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
	S0280	A. BUILDING: _____ B. WING _____	10/18/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNNYBROOK OF FORT MADISON	5025 RIVER VALLEY ROAD FORT MADISON, IA 52627

(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: 26 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 27 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 7 Total Population of Program at time of on-site: 8 TOTAL census of Assisted Living Program: 35 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program	A 000		
A 121	481-67.19(3)c Record Checks 481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks. 67.19(3)c If a person considered for employment has been convicted of a crime. If a person being considered for employment in a program has been convicted of a crime under a law of any state, the department of public safety shall notify the program that upon the request of the program the department of human services will perform an evaluation to determine whether	A 121		

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A 121	Continued From page 1 the crime warrants prohibition of the person ' s employment in the program. This REQUIREMENT is not met as evidenced by: Based on record review and interview the Program failed to have an evaluation from the Department of Human Services (DHS) completed prior to employment to determine whether the crime warranted prohibition of employment for 1 of 5 staff reviewed. Findings follow: 1. Staff A was hired on 4-25-16 and began to receive paid wages on 4-28-16. On 4-21-16 a background check was completed for a criminal history background check and abuse registries background check. The background check was completed with Staff A's current last name and a prior last name. The criminal history background check indicated further research was required. The abuse registries checks revealed no concerns. On 4-26-16 the background check was returned with no record found with Staff A's current last name and a prior last name. A subsequent background check for Staff A was completed on 4-25-16 for two additional last names not included on the previous background check. The criminal history background check indicated further research was required. According to Iowa Record Check Request Form S dated 4-26-16 at 2:35 p.m., a record was found. An evaluation by DHS to determine if employment was prohibited for Staff A could not be located. The Executive Director confirmed no DHS evaluation was completed.	A 121	The program has issued a DHS evaluation check on Staff A. The Executive Director will ensure that all last names have been entered into the system at the same time and that all names have cleared before hire. *This will be taken care of immediately* by the Executive Director.	

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A 121	Continued From page 2 2. According to the Program's policy regarding hiring and staffing, hiring practices based on the following: clearance through State of Iowa regulations on background checks prior to offering employment. If a prospective employee had a criminal history or abuse history an evaluation would be conducted by DHS prior to employment to determine if employment was prohibited.	A 121		
A 083	481-69.26(1) Service Plans 481-69.26(231C) Service plans. 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based on record review the Program failed to update service plans as needs changed for 3 of 4 tenant files reviewed (Tenants #1, #2 and #3). Findings follow: 1. Record review of Tenant #1's file revealed a Charting Note dated 10-17-16 (late entry for 10-14-16) documented Tenant #1 had a stage II pressure ulcer to the right outer ankle measuring 2 centimeters (cm) by 2 cm with no wound depth, drainage or odor. Triple antibiotic ointment was applied with a non-adhesive dressing. A Wound	A 083	The program has put a Wound binder together and all wounds will be checked each week by the RN. The RN will chart on all wounds and make sure the ISP is updated as needed. If neccessary notification will be made to the DR of any wounds. The wound binder was put together immediately following recert.	

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A 083	Continued From page 3 Tracking sheet dated 10-14-16 also documented the stage II pressure wound. Tenant #1's service plan last signed on 9-20-16 was not updated to include the wound or the treatment of the area. 2. Record review of Tenant #2's file revealed diagnoses including hypertension, cerebral vascular accident, history of hyponatremia and atrial fibrillation. Charting Notes indicated on 9-14-16 the tenant was noted to have 2+ pitting edema to bilateral lower extremities at the ankles. Both extremities were red at the ankles and warm to the touch. Tenant #2 was transported by family for an evaluation where he/she was diagnosed with cellulitis and given an order for antibiotics 4 times a day for 10 days. The tenant was eventually hospitalized from 9-28-16 to 10-5-16 for IV antibiotics for continued cellulitis. On 10-7-16 a patch of cellulitis on the left forearm was noted and an antibiotic cream was ordered. Physician orders dated 10-12-16 included elevating legs when possible and compression stockings to left lower extremity. According to the Resident Evaluation/Assessment dated 10-5-16, the tenant was to receive physical therapy (PT). The service plan last signed on 9-27-16 was not updated to include the compression stockings, re-occurring cellulitis and treatment, PT and elevation of legs whenever possible. 3. Review of the ALP Monitoring Entrance Form indicated Tenant #3 had a managed risk agreement. Tenant #3 was admitted to the	A 083		

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A 083	Continued From page 4 Progam in May 2016. Review of the tenant's managed risk agreement signed in September 2016 revealed he/she had made inappropriate sexual gestures towards other tenants and staff. Cotinued occurrences could result in a 30 day notice of discharge from the Program. The service plan last signed 8-11-16 was not updated to address the managed risk agreement for these behaviors or what staff were to do should any of these behaviors occur. 4. According to the Program's policy regarding service plans, the service plan would be based on the tenant's evaluations and designed to meet the tenant's needs.	A 083		
A 084	481-69.26(2) Service Plans 481-69.26(231C) Service plans. 69.26(2) Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan. This REQUIREMENT is not met as evidenced by: Based on record review the Program failed to develop a preliminary service plan signed by the tenant or tenant's legal representative prior to	A 084	The HSD will initiate the ISP and review/sign with residents and family prior to them meeting with the Executive Director whom will then have them sign the occupancy agreement. We will have them date and time stamp their signatures to ensure the ISP is signed first. This has been taken care of immediately.	

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A 084	Continued From page 5 signing the occupancy agreement and taking occupancy. This pertained to two of four tenant files reviewed (Tenants #1 and #3). Findings follow: Tenant #1 was admitted on 3-8-16. The occupancy agreement was signed by Tenant #1's legal representative and the Executive Director on 3-8-16. The preliminary service plan was signed and dated by the Health Services Director on 3-8-16. Tenant #1's legal representative signed and dated the service plan on 5-8-16. The service plan was not signed by Tenant #1 or Tenant #1's legal representative prior to signing the occupancy agreement and taking occupancy. Tenant #3 was admitted 5-23-16. The occupancy agreement was signed by Tenant #3 and the Executive Director on 5-23-16. The preliminary service plan was signed and dated by the Health Services Director on 5-23-16. Tenant #3 signed the service plan on 6-16-16. The service plan was not signed by Tenant #3 prior to signing the occupancy agreement and taking occupancy. According to the Program's policy regarding service plans, the service plan would be developed prior to signing the occupancy agreement and would be completed by a health or human services professional in consultation with the tenant and/or the tenant's legal representative. All those who developed the plan would sign the plan.	A 084		