IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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TERRY E. BRANSTAD
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RODNEY A. ROBERTS, DIRECTOR

November 13, 2015

Ms. Linda Bevins, Director
Sunrise Assisted Living Suites
599 Taylor Street
Traer, IA 50675

RE: Final Recertification Monitoring Evaluation Report – Sunrise AL Suites, Traer, IA

Dear Ms. Bevins:

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 **November 4 & 5, 2015.** The Report notes Regulatory Insufficiencies in the area(s) of: Medications, Staffing, Service Plans and Food Service.

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 or a contested case hearing 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.

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
	S0297	A. BUILDING. _____ B. WING _____	11/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING SUITES	599 TAYLOR STREET TRAER, IA 50675

(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: 14 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 15 TOTAL census of Assisted Living Program: 15 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000		
A 039	481-67 5(7) Medications 481-67.5(231B,231C,231D) Medications. Each program shall follow its own written medication policy, which shall include the following: 67.5(7) Narcotics protocol shall be determined by the program ' s registered nurse. This REQUIREMENT is not met as evidenced by: Based on review of a tenant file, observation, staff interviews and review of Program documents the Program failed to have a narcotics protocol as determined by the Program's registered nurse regarding one of three tenant files reviewed (Tenant #1). One tenant received narcotic medication administered by the Program and a narcotic protocol was not developed. 1. Tenant #1, 74 year old, was admitted on	A 039		

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A 039	Continued From page 1 7-11-11 and diagnoses included: severe pulmonary fibrosis, hypertension, hyperlipidemia and osteoarthritis. According to a Medication Treatment Profile document, Tenant #1 had orders for Lortab 7.5/325 milligram (mg) one tablet for pain three times daily and Fentanyl patches 25 microgram (mcg) apply to skin and change every 72 hours. The September and October 2015 medication administration records (MARs) indicated Lortab 7.5/325 mg one tablet by mouth three times daily for pain at 8:00 a.m., 12:00 p.m. and 9:00 p.m. was documented as administered. The MARs also indicated Fentanyl 25 mcg patch, apply one patch topically every three days was documented as administered. 2. According to observation of a medication pass on 11-5-15, Staff C administered medications to Tenant #1. Tenant #1's medications were set up in a medication planner. Staff C initialed on the November 2015 MAR that Lortab 7.5/325 mg at 8:00 a.m. was administered at the time of the observation. A narcotic medication count sheet was not utilized. 3. According to the ALP Monitoring Entrance Form, five tenants received medications administered by staff, medications were locked when administered by the Program and a narcotic count was not completed. 4. According to an interview with Staff C, direct care staff did not count narcotics. 5. According to the interview with the Nurse, staff administered narcotic medication to Tenant #1. Tenant #1 had a Fentanyl patch and	A 039		

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A 039	Continued From page 2 Hydrocodone. The bulk narcotic medication was kept in the office. The Hydrocodone was set up in Tenant #1's medication planner and there were enough patches in Tenant #1's apartment to apply as ordered. The medication kept in Tenant #1's apartment was locked. The narcotic medications were not counted and there had been no discrepancies.	A 039		
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 review of staff files, staff interviews and review of Program documents the Program failed to provide training for noncertified staff on the provision of activities of daily living (ADLs) and instrumental activities of daily living (IADLs) for two of four staff files reviewed (Staff A and B). Two noncertified staff did not have documented training on ADLs or IADLs. 1. Staff A, a universal worker (UW), was hired on 4-1-14. Staff A was a noncertified staff and did not have documented training on ADLs or IADLs. According to an interview with Staff A, she	A 060		

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A 060	Continued From page 3 assisted tenants with personal cares. 2. Staff B, a UW, was hired on 1-16-13 at the nursing facility and had a start date of 8-1-15 at the Program. Staff B was a noncertified staff and did not have documented training on ADLs or IADLs. 3. According to an interview with the Nurse, she had completed training on ADLs with Staff A; however, it was not documented. Staff B had not received nurse delegated training on ADLs. Staff assisted tenants with tasks including: bathing, dressing and ambulation. 4. According to the Program's policy regarding staffing, the nurse would ensure certified and noncertified staff were competent to meet the individual needs of tenants. Nurse delegation would include, at a minimum, the following: training for noncertified staff would include, at a minimum, the provision of ADLs and IADLs.	A 060		
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 review of tenant files, a staff interview and review of Program documents the Program failed to develop service plans that were individualized and indicated at a minimum the tenants' identified needs and preferences for	A 089		

