IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
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LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

DEMAND LETTER

February 16, 2015

Ms. Shelley Sides, Manager
Sunnybrook at Muscatine
3515 Diana Queen Drive
Muscatine, IA 52761

RE: I. NOTICE OF IMPOSITION OF CIVIL PENALTY – FINAL RECERTIFICATION MONITORING EVALUATION REPORT - SUNNYBROOK AT MUSCATINE
II. Reduction of Civil Penalty
III. Informal Conference
IV. Conclusion

Dear Ms. Sides:

I. Final Recertification Monitoring Evaluation Report – Sunnybrook at Muscatine, Muscatine, IA

Enclosed is the **Final Recertification Monitoring Evaluation Report ("Report")** issued 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 **January 22 and 27, 2015.** The Report notes Regulatory Insufficiencies in the area(s) of: Occupancy Agreement, Record Checks, Evaluation of Tenant and Service Plans.

Sunnybrook at Muscatine ("Program") is being assessed a **$1,000 civil penalty** pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC 67.17(1)(b).

Pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC rule 67.17(1)(b), the continued failure or refusal to comply within a prescribed time frame with regulatory requirements that have a direct relationship to the health, safety, or security of tenants may result in a civil penalty of up to $5,000.

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.

The factors to be considered in determining the amount of a civil penalty are contained within rule 481 IAC 67.17(3) and include:

(1) the frequency and length of time the regulatory insufficiency occurred;
(2) the past history of the program as it relates to the nature of the regulatory insufficiency;
(3) the culpability of the program as it relates to the reasons the regulatory insufficiency occurred;
(4) the extent of any harm to the tenants or the effect on the health, safety, or security of the tenants which resulted from the regulatory insufficiency;
(5) the relationship of the regulatory insufficiency to any other types of regulatory insufficiencies;
(6) the actions of the programs after the occurrence of the regulatory insufficiency;
(7) the accuracy and extent of records kept by the program which relate to the regulatory insufficiency and the availability of such records to DIA;
(8) the rights of tenants to make informed decisions; and
(9) whether the program made a good-faith effort to address a high-risk tenant's specific needs and whether the evidence substantiates this effort.

The Report reflects that the Program failed to comply with regulatory requirements which have been cited previously by the Department. The Program previously received Regulatory Insufficiencies in the areas of Evaluation and Service Plans during a complaint investigation completed in May 2014.

The determination of a **$1,000 civil penalty** is based upon repeated regulatory insufficiencies in the area(s) of: Evaluation and Service Plans. As the enclosed Report details, Program failed to update evaluations and develop comprehensive service plans.

II. Reduction of Civil Penalty

If, within 30 days of the notice or service of this demand letter, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the civil penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to IAC rule 481–67.17(5). If you do not wish to request a formal hearing or wish to withdraw your request for formal hearing, please send a cover letter to the attention of **Rose Boccella** and remit the civil penalty assessed by check or money order to the **State of Iowa** in the amount of **six hundred and fifty dollars ($650)** within 30 days after the notice or service of this demand letter.

III. Informal Conference

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.

IV. Conclusion

The Program is being assessed a **$1,000 civil penalty** pursuant to Iowa Code section 231C.14(1)(b) and 481 IAC 67.17(1)(b).

DIA may revisit the Program to confirm compliance in fulfilling the POC's corrective measures. If the Program wishes to appeal the final findings, the Program may do so as provided in IAC rule 481-67.14.

If you have any questions in regard to this letter and enclosed Report, please contact your Program Coordinator, Rose Boccella, at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**.

