3 was back in the building for four hours on 10-27-14 and was sent out again. According to Narrative Charting dated 12-3-14 (late entry)Tenant #3 returned to the Program and staff was to administer Tenant #3's medications and provide	A 037		

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A 037	Continued From page 5 assistance with lower body dressing, stand by assistance when ambulating, walking to and from meals and with activities of daily living. Evaluations were not completed as needed with significant change. 3. Tenant #4, an 88 year old, was admitted on 4-9-11 and diagnoses included: dementia, fractured neck and back, transient ischemic attack and HTN. Tenant #4 was staged at a four on the GDS, which indicated moderate cognitive decline. Tenant #4 resided in the dementia unit. According to Narrative Charting dated 12-2-14, Tenant #4 displayed occasional wandering/exit seeking behavior and staff was able to redirect as needed. Tenant #4 had increased incontinence and staff was to toilet every two hours. Evaluations were not completed as needed with significant change.	A 037		
A 086	481-69.26(3)a Service Plans 481-69.26(231C) Service plans. 69.26(3) 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. This REQUIREMENT is not met as evidenced by:	A 086		

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A 086	Continued From page 6 Based on review of tenant files and a staff interview the Program failed to update service plans within 30 days and as needed with significant change and obtain signatures on service plans for five of five tenant files reviewed (Tenants #1, #2, #3, #4 and #5). Five tenant files revealed the service plans were not updated within 30 days or with significant change and service plans were not signed. 1. Tenant #1, a 96 year old was admitted on 6-19-14 and diagnoses included: osteoarthritis, chronic knee pain, coronary artery disease, hypertension (HTN) and high cholesterol. According to Nurse's Notes dated 9-16-14, Tenant #1 had a change of condition and the service plan was updated. Tenant #1 received two baths a week with staff assistance, required assistance of one with ambulation and a wheeled walker. Staff propelled Tenant #1 in a wheelchair for meals. Tenant #1 required more assistance with dressing. The service plan dated 9-16-14 was updated for a significant change in condition and was not signed by a health or human service professional and by the tenant or at the tenant's request the tenant's legal representative. The service plan updated as needed with significant change was not signed appropriately. 2. Tenant #2, an 89 year old, was admitted on 8-15-14 and diagnoses included: hypothyroid, dementia with depression and edema. Tenant #2 was staged at a five on the Global Deterioration Scale (GDS), which indicated moderately severe cognitive decline. Tenant #2 resided in the dementia unit. A service plan was updated within 30 days of taking occupancy dated 9-16-14. The service	A 086		

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A 086	Continued From page 7 plan dated 9-16-14 was not signed by a health or human service professional and by the tenant or at the tenant's request the tenant's legal representative. The service plan updated within 30 days of taking occupancy was not signed appropriately. 3. Tenant #3, an 83 year old, was admitted on 9-7-14 and diagnoses included: diabetes mellitus II, congestive heart failure, coronary artery disease, atrial fibrillation, HTN and osteoarthritis. A service plan was not updated within 30 days. Narrative Charting dated 10-27-14 indicated Tenant #3 returned from a hospital with a diagnosis of atrial fibrillation. The next entry in Narrative Charting dated 11-28-14 indicated Tenant #3 returned to the Program from a nursing facility. According to an interview with the Director of Nursing on 12-3-14, Tenant #3 was back in the building for four hours on 10-27-14 and was sent out again. According to Narrative Charting dated 12-3-14 (late entry)Tenant #3 returned to the Program and staff was to administer Tenant #3's medications and provide assistance with lower body dressing, stand by assistance when ambulating, walking to and from meals and with activities of daily living. The service plan was not updated as needed with significant change. The service plan was not updated within 30 days of taking occupancy or as needed with significant change. 4. Tenant #4, an 88 year old, was admitted on 4-9-11 and diagnoses included: dementia, fractured neck and back, transient ischemic attack and hypertension. Tenant #4 was staged at a four on the GDS, which indicated moderate cognitive decline. Tenant #4 resided in the	A 086		