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A 089	Continued From page 4 assistance for three of three tenant files reviewed (Tenants #1, #2 and #3). Three tenants did not have service plans that reflected the identified needs of the tenants. 1. Tenant #1, a 74 year old, was admitted on 7-11-11 and diagnoses included: severe pulmonary fibrosis, hypertension (HTN), hyperlipidemia, osteoarthritis. According to a Consult Sheet dated 2-10-15, Tenant #1's weight fluctuated 10 pounds in the last two months. There was decrease in activity tolerance due to shortness of breath (SOB), there was a visible increase in edema of the legs and abdomen and Tenant #1 was non-compliant with Tenant #1's diet and watching sodium intake. According to Nurse's Notes dated 8-10-15, Tenant #1's doctor was informed of Tenant #1's weight gain and increase in snacking. According to a document in Tenant #1's file, Tenant #1 was seen by a doctor and the encounter date was 9-1-15. The document indicated Tenant #1 presented with weight gain and a pressure ulcer on the buttocks. The document indicated there was unexpected weight gain, SOB, leg swelling, increased abdominal girth and a wound (possible early decubitus ulcer). There was evidence of increase fluid retention with the increase in weight and edema. According to an interview with the Nurse, Tenant #1 had an area on Tenant #1's coccyx, it was not open and was slightly pink. The area was being watched closely. Tenant #1 kept the Nurse informed and there was no current treatment ordered from the doctor. Tenant #1 was instructed to reposition oneself every one to two	A 089		

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A 089	Continued From page 5 hours. The service plan did not reflect Tenant #1's weight gain, non-compliance with diet, the area on Tenant #1's coccyx and interventions related to those issues. The service plan did not reflect the identified needs of Tenant #1 2. Tenant #2, a 73 year old, was admitted on 4-16-13 and had a diagnosis of dementia with behavioral disturbance. According to the ALP Monitoring Entrance Form, Tenant #2 consistently refused personal and/or health related cares and was identified as a tenant who wandered throughout the Program. Nurse's Notes dated 10-2-14 to 3-17-15 indicated staff reported Tenant #2 was very irritable at times and raised Tenant #2's voice at staff Tenant #2 continued to wander the halls when Tenant #2's spouse left to go to the farm, was often upset when spoken to and would snap back with an answer or comment. Tenant #2 made comments about leaving. Tenant #2 was not changing clothes everyday, refused for bedding to be laundered and the pillow cases were dirty. The shower had not been used when the apartment was cleaned. Nurse's Notes dated 5-12-15 indicated Tenant #2 refused all assessment questions, became irritated and yelled at the Nurse. Tenant #2 was agitated in the morning, did not like people asking questions and said Tenant #2 would be leaving soon and going back to the farm. Tenant #2 would wander the halls when Tenant #2's spouse left to go to the farm. Nurse's Notes indicated the Nurse was not sure if Tenant #2 bathed oneself. Tenant #2's hair was stringy and there was a	A 089		

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A 089	Continued From page 6 large amount of crust noted on the scalp. Staff and family had tried to get Tenant #2 to go to the beautician to get Tenant #2's hair washed and cut but Tenant #2 refused. According to a interview with the Nurse, there were no safety concerns with Tenant #2. Regarding Tenant #2's refusals, there were no issues noted with Tenant #2's skin; however, Tenant #2 had cradle cap. The service plan did not reflect Tenant #2's refusals including: refusals of personal cares, laundry and the issue with Tenant #2's scalp. The service plan did not reflect Tenant #2's behavior regarding wandering, irritability towards staff and raising Tenant #2's voice at staff. The service plan did not reflect interventions related to the issues and behavior. The service plan did not reflect the identified needs of Tenant #2. 3. Tenant #3, an 84 year old, was admitted on 9-25-15 and diagnoses included: HTN, osteoporosis, dementia and hyperlipidemia. According to the ALP Monitoring Entrance Form, Tenant #3 was identified as a tenant who wandered throughout the Program. Nurse's Notes dated 9-28-15 indicated Tenant #3 wandered a lot in the halls. Tenant #3 was redirected easily and did not go to the exits. Nurse's Notes dated 10-22-15 indicated Tenant #3 walked around the Program frequently and was easily redirectable. According to an interview with the Nurse, last week Tenant #3 was observed by staff standing outside the front door or between the doors. Tenant #3 was looking for Tenant #3's car, which	A 089		