Sincerely,

Jim Friberg

Jim Friberg, Acting Bureau Chief
Adult Services Bureau

Enclosure

cc: Jean Herrity, Legal Assistant
Disability Rights Iowa

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
	S0288	A. BUILDING _____ B. WING _____	01/27/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNNYBROOK AT MUSCATINE	3515 DIANA QUEEN DRIVE MUSCATINE, IA 52761

(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: 42 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 42 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 3 Number of tenants with cognitive disorder: 16 Total Population of Program at time of on-site: 19 TOTAL census of Assisted Living Program: 61 The following regulatory insufficiencies were cited during the recertfication visit conducted to determine compliance with certification for an Assisted Living Program: Iowa Code 231C.5(1) An assisted living program shall not operate in this state unless a written occupancy agreement, as prescribed in subsection 2, is executed between the assisted living program and each tenant or the tenant's legal representative, prior to the tenant's occupancy, and unless the assisted living program operates in accordance with the terms of the occupancy agreement. The assisted living program shall deliver to the tenant or the tenant's legal representative a complete copy of the occupancy agreement and all supporting documents and attachments and shall deliver, at least thirty days prior to any changes, a written	A 000		

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A 000	Continued From page 1 copy of changes to the occupancy agreement if any changes to the copy originally delivered are subsequently made. This requirement is not met as evidenced by: Based on review of Program documents, staff interviews and a community meeting with tenants and family the Program failed to deliver at least 30 days prior to any changes, a written copy of changes to the occupancy agreement if any changes to the original occupancy were made. The Program made changes to the occupancy agreement including changes to pharmacy services, late fees and a monthly telephone fee and did not deliver a written copy of changes to the occupancy agreement to all tenants for all of the changes at least 30 days prior to any changes. 1. A community meeting with 25 tenants and 3 family members was held on 1-22-15 at 1:00 p.m. There were concerns voiced regarding a new preferred pharmacy and a charge of $75.00 for using a non-preferred pharmacy. 2. According to a Program document, 36 tenants had medications managed by the Program. Of those 36 tenants, 5 tenants used a non-preferred pharmacy and 1 tenant received medications from the Department of Veterans Affairs 3. According to Program document, most tenants had signed the Occupancy Agreement from the previous management company (Occupancy Agreement #1). A change of ownership and management companies occurred on 8-26-14. Tenants that moved in after that date signed an agreement with exact same terms as the previous owner/management company. The only change to the agreement was the new owner's	A 000		

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A 000	Continued From page 2 name on the first page and all other pages were noted as the new management company (Occupancy Agreement #2). A new Occupancy Agreement was created on 12-16-14 changing a few terms such as late fee charges, a $75.00 pharmacy fee for those not selecting the preferred pharmacy and billing $25 00 per month for phone service. Any tenants moving in at that date and thereafter signed that agreement (Occupancy Agreement #3). 4. Occupancy Agreement #3 (the current agreement) had several changes including the late fee, pharmacy services and a local phone service charge. The late fee in the current agreement indicated the tenant agreed to pay a late charge of $75.00 for rent that was not paid in full on the 5th of the month. A charge of $25.00 per month for local phone service would be billed to the tenant. The pharmacy services section indicated if the tenant elected to use his/her own pharmacy and not the preferred pharmacy there would be a charge of $75.00 per month per tenant. Only tenants moving in at that date and thereafter signed Occupancy Agreement #3 with the changes. 5. A letter addressed to tenants and family members dated 10-1-14 indicated there would be a change in pharmacy services at the Program. It indicated over the next 30 to 60 days a transition would occur to a preferred pharmacy. There was no mention of a fee for using a non-preferred pharmacy in the letter. 6. According to a Program document dated 11-20-14, tenants and families were asked to select their pharmacy. The document indicated due to a recent change in policy, there was an additional $75.00 monthly fee for selecting the	A 000		

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A 000	Continued From page 3 non-preferred pharmacy. Tenants were asked to select either the non-preferred pharmacy with the additional $75.00 fee or the preferred pharmacy and then return the form to the Health Services Director. 7. According to an interview with the Executive Director on 1-27-15 at 1:48 p.m., the letter (dated 10-1-14) was given to all tenants who had medications managed by the Program. The Executive Director was not sure if the letter went to the other tenants who did not have medications managed by the Program. The Executive Director said none of the tenants had been charged the $75.00 pharmacy fee or the $25.00 telephone fee. One tenant was charged the late fee; however, the fee was later waived. 8. According to an interview with the Executive Director and Health Services Director on 1-27-15 at approximately 3.45 p.m., initially the letter (dated 10-1-14) was sent out to tenants, then a questionnaire was sent out inquiring if the tenants would use the preferred pharmacy or a non-preferred pharmacy. The numbers from the questionnaire were reported to the management company. The management company informed local management staff there would be a $75.00 monthly fee for those tenants that used the non-preferred pharmacy. Then the notice dated 11-20-14 was sent to notify tenants of the new policy. The new program for the preferred pharmacy started on 12-8-14.	A 000		
A 125	481-67.19(5) Record Checks 481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks.	A 125		