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A 086	Continued From page 8 dementia unit. According to Narrative Charting dated 12-2-14, Tenant #4 displayed occasional wandering/exit seeking behavior and staff was able to redirect as needed. Tenant #4 had increased incontinence and staff was to toilet every two hours. The service plan was not updated as needed with significant change. 5. Tenant #5, an 86 year old, was admitted on 3-2-13 and diagnoses included: deep vein thrombosis, HTN, hypothyroidism and osteoporosis. According to Narrative Charting dated 11-12-14, Tenant #5 had a change of condition and the service plan was updated. Tenant #5 returned from the hospital for an overnight stay with a diagnosis of a urinary tract infection and confusion. Tenant #5 received staff assistance with an undergarment. The service plan was updated on 11-12-14 with a change in condition. The service plan dated 11-12-14 was not signed by a health or human service professional and by the tenant or at the tenant's request the tenant's legal representative. The service plan updated as needed with significant change was not signed appropriately.	A 086		
A 089	481-69.26(4)a Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant ' s identified needs and preferences for assistance	A 089		

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A 089	Continued From page 9 This REQUIREMENT is not met as evidenced by: Based on review of tenant files and a staff interview the Program failed to provide service plans that reflected the identified needs of the tenants for three tenant files reviewed (Tenants #2, #4 and #5). Three tenant files reviewed revealed the service plans did not reflect the identified needs and preferences for assistance. 1. Tenant #2, an 89 year old, was admitted on 8-15-14 and diagnoses included: hypothyroid, dementia with depression and edema. Tenant #2 was staged at a five on the Global Deterioration Scale (GDS), which indicated moderately severe cognitive decline. Tenant #2 resided in the dementia unit. A service plan was updated within 30 days of taking occupancy dated 9-16-14. The service plan did not reflect medication administration and if any assistance was needed. The service plan also did not reflect dietary and if any assistance was needed. Narrative Charting dated 11-12-14 indicated family provided a nutritional supplement and staff managed Tenant #2's medications. According to an interview with the Director of Nursing on 12-3-14 at 4:02 p.m. Tenant #2 received assistance with medications. The service plan did not reflect medication administration assistance or the supplement. The service plan did not reflect the identified needs of Tenant #2. 2. Tenant #4, an 88 year old, was admitted on 4-9-11 and diagnoses included: dementia, fractured neck and back, transient ischemic attack and hypertension (HTN). Tenant #4 was staged at a four on the GDS, which indicated moderate cognitive decline. Tenant #4 resided in	A 089		

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A 089	Continued From page 10 the dementia unit. According to Narrative Charting dated 12-2-14, Tenant #4 displayed occasional wandering/exit seeking behavior and staff was able to redirect as needed. Tenant #4 had increased incontinence and staff was to toilet every two hours. The service plan did not reflect occasional wandering/exit seeking behavior or interventions. The service plan did not reflect increased incontinence and a toileting schedule every two hours. The service plan did not reflect the identified needs of Tenant #4. 3. Tenant #5, an 86 year old, was admitted on 3-2-13 and diagnoses included: deep vein thrombosis, arthritis, HTN, hypothyroidism, osteoporosis and history of back surgery and replacement. According to Nurse's Notes dated 10-2-14 a fax was received from the doctor for physical therapy (PT). Nurses's Notes dated 10-24-14 indicated Tenant #5 was discharged from home health services. The service plan did not reflect Tenant #5 had an order for PT. The service plan did not reflect the identified needs of Tenant #5.	A 089		
A 108	481-69.28(6)a Food Service 481-69.28(231C) Food service. 69.28(6) Programs engaged in the preparation and service of meals and snacks shall meet the standards of state and local health laws and ordinances pertaining to the preparation and service of food and shall be licensed pursuant to Iowa Code chapter 137F. The department will not require the program to be licensed as a food establishment if the program	A 108		

