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 _____	C 02/02/2017

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: 29 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 29 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 2 Number of tenants with cognitive disorder: 14 Total Population of Program at time of on-site: 18 TOTAL census of Assisted Living Program: 47 The following regulatory insufficiencies were cited during the investigation of Complaints #65545-C and 63963-C.	A 000		
A 005	481-67.2(1)b 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. 67.2(1) The program's policies and procedures on incident reports, at a minimum, shall include the following: b. An incident report shall be in detail and shall be provided on an incident report form.	A 005	See attached Plan of Correction 2/16/17	

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

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A 005	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete an incident report for 1 of 1 tenants who had eloped from the building (Tenant #1). Findings include: On 2/01/17 at 2:10 p.m. interview with Staff B revealed Resident #1 eloped from the Program by leaving the locked memory care unit and exiting the bulding by the main door. The tenant was found sitting in a car parked under the front entryway's canopy. When prompted, Tenant #1 willingly reentered the Program without further incident and returned to the memory care unit. There were no known injuries. Staff B could not recall the date of this occurrence. A review of incident reports on 2/01/17 failed to reveal a report regardig this elopement. On 2/01/17 at 2:53 p.m. the Admintrator stated this incident had occurred on the evening of 10/18/16 and confirmed no incident report had been completed.	A 005		
A 013	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate.	A 013		

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A 013	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide adequate care for 1 of 1 tenants reviewed who had eloped from the building (Tenant #1). Findings include: Record review revealed Tenant #1 was admitted to the memory care unit on 9/19/16 with a diagnoses of Alzheimer's disease. Tenant #1 was a 76 year old who ambulated with an unsteady gait and had a history of falling. On 2/01/17 at 2:10 p.m. interview with Staff B revealed Tenant #1 had eloped from the building by leaving the locked memory care unit, walking across the general population area and exiting the main door. The tenant was found sitting in a car parked under the front entryway's canopy. When prompted Tenant #1 willingly reentered the Program without incident. There were no known injuries. Staff B could not recall the date of this occurrence. On 2/02/17 at 1:50 p.m. interview with Staff E revealed there were two staff members working on the memory care unit on the evening of 10/18/16, the day the incident occurred. Staff E reported a volunteer was sitting with Tenant #1 when she went to use the restroom. Staff D was helping another tenant shower at the time. Staff E reported hearing the alarm at the memory care door sound which alerted her to the fact that someone was pushing on the handle to exit the unit. Staff E exited the bathroom and checked for Tenant #1. Tenant #1 could not be located on the memory care unit. Staff E called the general population staff for assistance. Tenant #1 was	A 013		

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A 013	Continued From page 3 gone approximately three minutes. On 2/02/17 at 8:20 a.m. the Administrator reported all staff have phones and Staff E should have called a staff working on the general population unit to come back and cover the memory care unit while she used the restroom. Staff received disciplinary action following this incident.	A 013		
A 154	481-69.35(1)b Structural Requirements 481-69.35(231C) Structural requirements. 69.35(1) General requirements. b. The buildings and grounds shall be well-maintained, clean, safe and sanitary. This REQUIREMENT is not met as evidenced by: Based on observation, tenant interview and staff interview the Program failed to ensure the building was well-maintained. Findings include: On 2/01/17 at 12:02 p.m. interview with Staff C revealed Tenants #2 and #3 had ground water leak into their apartment on a couple of occasions. On 2/01/17 at 1:10 p.m. interview with Tenants #2 and Tenant #3 confirmed ground water had backed up into their main room as well as the corner of the bedroom. Tenant #2 reported this had occurred when the ground was frozen and it had rained or at times when snow had melted and water had no place to go. As a result water had backed up into their apartment. Tenant #2 reported the Program was aware of the problem and planned to remedy the situation in the spring	A 154		

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A 154	Continued From page 4 with tiling to a nearby ditch. Tenant #2 reported they moved in approximately 15 months ago and water had leaked into their apartment 4 or 5 times, most recently within the prior two weeks. On 2/01/17 at 2:53 p.m. the Administrator confirmed this finding. There were no other rooms affected by the water. The Administrator reported the Program planned to tile the area outside of Tenant #2 and Tenant #3's apartment in the spring.	A 154		

√ 2/17/17

February 14, 2016

Dear Deb Dixon,

Enclosed, please find the Plan of Correction for Regulatory Insufficiencies from SunnyBrook of Carroll's complaint visit on February 1-2, 2016.

1. Complaint #63963-C
    a. Staffing: all staff will be re-educated on the program's incident report procedure. Tenant Rights: all staff will be re-educated on the program's elopement policy. All staff will be re-educated on proper communication when needing to be "indisposed" for a short period of time.
    b. Quarterly, the program's inservice training meetings will review incident reporting and communication techniques from memory support to general population.
    c. Monthly, the Wellness Director will put staff through different communicative scenarios to ensure compliance with the aforementioned procedure.
    d. Regulatory insufficiency will be corrected on February 16, 2017 at the program's inservice meeting. Communicative scenarios begin immediately.

2. Complaint #65545-C
    a. Summer of 2016, all down spouts by tenant room rerouted. No water reported until January 18, 2017. Scott Schon from WIB consulted. On January 20, 2017 a dry well was dug just outside of the tenants room. No water has been reported since. In June 2017, French drains and tiling will be completed throughout the entire property.
    b. Program will follow-up with tenant bi-weekly, unless tenant reports otherwise.
    c. June 2017

Sincerely,

Bruce Boehm
Executive Director
SunnyBrook of Carroll

2/16/17