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A 125	Continued From page 4 67.19(5) Employment prohibition. A person who has committed a crime or has a record of founded child or dependent adult abuse shall not be employed in a program unless an evaluation has been performed by the department of human services. This REQUIREMENT is not met as evidenced by: Based on review of a staff file, a timecard record, a Program policy and a staff interview the Program failed to secure a record check evaluation from Department of Human Services (DHS) prior to employment for a staff who had a criminal record for one of six staff files reviewed (Staff A). One staff who had a criminal record was hired by the Program without an evaluation from DHS prior to employment. 1. Staff A, universal worker/certified nursing assistant, was hired on 2-21-14. A criminal history background check and abuse registries check was completed on 2-6-14 and revealed further research was required for the criminal history background check. The Iowa Record Check Request Form S dated 2-10-14 indicated there was a record found. The Record Check Evaluation form indicated the evaluation determination was Staff A could work at the Program. The approval notice was dated 2-26-14. The determination of the record check evaluation was not completed prior to Staff's A hire date. 2. Staff A's Time Card Report indicated Staff A received paid wages on 2-21-14 prior to the evaluation determination and approval of Staff A to work at the Program.	A 125		

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A 125	Continued From page 5 3. According to a Hiring and Staffing Policy, hiring practices were based on clearance through State of Iowa regulations based on background checks prior to offering a job including criminal, dependent adult abuse and child abuse. Proof of the background check would be maintained in the personnel file. If a prospective employee had a criminal history or abuse background an evaluation would be completed by DHS prior to employment to assess for employment prohibition. 4. According to an interview with the Executive Director on 1-27-15 at 1:48 p.m., staff members were not hired until the final approval was received from DHS. Normally all steps were followed and the issue with Staff A's background check was not typical and was an error.	A 125		
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.	A 037		

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A 037	Continued From page 6 This REQUIREMENT is not met as evidenced by: Based on review of tenant files the Program failed to complete cognitive, health and functional evaluations as needed with significant change for two of six files reviewed (Tenants #3 and #5). A significant change occurred and cognitive, health and functional evaluations were not completed as needed for two tenants. 1 Tenant #3, a 96 year old, was admitted on 8-14-12 and diagnoses included: vascular dementia, osteoarthritis, chronic renal failure, hypercholesterolemia, Alzheimer's disease, edema, depression and hypertension (HTN). Tenant #3 was staged at a five on the Global Deterioration Scale (GDS), which indicated moderately severe cognitive decline. Tenant #3 resided in the dementia unit. According to an Incident Report and Investigation of Incident document, on 1-11-15 at 8:45 a.m. Tenant #3 was trying to go into other tenant apartments. Staff tried to redirect Tenant #3 and Tenant #3 became physical and started to kick staff. According to an Incident Report and Investigation of Incident document and Progress Notes dated 1-11-15, on 1-11-15 at 5:30 p.m. Tenant #3 was irritated and was being verbally abusive to staff and tenants. Staff tried to protect another tenant from physical harm and staff was hit by Tenant #3. According to a fax to Tenant #3's physician dated 1-12-15, Tenant #3 had increased agitation on 1-11-15 and became verbally and physically abusive towards staff. Tenant #3 struck a staff in the neck and the arm. Tenant #3 was sent to the emergency room (ER) for an evaluation.	A 037		