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A 108	Continued From page 11 limits food activities to the following: a. All main meals and planned menu items must be prepared offsite and transferred to the program kitchen for service to tenants. This REQUIREMENT is not met as evidenced by: Based on monitor observation, a Program document and staff interviews the Program failed to meet the standards of state and local laws and ordinances pertaining to the preparation and service of food. In the dementia unit at breakfast a griddle was used. Food was prepared on the griddle including eggs and pre-cooked meat was heated up on the griddle. The dementia unit did not have a Type I hood with suppression required for cooking those items. 1. According to monitor observation and a Program document, the Program had a main kitchen in the general population and a kitchenette area in the dementia unit. The Program had a current food license. Monitor observation on 12-3-14 at approximately 9:00 a.m. revealed a table top griddle was observed on the counter in the kitchenette area in the dementia unit. According to monitor observation on 12-3-14 at 3:55 p.m. in the kitchenette area in the dementia unit there was a refrigerator and freezer, sink and a microwave The table top griddle was in a cupboard and was not in use. There was not a stove or oven observed in the kitchenette area. An exhaust hood was not observed. 2. According to interviews with the Executive Director on 12-3-14 at 4:23 p m. and 12-4-14 at 11:44 a.m. breakfast was made to order in the	A 108		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 108	Continued From page 12 entire building including in the dementia unit. A griddle was used to cook eggs and pancakes in the dementia unit. The Executive Director said no meat was cooked on the griddle. The Executive Director said breakfast was served to 14 tenants on a daily basis in the dementia unit. The Executive Director said there had been no issues with burns or fires. 3. According to an interview with Staff C on 12-3-14 at 10:32 a.m. eggs and pancakes were made in the dementia unit. The meat was heated up but was not cooked in the dementia unit. The meat was already cooked in the main kitchen and was heated up. 4. According to an interview with Staff F on 12-3-14 at 9:53 a.m. in the dementia unit a griddle was used to cook breakfast including eggs and pancakes. She said bacon and sausage links were not cooked on the griddle but were heated. She said breakfast was made to order daily. Staff F said the griddle was kept in a cabinet when not used and it was always supervised when in use.	A 108		
A 121	481-69.30(1) Dementia Specific Education for Personnel 481-69.30(231C) Dementia-specific education for program personnel. 69.30(1) 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.	A 121		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0287	A. BUILDING. _____ B. WING _____	12/05/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNNYBROOK OF BURLINGTON	5175 WEST AVENUE BURLINGTON, IA 52601

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A 121	Continued From page 13 This REQUIREMENT is not met as evidenced by: Based on review of staff files and a staff interview the Program failed to provide eight hours of dementia-specific education for staff within 30 days of hire for five staff (Staff A, B, C, D and E). Five staff did not have dementia training completed within 30 days of employment. 1. Staff A, a caregiver, was hired on 10-28-14 and had two hours of dementia training completed on 11-14-14. Staff A did not have eight hours of dementia training within 30 days of employment. 2. Staff B, a caregiver, was hired on 9-29-14 and had four hours of dementia training completed on 11-28-14. Staff B did not have eight hours of dementia training within 30 days of employment. 3. Staff C, a caregiver, was hired on 1-7-14 and had two hours of dementia training completed on 1-16-14 and four hours on 1-21-14. The remaining two hours of dementia training were completed; however, were not completed within 30 days of employment. 4. Staff D, a caregiver, was hired on 8-12-14 and had four hours of dementia training completed on 8-26-14, two hours on 9-22-14 and two hours on 10-30-14. Staff D had eight hours of dementia training; however, the training was not completed within 30 days of employment. 5. Staff E, a caregiver, was hired on 8-12-14 and had two hours of dementia training completed on 8-18-14, four hours of dementia training on 9-4-14 and two hours on 10-30-14. Staff E had eight hours of dementia training; however, the	A 121		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 121	Continued From page 14 training was not completed within 30 days of employment. 6. According to an interview with the Executive Director on 12-3-14 at 4:23 p.m. previously a corporate person did the dementia training.	A 121		

