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
	S0170	A. BUILDING: _____ B. WING _____	C 08/04/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNNYBROOK OF FAIRFIELD	3000 WEST MADISON AVENUE FAIRFIELD, IA 52556

(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: 48 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 50 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 12 Total Population of Program at time of on-site: 12 TOTAL census of Assisted Living Program: 62 An investigation of Incident #59280-I was completed and resulted in regulatory insufficiencies.	A 000		
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	A 037	See attached POC	

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

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A 037	Continued From page 1 practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete functional, health and cognitive evaluations as needed with significant change for one of one tenant file reviewed (Tenant #1). Finding follows: 1. Tenant #1, an 85 year old, was admitted on 5-31-12 and diagnoses included: dementia, rheumatoid arthritis, hypothyroidism, gastroesophageal reflux disease, hypocalcemia and vitamin deficiency. Tenant #1 was staged at a six on the Global Deterioration Scale (GDS), which indicated severe cognitive decline. Tenant #1 resided in the dementia unit. According to an incident report, dated 3-25-16 at 6:30 p.m. to 7:15 p.m., Tenant #1 eloped from the dementia unit and no alarms sounded. The doors and alarms were checked to ensure all were locked and alarms sounded. Tenant #1 did not sustain any injuries related to the elopement. According to Narrative Charting dated 3-25-16, Tenant #1 had gotten outside the building and there were no injuries. Staff indicated Tenant #1 was very agitated around 6:25 p.m. to 6:30 p.m. Staff walked with Tenant #1, one to one, from 6:30 p.m. to 7:00 p.m., then returned to the dementia unit. Staff reported local officials (police) were at the front of the building with Tenant #1. The official stated Tenant #1 walked	A 037		

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A 037	Continued From page 2 towards next door (a church) and someone called 911 to report it. Tenant #1 was assisted back to the dementia unit. Staff reported there were several visitors in and out of the dementia unit on second shift and no alarm sounded at the time of the incident. An incident report was completed, the service plan was updated and alert charting began. According to Tenant #1's Interim/In-Service Plan dated 3-25-16, 15 minute checks for 3 hours were started, followed by 30 minute checks for 8 hours and then 1 hour checks for second and third shifts on 3-26-16. The document also indicated to increase staff awareness of potential wandering/exit seeking and notification of the on-call manager if care staff was unable to redirect Tenant #1. According to a fax to Tenant #1's physician, dated 3-26-16 (re-faxed on 3-30-16), Tenant #1 was extremely agitated on 3-25-16. Staff attempted to ambulate Tenant #1 around the Program to calm, but was not successful. Tenant #1 was taken back to the dementia unit at approximately 7:00 p.m. and eloped sometime between 7:00 p.m. and 7:15 p.m. Tenant #1 was brought back by police unharmed. The physician ordered a urinalysis with culture and sensitivity and Lorazepam 0.5 milligram by mouth every 12 hours and every 6 hours as needed. Tenant #1's service plan in place at the time of the elopement did not identify exit seeking behavior or interventions related to elopement. After Tenant #1 eloped, the facility developed an Interim/In-Service Plan; however, evaluations were not completed as warranted by the significant change.	A 037		

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A 037	Continued From page 3 2. According to an interview with Staff A, Tenant #1 did not have a history of elopement. According to an interview with the Resident Care Coordinator, Tenant #1 did not have a history of elopement. According to an interview with the Director of Nursing, Tenant #1 did not have a history of elopement. 3. According to the Program's policy regarding evaluations and assessments, the evaluations would be completed on all potential and current tenants prior to signing the occupancy agreement, within two weeks of admission, within 30 days of admission, with a change of condition or return from another healthcare facility and annually based on the move in date.	A 037		
A 086	481-69.26(3)a 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. a. If a significant change triggers the review and update of the service plan, the updated service plan shall be signed and dated by all parties. This REQUIREMENT is not met as evidenced by:	A 086		