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A 037	Continued From page 7 According to Progress Notes dated 1-11-15, Tenant #3 was transported to the ER and returned with a new order for Lorazepam 0.5 milligrams (mg) as needed. According to Progress Notes dated 1-21-15, a family meeting was held regarding Tenant #3's agitation and becoming physical with staff and other tenant safety. Family was aware the next time Tenant #3 was physical with staff or another tenant it could be a 72 hour or 30 day notice depending on severity of aggression. Evaluations were not completed as needed with increased agitation and physical and verbal aggression. Cognitive, health and functional evaluations were not completed as needed. 2. Tenant #5, a 90 year old, was admitted on 9-10-14 and diagnoses included: diabetes mellitus II, degenerative disc disease, hyperlipidemia, HTN, stroke, glaucoma and skin carcinoma. Tenant #5 was staged at a four on the GDS, which indicated moderate cognitive decline. Tenant #5 resided in the dementia unit According to the December 2014 and January 2015 task sheets, Tenant #5 refused cares including showers, grooming and dressing According to Nurse's Notes dated 10-21-14 a new order was received for Ketoconazole Cream 2% apply thin coat under breasts twice daily for fungal infection. Progress Notes dated 1-12-15 indicated Tenant #5's yeast infection under both breasts remained with little improvement and there was also red flaky round patches on Tenant #5's back that were itchy. There was no improvement despite using Aquaphilic to the back, according to Progress Notes.	A 037		

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A 037	Continued From page 8 According to Progress Notes dated 1-9-15, Tenant #5 had a sore to the top of the second toe and new orders were received. New orders included the following: Amoxicillin 500 mg twice daily for seven days and lower extremities were to be kept elevated as much as Tenant #5 would tolerate. The shoe was to be left off except for ambulation and if there was pain to the foot or leg or if a fever was present to send Tenant #5 to the ER. Progress Notes dated 1-15-15 indicated a new wound care order was received for the left third toe and left shin. The orders included the following: dress left third toe with Vaseline every day cover loosely with gauze, no shoe to left foot use surgical boot, complete partial bath twice daily with soap and water, use Hibiclens under breast region and back, apply Aquaphilic cream, dress left shin with Vaseline cover with telfa/gauze loosely and paper tape to hold in place no tape to the skin. Additional orders included: Hydrophilic cream use twice daily (cleanse skin before every application) and use Hibiclens over entire body on shower days. Progress Notes dated 1-21-15 indicated Tenant #5 had blood in the urine and complained of pain during urination. Tenant #5 was transferred to the ER. Progress Notes dated 1-23-15 indicated Tenant #5 was kept for observation for hyperkalemia and returned to the Program. Progress Notes dated 1-25-15 indicated Tenant #5 had a low grade temperature, Tenant #5 complained of nasal drainage and a non-productive cough was noted. Tenant #5 was taken to urgent care and then to the ER. Tenant #5 was diagnosed with Influenza A and Tamiflu 75 mg twice daily for five days was ordered. Evaluations were not completed as needed with significant change with a fungal infection and	A 037		

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A 037	Continued From page 9 treatment under Tenant #5's breasts, the toe sore and treatment on Tenant #5's toe, blood in Tenant #5's urine and hospitalization for hypokalemia, refusals of cares and diagnosis of Influenza A and treatment. Cognitive, health and functional evaluations were not completed as needed with significant change.	A 037		
A 085	481-69.26(3) 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. This REQUIREMENT is not met as evidenced by: Based on review of tenant files the Program failed to update service plans as needed with significant change for two tenants (Tenants #3 and #5). Two tenant files revealed the service plans were not updated as needed with significant change. 1. Tenant #3, a 96 year old, was admitted on 8-14-12 and diagnoses included: vascular dementia, osteoarthritis, chronic renal failure, hypercholesterolemia, Alzheimer's disease, edema, depression and hypertension (HTN). Tenant #3 was staged at a five on the Global Deterioration Scale (GDS), which indicated moderately severe cognitive decline. Tenant #3 resided in the dementia unit. According to an Incident Report and Investigation of Incident document, on 1-11-15 at 8:45 a.m. Tenant #3 was trying to go into other tenant	A 085		