December 30, 2014

Rose Boccella, Program Coordinator
Iowa Department of Inspections & Appeals
Health Facilities Division
Lucas State Office Building
321 East 12th St.
Des Moines, IA 50319-0083

RE: Revised Plan of Correction for Recertification

Dear Ms. Boccella,

This response and Plan of Correction constitutes SunnyBrook of Burlington's allegation of compliance, effective December 28, 2014. Submission of this POC is not a legal admission of agreement by the facility that a deficiency exists or that any conclusions or allegations set forth by the survey agency are correct.

Regulatory Insufficiency: A060 Staffing

The program will correct this insufficiency by providing nurse delegation training for Non-Certified staff that will include the provision of activities of daily living by Jan. 5, 2015. The Health Services Director (RN) will facilitate coordination of the training with more detailed paperwork. That training will be kept track of on an Excel Training Tracking sheet. The Resident Care Coordinator (RCC) and Executive Director will monitor the training at least quarterly.

Regulatory Insufficiency: A061 Staffing

Certified and Non-certified staff will receive nurse delegation training regarding service plan tasks by Jan. 5, 2014. The RN will facilitate coordination of the training with more detailed documentation, including but not limited to self-administration. That training will be kept track of on an Excel Training Tracking sheet. The Resident Care Coordinator (RCC) and Executive Director will monitor the training at least quarterly.

Regulatory Insufficiency: A037 Evaluation of Tenant

The Registered Nurse will evaluate tenant's cognitive, functional, and health status within 30 days of occupancy and with any significant change immediately. The RN evaluated Tenant #2 on 11/12/14, Tenant #4 had a significant change assessment completed 12/22/14. The RN was unable to re-evaluate #5 due to her being admitted to the hospital on 12/12/14 and never returning. (Program received the DIA recertification survey results in the afternoon of 12/12/14.) The RCC and RN will work together to ensure that all residents have those assessments completed in a timely manner. The RCC will keep resident assessments up to date with an Excel Tracking Sheet. The Executive Director will audit that tracking sheet for compliance at least quarterly.

Regulatory Insufficiency: A086 Service Plans

All resident's service plans shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than quarterly, effective Jan. 1. That updated service plan shall be signed and dated by all parties. The RN will complete and sign the appropriate service plans within a 30

day window. The RN updated all service plans for Tenants #1, #2, 4, and #5 on 12/30/14. Tenant #3 had moved out of the Program by that date. The RCC will monitor this on the Excel tracking sheet. The Executive Director will audit that tracking sheet for compliance at least quarterly.

Regulatory Insufficiency: A089 Service Plans

All resident service plans shall be individualized and identify the tenant's needs and preferences for assistance. The RN updated the service plans of Tenants #2, #4, and #5 on 12/30/14. The RCC will review these to ensure accuracy, and include them on the Excel tracking sheet. The Executive Director will audit the tracking sheet for compliance at least quarterly.

Regulatory Insufficiency: A108 Food Service

All main meals and planned menu items will be prepared in the facility kitchen and transferred to the Dementia/Memory Care unit for service to tenants, effective Jan. 1, 2015. The Dietary Services manager will ensure that all meals are prepared accordingly daily and will remove any cooking appliances from the Dementia Unit. The Executive Director will audit this service for compliance at least weekly.

Regulatory Insufficiency: A121 Dementia Specific Education

All personnel will have minimum of 8 hours of dementia-specific education and training within 30 days of hire, and by Jan. 5th for Staff A, B, C, D, E, F, and G. The RCC will provide this education, as she is trained to do so. The RCC and the Business Office Manager will keep track of this training on an employee training tracking sheet. The Executive Director will audit that tracking sheet for compliance monthly.

Sincerely,

Valerie Adams

Valerie Adams, Executive Director
SunnyBrook of Burlington
5175 West Ave
Burlington IA 52601
319.752.0260
Administrator@sunnybrookburlington.com