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A 086	Continued From page 4 Based on review of a tenant file, staff interviews and review of Program documents the Program failed to have the service plan signed and dated by all parties after a significant change occurred for one of one tenant file reviewed (Tenant #1). Findings follow: 1. Tenant #1, an 85 year old, was admitted on 5-31-12 and diagnoses included: dementia, rheumatoid arthritis, hypothyroidism, gastroesophageal reflux disease, hypocalcemia and vitamin deficiency. Tenant #1 was staged at a six on the Global Deterioration Scale (GDS), which indicated severe cognitive decline. Tenant #1 resided in the dementia unit. According to an incident report, dated 3-25-16 at 6:30 p.m. to 7:15 p.m., Tenant #1 eloped from the dementia unit and no alarms sounded. The doors and alarms were checked to ensure all were locked and alarms sounded. Tenant #1 did not sustain any injuries related to the elopement. According to Narrative Charting dated 3-25-16, Tenant #1 had gotten outside the building and there were no injuries. Staff indicated Tenant #1 was very agitated around 6:25 p.m. to 6:30 p.m. Staff walked with Tenant #1, one to one, from 6:30 p.m. to 7:00 p.m., then returned to the dementia unit. Staff reported local officials (police) were at the front of the building with Tenant #1. The official stated Tenant #1 walked towards next door (a church) and someone called 911 to report it. Tenant #1 was assisted back to the dementia unit. Staff reported there were several visitors in and out of the dementia unit on second shift and no alarm sounded at the time of the incident. An incident report was completed, the service plan was updated and	A 086		

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A 086	Continued From page 5 alert charting began. According to Tenant #1's Interim/In-Service Plan dated 3-25-16, 15 minute checks for 3 hours were started, followed by 30 minute checks for 8 hours and then 1 hour checks for second and third shifts on 3-26-16. The document also indicated to increase staff awareness of potential wandering/exit seeking and notification of the on-call manager if care staff was unable to redirect Tenant #1. According to a fax to Tenant #1's physician, dated 3-26-16 (re-faxed on 3-30-16), Tenant #1 was extremely agitated on 3-25-16. Staff attempted to ambulate Tenant #1 around the Program to calm, but was not successful. Tenant #1 was taken back to the dementia unit at approximately 7:00 p.m. and eloped sometime between 7:00 p.m. and 7:15 p.m. Tenant #1 was brought back by police unharmed. The physician ordered a urinalysis with culture and sensitivity and Lorazepam 0.5 milligram by mouth every 12 hours and every 6 hours as needed. Tenant #1's service plan in place at the time of the elopement did not identify exit seeking behavior or interventions related to elopement. After Tenant #1 eloped, the facility developed an Interim/In-Service Plan, which identified interventions related to elopement and the physician was also contacted regarding the elopement and new orders were received; however, the service plan was not signed and dated by all parties, including Tenant #1 or Tenant #1's legal representative. 2. According to the Program's policy regarding service plans, when the tenant needed personal	A 086		

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A 086	Continued From page 6 or health-related care, the service plan would be updated within 30 day of occupancy, as needed with significant change but not less than annually. If a significant change triggered the review and update of the service plan, the updated service plan would be signed and dated by all parties.	A 086		

8/23/16

Health Facilities Division
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319-0083
515-281-4115 Phone
515-242-5022 Fax

Re: Investigation #59280-I

Dear Linda Kellen/Deb Dixon:

Insufficiency tag A037 correction
RN will complete evaluation of tenant within 30 days of occupancy and with significant change. RN will evaluate tenant's functional, cognitive and health status as needed with significant change and annually to determine the tenant's continued eligibility for the program and to determine any changes to services as needed. Resident Care Coordinator and/or RN will complete and update service plan to correlate with significant change and annual assessments.

Insufficiency tag A086 correction
When a tenant needs personal care or health related or health related care, the service plan shall be updated with 30 days of tenant's occupancy, significant change and/or annually. When unable to obtain signatures for service plans 3 attempts will be made for signatures of service plans and documented.

Sincerely,

Sandra Steele RN
Sunnybrook of Fairfield
3000 West Madison
Fairfield, Iowa 52556
641-209-5600 Phone
641-469-4529 Fax