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A 085	Continued From page 10 apartments. Staff tried to redirect Tenant #3 and Tenant #3 became physical and started to kick staff. According to an Incident Report and Investigation of Incident document and Progress Notes dated 1-11-15, on 1-11-15 at 5:30 p.m. Tenant #3 was irritated and was being verbally abusive to staff and tenants. Staff tried to protect another tenant from physical harm and staff was hit by Tenant #3. According to a fax to Tenant #3's physician dated 1-12-15, Tenant #3 had increased agitation on 1-11-15 and became verbally and physically abusive towards staff. Tenant #3 struck a staff in the neck and the arm. Tenant #3 was sent to the emergency room (ER) for an evaluation. According to Progress Notes dated 1-11-15, Tenant #3 was transported to the ER and returned with a new order for Lorazepam 0.5 milligrams (mg) as needed. According to Progress Notes dated 1-21-15, a family meeting was held regarding Tenant #3's agitation and becoming physical with staff and other tenant safety. Family was aware the next time Tenant #3 was physical with staff or another tenant it could be a 72 hour or 30 day notice depending on severity of aggression. The service plan was not updated as needed with increased agitation and physical and verbal aggression. The service plan was not updated as needed with significant change. 2. Tenant #5, a 90 year old, was admitted on 9-10-14 and diagnoses included: diabetes mellitus II, degenerative disc disease, hyperlipidemia, HTN, stroke, glaucoma and skin carcinoma. Tenant #5 was staged at a four on the GDS, which indicated moderate cognitive decline. Tenant #5 resided in the dementia unit.	A 085		

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A 085	Continued From page 11 According to the December 2014 and January 2015 task sheets, Tenant #5 refused cares including showers, grooming and dressing. According to Nurse's Notes dated 10-21-14 a new order was received for Ketoconazole Cream 2% apply thin coat under breasts twice daily for fungal infection. Progress Notes dated 1-12-15 indicated Tenant #5's yeast infection under both breasts remained with little improvement and there was also red flaky round patches on Tenant #5's back that were itchy. There was no improvement despite using Aquaphilic to the back, according to Progress Notes. According to Progress Notes dated 1-9-15, Tenant #5 had a sore to the top of the second toe and new orders were received. New orders included the following: Amoxicillin 500 mg twice daily for seven days and lower extremities were to be kept elevated as much as Tenant #5 would tolerate. The shoe was to be left off except for ambulation and if there was pain to the foot or leg or if a fever was present to send Tenant #5 to the ER. Progress Notes dated 1-15-15 indicated a new wound care order was received for the left third toe and left shin. The orders included the following: dress left third toe with Vaseline every day cover loosely with gauze, no shoe to left foot use surgical boot, complete partial bath twice daily with soap and water, use Hibiclens under breast region and back, apply Aquaphilic cream, dress left shin with Vaseline cover with telfa/gauze loosely and paper tape to hold in place no tape to the skin. Additional orders included: Hydrophilic cream use twice daily (cleanse skin before every application) and use Hibiclens over entire body on shower days.	A 085		

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A 085	Continued From page 12 Progress Notes dated 1-21-15 indicated Tenant #5 had blood in the urine and complained of pain during urination. Tenant #5 was transferred to the ER. Progress Notes dated 1-23-15 indicated Tenant #5 was kept for observation for hyperkalemia and returned to the Program. Progress Notes dated 1-25-15 indicated Tenant #5 had a low grade temperature, Tenant #5 complained of nasal drainage and a non-productive cough was noted. Tenant #5 was taken to urgent care and then to the ER. Tenant #5 was diagnosed with Influenza A and Tamiflu 75 mg twice daily for five days was ordered. The service plan was not updated as needed with significant change with a fungal infection and treatment under Tenant #5's breasts, the toe sore and treatment on Tenant #5's toe, blood in Tenant #5's urine and hospitalization for hypokalemia, refusals of cares and diagnosis of Influenza A and treatment. The service plan was not updated as needed with significant change.	A 085		
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 This REQUIREMENT is not met as evidenced by: Based on tenant file reviews, the ALP Monitoring Entrance Form and a staff interview the Program failed to provide service plans that were individualized and reflected the tenant's identified needs for six tenant files reviewed (Tenants #1, #2, #3, #4, #5 and #6). Six tenant files revealed	A 089		

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A 089	Continued From page 13 the service plans did not reflect the identified needs and preferences for assistance. 1. Tenant #1, a 40 year old, was admitted on 11-1-08 and diagnoses included: non-traumatic brain injury, attentive deficit hyperactivity disorder with depression, short term memory decrease, gastric bypass and hypertension (HTN). The service plan was updated on 1-3-15. According to the ALP Monitoring Entrance Form, Tenant #1 was identified as a having a history of suicidal ideation. The service plan did not reflect Tenant #1 had suicidal ideation or interventions related to the suicidal ideation. The service plan did not reflect the identified needs of Tenant #1. 2. Tenant #2, a 95 year old, was admitted on 6-9-14 and diagnoses included: venous stasis lower extremity, atrial fibrillation, diabetes mellitus (DM) II, HTN, mitral valve disorder and osteoarthritis (OA). Tenant #2 was staged at a four on the Global Deterioration Scale (GDS), which indicated moderate cognitive decline. Tenant #2 resided in the dementia unit. The service plan was developed on 7-15-14 and was updated on 1-21-15. Progress Notes dated 1-13-15 reflected Tenant #2 had four falls in 90 days. Tenant #2 had three falls in the last few days and had an active urinary tract infection (UTI) being treated by an antibiotic Tenant #2 did not get out of bed unless to eat or to use bathroom. Progress Notes dated 1-21-15 indicated Tenant #2 preferred to not leave Tenant #2's room and ate all meals in the room. According to an interview with the Health Services Director on 1-27-15 at 1:12 p.m., Tenant	A 089		

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A 089	Continued From page 14 #2 did not come out of Tenant #2's apartment and would sleep 20 hours a day. Tenant #2 did not have any skin breakdown and was pretty mobile in bed. The service plan did not reflect Tenant #2 stayed in bed and stayed in the apartment. Tenant #2 had falls and the service plan did not reflect the falls or interventions related to the falls. The service plan did not reflect the identified needs of Tenant #2. 3. Tenant #3, a 96 year old, was admitted on 8-14-12 and diagnoses included: vascular dementia, OA, chronic renal failure, hypercholesterolemia, Alzheimer's disease, edema, depression and HTN. Tenant #3 was staged at a five on the GDS, which indicated moderately severe cognitive decline. Tenant #3 resided in the dementia unit. According to task sheets for January 2015 refused a.m. and p.m. cares, ambulation and bathing. The service plan did not reflect Tenant #3's refusal of cares. According to an Incident Report and Investigation of Incident document, on 1-11-15 at 8:45 a.m. Tenant #3 was trying to go into other tenant apartments. Staff tried to redirect Tenant #3 and Tenant #3 became physical and started to kick staff. According to an Incident Report and Investigation of Incident document and Progress Notes dated 1-11-15, on 1-11-15 at 5:30 p.m. Tenant #3 was irritated and was being verbally abusive to staff and tenants. Staff tried to protect another tenant from physical harm and staff was hit by Tenant #3. According to a fax to Tenant #3's physician dated	A 089		

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 089	Continued From page 15 1-12-15, Tenant #3 had increased agitation on 1-11-15 and became verbally and physically abusive towards staff. Tenant #3 struck a staff in the neck and the arm. Tenant #3 was sent to the emergency room (ER) for an evaluation. According to Progress Notes dated 1-11-15, Tenant #3 was transported to the ER and returned with a new order for Lorazepam 0.5 milligrams (mg) as needed. According to Progress Notes dated 1-21-15, a family meeting was held regarding Tenant #3's agitation and becoming physical with staff and other tenant safety. Family was aware the next time Tenant #3 was physical with staff or another tenant it could be a 72 hour or 30 day notice depending on severity of aggression. The service plan did not reflect the behaviors and interventions. The service plan did not reflect the identified needs of Tenant #3. 4. Tenant #4, a 94 year old, was admitted on 5-15-12 and diagnoses included: DM and HTN. Tenant #4 was staged at a five on the GDS, which indicated moderately severe cognitive decline. Tenant #4 resided in the dementia unit. According to a fax to Tenant #4's physician dated 12-9-14, Tenant #4 had some rectal bleeding with bowel movements from hemorrhoids. Preparation H apply thin film to affected area, three to four times per day as needed was ordered. According to a fax to the Tenant #4's physician dated 12-11-14, Tenant #4 was trying to undress in the dining room and a urinalysis was ordered. Trimethoprim-Sulfamethoxazole 160-800 mg per tablet, take one tablet by mouth twice daily for a bacterial UTI was ordered. The service plan did not reflect the rectal bleeding with bowel movements from hemorrhoids and	A 089		

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A 089	Continued From page 16	A 089		

treatment and a UTI and treatment. The service plan did not reflect the identified needs of Tenant #4.