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A 089	Continued From page 7 was not at the Program. The service plan did not reflect Tenant #3's wandering and interventions related to the behavior. The service plan did not reflect the identified needs of Tenant #3. 4. According to the Program's policy regarding service plans, service plans were created individualized for each tenant on admission and whenever a change of condition occurred. Service plans were created to guide all workers toward the same level of care for that tenant. Service plans explained if the tenant had needs in certain categories of care, such as grooming, eating, transportation and many other categories. It also allowed care workers to know how independent or autonomous a tenant could be. Service plans were updated as individual needs changed.	A 089		
A 111	481-69.28(6)d 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 limits food activities to the following: d. Appropriately trained staff may prepare in the program ' s kitchen individual quantities of tenant-requested menu-substitution food items that require limited or no preparation, such as peanut butter or cheese sandwiches or a single-service can of soup. The food items	A 111		

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A 111	Continued From page 8 necessary to prepare the menu substitution may be stored in the program ' s kitchen. These food items may not be cooked in the program ' s kitchen but may be reheated in a microwave. A two- or four-slice toaster may be used for tenant-requested menu-substitution items, but no bare-hand contact is permitted. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews and review of Program documents, the Program failed to limit food activities to avoid licensure as a food establishment including: the preparation and storage of food items that exceeded those allowed including for menu-substitution items. The Program had a unlicensed kitchen and meals were prepared in the nursing facility kitchen and served at the Program. The Program's kitchen was not licensed as a food establishment and food preparation and food storage extended beyond the parameters that needed to be followed to avoid licensure as a food establishment. 1. The Program was attached by structure to a nursing facility. The Program had a kitchen that had been previously licensed as a food establishment. The Program provided previous Food Service/Restaurant Inspection reports from 2009, 2010 and 2011. The Program's kitchen was not licensed at the time of the recertification. The lunch and evening meal were prepared in the nursing facility kitchen and brought to the Program. The breakfast meal provided was a continental breakfast. 2. According to observation, the Program's kitchen had equipment including: a stove/oven,	A 111		

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A 111	Continued From page 9 refrigerator/freezer, commercial dishwasher, a microwave and steam tables. There was also a microwave and counter outside of the kitchen in a serving/buffet area. Food items were stored in the refrigerator including: gallons of milk, gallons of orange juice, eggs, sour cream, sliced cheese, shakes, orange drinks, shredded cheese, pitchers of juice and concentrate juice containers. There were also condiments in bottles or containers including: ketchup, mustard, soy sauce, chocolate syrup, strawberry syrup and salad dressing. There were also leftovers from a meal covered in dishes including: jello, mashed potatoes and steak. Food items were stored in the freezer including: pancakes, french toast, whipped topping and a beef patty. There were also items bakery items including: bread, buns and pastries. Food items were stored in the cupboards including: syrup, powder mashed potatoes, spices, hot cereal, rolled oats and a large container of peanut butter. A griddle was also observed in the cupboard. In the serving/buffet area in the cupboards there were food items including: cold cereal in large bags and in plastic containers. 3. According to an interview with Staff A, the majority of food for the lunch and evening meal came from the nursing facility kitchen. There was a continental breakfast including cold cereal, pastries, fruit and toast. For breakfast on the weekends hot items were sent to the Program from the nursing facility and the items were kept warm in a crock pot. The dishes were washed in the sink and then in the dishwasher. In regards	A 111		

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A 111	Continued From page 10 to food preparation, staff made oatmeal in the microwave, fried eggs on the stovetop, dietary staff made steak fries in the oven, hamburgers were made in the oven or pan fried on the stovetop. Pancakes and bacon were made on the griddle. A grilled cheese sandwich was made on the stovetop. 4. According to an interview with Staff C, for the lunch and evening meals most food was prepared in the nursing facility kitchen and brought over in an insulated cart. Food temperatures were taken and held until meal times. For breakfast staff prepared hot and cold cereal and beverages. On weekends a couple of breakfast items kept were in a crock pot. Two tenants had fried eggs that were prepared on the stovetop once a day. A grilled cheese sandwich and a cheeseburger were prepared on the stovetop one to two times per week. 5. According to an interview with Staff D, occasionally a couple of eggs were fried on the stovetop as there were two tenants who wanted eggs. Pancakes were made in the microwave. A frozen hamburger would be cooked on the stovetop; however, not often. Chicken, cheese and bacon sandwiches were cooked ahead of time at the nursing facility and they were toasted on the griddle. 6. According to an interview with the Nurse, the lunch and evening meals were prepared in the nursing facility kitchen. A continental breakfast was served at the Program. Eggs were prepared on the stovetop every morning for one to two tenants. Staff would also fry up a hamburger on the stovetop approximately one time per week. Pancakes and pre-cooked bacon would be heated in the microwave. On weekends french	A 111		

