IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 51823-C

May 19, 2015

Mr. Jerry Bell, Director
Sunset Park Place Company LLC
3730 Pennsylvania Avenue
Dubuque, IA 52002

RE: Final Complaint/Incident Investigation Report – Sunset Park Place Company, LLC, Dubuque, IA

Dear Mr. Bell:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of May 11, 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 tenant file reviews, staff interviews, policy reviews, review of incident reports, review of medication error reports, review of staff schedules, observation of a medication pass, review of staff training on medication administration and review of Medication Administration Records (MARS), the following area was unsubstantiated:

Allegation: Medication Management
Findings: Unsubstantiated
Comments: Three tenant file reviews were reviewed during the on-site investigation. Review of Tenant #3's MARs from October 2014 through January 2015 indicated Sucralfate tab 1 gm to be mixed with liquid until dissolved and drink orally twice a day was not documented as given at 4:00 p.m. on 1-12-15. As of 1-17-15, the Program changed the tenant medication system to the use of medication planners. At that time, staff administering medications needed to document administration on another area of the MAR where the following was written: Administer meds from planner set up by RN. Staff was no longer required to document on the line listing the name of the individual medications. At the initial area of documentation, two more areas were left blank at 4:00 p.m. for the Sucralfate on 1-25-15 and 1-28-15 but if the reader looked further down on the MAR at the

"administer meds from planner set up by the RN", staff initials were present indicating the medications were given as expected on 1-25-15 and 1-28-15.

The Health Care Coordinator was interviewed and stated she was not aware of any staff forcing tenants to take medications. Staff was interviewed and stated they did not know of and had not heard of anyone forcing tenants to take their medications. According to the Health Care Coordinator, if a tenant did not want to take their medications, staff was not to "push" and to re-approach in about five to ten minutes. If the tenant still did not want to take the medication, the Health Care Coordinator needed to be notified. According to staff, if a tenant did not want to take their medications, staff would try a couple of times and if there was an order to crush medications, the medications could be put in applesauce and given, but it usually didn't come to that. The monitor observed a medication pass and no tenants were forced to take medications.

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
	S0127	A. BUILDING: _____ B. WING _____	C 05/11/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET PARK PLACE COMPANY LLC	3730 PENNSYLVANIA AVE DUBUQUE, IA 52002

(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: 44 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 45 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 5 Number of tenants with cognitive disorder: 4 Total Population of Program at time of on-site: 9 TOTAL census of Assisted Living Program: 54 No regulatory insufficiencies were cited during the investigation of Complaint #51823-C.	A 000		

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