5. Tenant #5, a 90 year old, was admitted on 9-10-14 and diagnoses included: DM II, degenerative disc disease, hyperlipidemia, HTN, stroke, glaucoma and skin carcinoma. Tenant #5 was staged at a four on the GDS, which indicated moderate cognitive decline. Tenant #5 resided in the dementia unit.

According to the December 2014 and January 2015 task sheets, Tenant #5 refused cares including showers, grooming and dressing.

According to Nurse's Notes dated 10-21-14 a new order was received for Ketoconazole Cream 2% apply thin coat under breasts twice daily for fungal infection. Progress Notes dated 1-12-15 indicated Tenant #5's yeast infection under both breasts remained with little improvement and there was also red flaky round patches on Tenant #5's back that were itchy. There was no improvement despite using Aquaphilic to the back, according to Progress Notes.

According to Progress Notes dated 1-9-15, Tenant #5 had a sore to the top of the second toe and new orders were received. New orders included the following: Amoxicillin 500 mg twice daily for seven days and lower extremities were to be kept elevated as much as Tenant #5 would tolerate. The shoe was to be left off except for ambulation and if there was pain to the foot or leg or if a fever was present to send Tenant #5 to the ER. Progress Notes dated 1-15-15 indicated a new wound care order was received for the left third toe and left shin. The orders included the following: dress left third toe with Vaseline every

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A 089	Continued From page 17 day cover loosely with gauze, no shoe to left foot use surgical boot, complete partial bath twice daily with soap and water, use Hibiclens under breast region and back, apply Aquaphilic cream, dress left shin with Vaseline cover with telfa/gauze loosely and paper tape to hold in place no tape to the skin. Additional orders included: Hydrophilic cream use twice daily (cleanse skin before every application) and use Hibiclens over entire body on shower days. Progress Notes dated 1-21-15 indicated Tenant #5 had blood in the urine and complained of pain during urination. Tenant #5 was transferred to the ER. Progress Notes dated 1-23-15 indicated Tenant #5 was kept for observation for hyperkalemia and returned to the Program. Progress Notes dated 1-25-15 indicated Tenant #5 had a low grade temperature, Tenant #5 complained of nasal drainage and a non-productive cough was noted. Tenant #5 was taken to urgent care and then to the ER. Tenant #5 was diagnosed with Influenza A and Tamiflu 75 mg twice daily for five days was ordered. The service plan did not reflect the fungal infection and treatment under Tenant #5's breast, the toe sore and treatment on Tenant #5's toe and diagnosis of Influenza A and treatment. The service plan did not reflect the identified needs of Tenant #5. 6. Tenant #6, an 83 year old, was admitted on 11-20-14 and diagnoses included: DM II, HTN, depression, anxiety, edema, hyperlipidemia, constipation, hyperkalemia and glaucoma. The service plan was updated on 12-18-14. According to Progress Notes dated 12-18-14, Tenant #6 ambulated with a standard walker to and from meals with encouragement. Tenant #6 liked to be wheeled in a wheelchair but family	A 089		

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A 089	Continued From page 18 wanted Tenant #6 to regain strength. The service plan did not reflect Tenant #6 had a wheelchair. According to a medication administration record, staff assisted with Tenant #6's blood sugars twice daily. Staff assisted Tenant #6 with blood glucose monitoring and it was not reflected on the service plan. Progress Notes from 12-5-14 to 1-8-15 indicated Tenant #6 had three falls. The service plan did not reflect Tenant #6's falls and interventions related to falls. The service plan did not reflect the identified needs of Tenant #6.	A 089		

Sunny Brook
MUSCATINE

February 27, 2015

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

RE: Plan of Correction for Demand Letter dated February 16, 2015

This response and "plan of correction" constitutes the facility's allegation of compliance, effective February 16, 2015. Submission of this "plan of correction "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: 481-67

- Elements detailing how the program will correct the regulatory insufficiency as it relates to the program not delivering to the tenant or the tenant's legal representative a written notice at least 30 days prior to changes to the occupancy agreement.