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A 111	Continued From page 11 toast sticks, biscuits and gravy, scrambled eggs, pancakes were put in a crock pot (the food was prepared at the nursing facility). The Nurse said there were no major complaints with food and there had been no issues with food borne illnesses. 7. According to the Program policy regarding food service, the Program had the capacity to provide three hot and/or appropriate meals daily. Meals and snacks would be prepared by the food service staff at the nursing facility. The nursing facility dietary department met the standards of state and local health laws and ordinances concerning the preparation and serving of food. All main meals and planned menu items would be prepared at the nursing facility and transferred to the Program kitchen for service to tenants. Appropriately trained staff might prepare in the Program's kitchen individual quantities of tenant-requested menu substitution food items that required limited or no preparation. Items necessary to prepare the menu substitution could be stored in the Program's kitchen. Those food items could not be cooked in the Program's kitchen but could be reheated in a microwave. A two or four slice toaster could be used for tenant-requested menu substitution items but no bare-handed contact was permitted.	A 111		

SUNRISE ASSISTED LIVING SUITES
599 Taylor Street
Traer, Iowa 50675
Ph: 319-478-2330 **Fax:319-478-2334**

C 478-8474

Tamara Brockob, Certification Coordinator
Adult Services Bureau
321 E 12th, 3rd Floor, Lucas Bldg.
321 East 12th Street
Des Moines, Iowa 50319

November 23, 2015

RE: PLAN OF CORRECTION

A039 Medication

The programs registered nurse has developed a protocol for narcotic medication (see exhibit A). A staff meeting will be held on November 30 to educate staff on the protocol.

The program registered nurse is responsible for monitoring performance by conducting random Quality Assurance checks of the narcotic count documentation to ensure they are being completed per facility protocol.

Correction date: December 1, 2015.

A060 Staffing

The program registered nurse has updated the "Orientation Checklist of Nurse Delegated Tasks" to include activities of daily living (ADL's) and instrumental activities of daily living (IADL's)(see Exhibit B). Staff A and B will complete the orientation and demonstrate competency in the provision of ADL's and IADL's by November 30, 2015.

All uncertified workers hired after November 5, 2015 will complete orientation and demonstrate competency in the provision of ADL's and IADL's. The program registered nurse is responsible for documenting the orientation.

Correction date: December 1, 2015.

11-24-15
Spoke w/ Linda - POC ok - but discussed ADL/IADL orientation checklist. Does not contain all required components - Linda will add.
RB

A089 Service Plans

The program registered nurse updated the service plans of tenant #1, #2 and #3 to reflect their individual needs November 16, 2015.

In order to ensure the problem does not recur and to monitor performance, the program coordinator, registered nurse and designated universal worker will review tenant service plans on a quarterly basis and w/significant change.

Correction date: December 1, 2015

A111 Food Service

The facility has contacted the Black Hawk County Department of Public Health to re-instate the Food Service/Restaurant license. During the interim, all items cited by the monitor as not allowed in the AL kitchen will be removed. Also, during the interim period no food preparation will take place in the AL kitchen, only individual serving packaged food will be i.e. cereals, beverages will be stored in the AL kitchen.

The Food Service Supervisor is responsible for removing non-allowed items from the AL kitchen and ordering/providing single serve food items as needed.

A staff meeting is scheduled for November 30, 2015 to educate the staff of the above change in food service/preparation.

Completion date December 1, 2015

Linda Bevins, Program Coordinator

CONTROLLED MEDICATION SHIFT CHANGE

DATE	TIME	SIGNATURE OF NURSE	CHECKED BY

Policy for Counting Narcotics in Assisted Living

Medication administration and documentation is essential and integral part of health care delivery. Likewise, medication must always be used with accuracy and integrity, always keeping the tenant's safety and well being in mind.

Purpose: The purpose of this procedure is to establish guidelines in counting narcotics weekly.

1. With weekly medication set up the tenant's narcotics will be counted by the RN and verified by the UA on duty.
2. Both the nurse and UA will document on the narcotic sheet after they have verified the count was correct.
3. Any discrepancies will be reported to the Administrator immediately.
4. Medications given by staff are initialed on a medication sheet after the Tenant takes them.
5. All medications administered by the Assisted Living staff is to be locked in the Tenant's apartment and accessed by the employees when administering.
6. Narcotics are to be stored in the RN Coordinator's office in a locked box and the RN Coordinator possesses the keys.