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 _____	09/29/2016

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: 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: 12 Total Population of Program at time of on-site: 12 TOTAL census of Assisted Living Program: 44 The following regulatory insufficiencies were cited during the recertification conducted to determine compliance with certification for an Assisted Living Program:	A 000		
A 003	481-67.2 Program policies and procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse.	A 003	See attached Plan of Correction Deb D 10/28/16 11/1/16	

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

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A 003	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, staff failed to follow the Program's procedures related to handwashing when completing treatments and administration of eye ointments for 1 of 1 tenants reviewed who received eye ointment. Findings follow: 1. Staff B was observed passing medications to Tenant #3 on 9-29-16 at 11:22 a.m. Staff B was observed applying gloves and administering an eye drop to the left eye. Staff B removed the gloves and applied new gloves but did not wash or cleanse hands between sets of gloves. Staff B went on to administer eye ointment to the right eye. Review of the Program's gloving procedure revealed hands were to be washed/cleansed with the removal of gloves. When interviewed on 9-29-16 at 11:55 a.m. the RN stated the hands should have been washed after gloves were removed and before new gloves applied. 2. During the administration of the eye ointment to Tenant #3, the ointment tube was observed to touch the lower eye lid. Review of the Program's eye ointment administration procedure revealed the medication container was to be kept clean and the tip of the tube was not to touch the eye.	A 003		

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A 118	Continued From page 2	A 118		
A 118	481-67.19(3) Record Checks 481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks. 67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to complete background checks prior to hire on 1 of 5 employees reviewed (Staff A). Findings include: Staff A was hired on 6-7-16. The Program was asked to provide a background check and was unable to do so for child abuse and dependent adult abuse records and criminal history. On 9-29-16 the Executive Director stated the online SING system was used but the process was not completed by clicking the "check" button. The Program provided a copy of of a background check completed on 9-28-16.	A 118		

October 13, 2016

Dear Deb Dixon,

Enclosed, please find the Plan of Correction for Regulatory Insufficiencies from SunnyBrook of Carroll's Recertification visit on September 28th and 29th, 2016.

1. 481-67.2 Program Policies and Procedures
    a. All staff will be re-educated on the program's gloving and eye ointment administration procedures.
    b. Quarterly, the program's inservice training meetings will review the gloving and eye ointment administration procedures.
    c. Monthly, the Wellness Director will spot-check staff to ensure compliance with the aforementioned procedures.
    d. Regulatory insufficiency will be corrected on October 20, 2016 at the program's inservice meeting. Spot-checks begin immediately.

2. 481-67.19 Record Checks
    a. Program provided a copy of the completed background check on 9-28-16.
    b. Program will ensure correct background checks completed correctly through the signed verification of the Executive Director and Business Office Coordinator.
    c. Program will keep a spreadsheet dedicated to all employee and volunteer record checks.
    d. Regulatory insufficiency corrected 9-28-16.

Sincerely,

Bruce Boehm
Executive Director
SunnyBrook of Carroll

11/1/16

10/28/16