Program has corrected this insufficiency by sending a written notice to the tenant or the tenant's legal representative on February 1st, 2015 for changes effective with the March 1, 2015 billing statement.

- What measures will be taken to ensure the problem does not recur.

Program will notify tenant or tenant's legal representative with a written notice 30 days in advance of any change made to the occupancy agreement. No changes will be made to the terms of the occupancy agreement without giving proper notice.

- How the Program plans to monitor performance to ensure compliance.

Program will review notification process when changes are made to Occupancy Agreement to ensure that proper notice has been given. QA checks by Executive Director and regional management will be performed.

Regulatory Insufficiency: 481-67.19 (5)

- Elements detailing how the program will correct the regulatory insufficiency as it relates to failure to secure a completed record check evaluation from Department of Human Services (DHS) prior to employment.

Program corrected this insufficiency by educating hiring personnel and designated individual performing background checks on January 27th, 2015 of the importance and process of complete background checks prior to new hire's start date.

- What measures have been taken to ensure the problem does not recur.

Proper training and reminders with hiring supervisors and the designated individual for completing background checks. Executive Director will review all background checks requiring evaluation checks from DHS for completeness and will give final approval before new hire is scheduled for 1st day of employment.

- How the Program plans to monitor performance to ensure compliance.

Executive Director will review background checks on a quarterly basis. Regional management will perform annual QA reviews.

Regulatory Insufficiency: 481-69.22(2)

- Elements detailing how the program will correct each regulatory insufficiency as it relates to Evaluation of tenant #3 and #5.

Program has corrected this insufficiency by doing a change of condition on Tenant #3 on 2/19/15. Tenant #5 passed away on 1/27/15. Program nurse or designated individual will complete a change of condition with any change to physical, functional or cognitive status change.

- What measures will be taken to ensure the problem does not recur.

Nurses will have 15 minute meeting every morning to discuss any changes in residents that may require a change of condition.

- How the program plans to monitor performance to ensure compliance.

Nursing staff and/or corporate nursing staff will perform QA reviews on a quarterly basis that include chart reviews.

Regulatory Insufficiency: IAC r. 4821-69.26(3)

- Elements detailing how the program will correct each regulatory insufficiency as it relates to Service Plans of tenants #3 and Tenant #5.

Program has corrected this insufficiency by doing a change of condition on 2/19/15 on tenant #3, Tenant #5 is deceased. Updated service plans by giving redirection tools and PRN usage for agitation/aggression. Care staff is to notify Nurse on call immediately with any changes.

- What measures will be taken to ensure the problem does not recur.

Staff from each shift will be interviewed by RN or LPN 30 days after move in, every 90 days thereafter and on annual basis for any changes such as adding needed services, redirection tools and tips, changes in care or decline in physical, functional or cognitive status.

- How the program plans to monitor performance to ensure compliance.

QA's performed by nursing staff and/or corporate nursing staff will be done quarterly to review service plans and review of charts.

Regulatory Insufficiency: 481-69.26(4)

- Elements detailing how the program will correct each regulatory insufficiency as it relates to Service Plans that failed to be individualized for Tenants #1, #2, #4, #4, #5, and #6.

Effective 2/24/15, RN and LPN reviewed tenant #1, #3, and #6 service plans. Updates were done to individualize the service plans. Tenant #2 and #4 moved out. Tenant #5 deceased.

- What measures will be taken to ensure problem does not recur.

Staff from each shift will be interviewed by RN or LPN 30 days after move in, every 90 days thereafter and on annual basis for any changes such as adding needed services, redirection tools and tips, changes in care or decline in physical, functional or cognitive status.

- How the program plans to monitor performance to ensure compliance.

QA's performed by nursing staff and/or corporate nursing staff will be done quarterly to review service plans and review of charts.

Sincerely,

Michelle Sides

Michelle Sides
Executive Director
SunnyBrook at Muscatine
3515 Diana Queen Drive
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