IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 51226-C

April 22, 2015

Mr. Bruce Boehm, Jr. Executive Director
Sunnybrook of Carroll
1214 East 18th Street
Carroll, IA 51401

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

Dear Mr. Boehm:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of April 21, 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.

Complaint #51226-C alleged medications were not monitored. The complaint also alleged there were not enough staff on the overnight shift and that overnight staff was sleeping at work. The complaint referenced inappropriate sexual behavior on the part of staff.

Based on interview, policy review, review of incident and medication error reports, observation of a medication pass, and review of call light response times, no regulatory insufficiencies were cited. The Program routinely staffed two persons on the overnight shift. Call light response times were generally less than five minutes. There was no documentation to suggest tenant injury occurred because staff was not available when needed. It was reported and documented one overnight staff member was terminated for sleeping on the job. The staff member was assigned to the general population section at the time of the incident. No other incidents of sleeping on the job were revealed.

In an assisted living program, universal workers are not required to know the reason medications are prescribed nor the side effects possible. The medication pass was without incident. Through interview and policy review, the registered nurses monitor medication administration. Medication error reports documented monitoring by the registered nurse, with interventions as needed.

Neither incident reports nor interview revealed any inappropriate sexual contact between tenants and/or staff members. **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
	S0285	A. BUILDING: _____ B. WING _____	C 04/21/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNNYBROOK OF CARROLL	1214 EAST 18TH STREET CARROLL, IA 51401

(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: 36 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 36 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 9 Total Population of Program at time of on-site: 9 TOTAL census of Assisted Living Program: 45 No regulatory insufficiencies were cited during the investigation of Complaint # 51226-C.	A 000		

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