IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 51586-C

March 12, 2015

Mr. Jeff Holmes, Executive Director
Sunnybrook of Fort Madison
5025 River Valley Road
Fort Madison, IA 52627

RE: Final Complaint/Incident Investigation Report – Sunnybrook of Fort Madison, Fort Madison, IA

Dear Mr. Holmes:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of March 3 & 4, 2015, 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.

Based on review of tenant files, review of an occupancy agreement, staff interviews, an interview with the Director of Nursing (DON) from SunnyBrook of Mt. Pleasant and an interview with the Executive Director, the following area was unsubstantiated:

Allegation: Staffing
Findings: Unsubstantiated

Comments: Tenant files were reviewed for three tenants and nursing documentation was completed when indicated with falls and transfers to the emergency room. Review of an occupancy agreement (OA) indicted "staff was available 24 hours a day to respond to all emergencies." The OA did not indicate a nurse was to be on call. Staff interviews indicated there was always a nurse on call, even if the nurse was from a different building; a nurse was always available by phone after normal work hours; a nurse was always on call even with the transition between when the previous nurse left and the new nurse was hired. Staff stated they were not aware of a night or weekend when a nurse was not on call. Staff stated when a manager was on call there was also a nurse on call. The DON from SunnyBrook of Mt. Pleasant was interviewed and stated she had been on call for the Program since January

9, 2015 when the previous DON left. She was also physically on-site at the Program two to three days per week. If she needed any time off, the Regional Vice President, also a Registered Nurse (RN), was on call. The Executive Director was interviewed and stated he always had access to a nurse. The DON from SunnyBrook of Mt. Pleasant had taken call since the previous DON left the Program and was also on on-site two to three days per week. When the previous DON left, an RN from corporate was on-site for three to four days. The Regional Vice President, an RN, would also come to the Program. He stated there was always a nurse on call and there was never a night or weekend when a nurse was not available. He stated when a manager was on call there was also a nurse on call.

No Regulatory Insufficiencies were identified.

If you have any questions regarding the enclosed Report, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

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
	S0280	A. BUILDING: _____ B. WING _____	C 03/04/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNNYBROOK OF FORT MADISON	5025 RIVER VALLEY ROAD FORT MADISON, IA 52627

(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: 32 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site. 32 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 10 Total Population of Program at time of on-site: 10 TOTAL census of Assisted Living Program: 42 No regulatory insufficiencies were cited during the investigation of Complaint #51586-C	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE