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
	S0288	A. BUILDING _____ B. WING _____	C 01/25/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNNYBROOK OF MUSCATINE	3515 DIANA QUEEN DRIVE MUSCATINE, IA 52761

(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: 35 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 36 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 10 Total Population of Program at time of on-site: 11 TOTAL census of Assisted Living Program: 47 A recertification visit was conducted to determine compliance with certification for an Assisted Living Program. In addition to the recertification visit, Complaint #63822-C was investigated. The following regulatory insufficiencies were identified:	A 000	see attached Plan of Correction 2/20/17	
A 063	481-67.9(4)f 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: f. Services shall be provided to tenants in accordance with the training provided.	A 063		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Executive Director — (X6) DATE: 2/18/17

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A 063	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to provide services in accordance with the training provided regarding the observation of a medication pass with one staff (Staff C). Findings follow: A medication pass was observed on 1-24-17 at 8:25 a.m. in the general population. Staff C assisted Tenant #4 with medications and a blood glucose check. Staff C washed her hands, prepared the medications, donned gloves and entered Tenant #4's bedroom to assist. Tenant #4 requested Staff C hand him/her the remote control and asked for a glass of water. Staff C handed him/her the remote control, took the glass, went to the kitchen, touched the faucet and returned to the bedroom with a glass of water while wearing gloves. Staff C took Tenant #4's blood glucose while wearing the contaminated gloves. Staff C then removed the gloves and washed her hands before leaving the apartment. Staff C also assisted Tenant #7 with medications during the observed medication pass. Tenant #7 had medications in bubblepacks as well as pill bottles. Staff C washed her hands, put the medications from the from the bubblepacks into a cup, donned gloves to remove medication from the pill bottles and added them to the cup. Staff C took the medications in the cup to the kitchen counter to use a pill cutter for the larger pills. She set one pill on the counter while placing another in the pill cutter. Staff C was observed using a knife that had been sitting on the counter to dislodge the pill parts from the cutter. The pills were put into a cup and given to Tenant #7. Tenant #7 put some of the pills on the kitchen counter as he/she took them.	A 063		

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A 063	Continued From page 2 Review of Staff C's file revealed nurse delegation training had been completed on 10-18-16 which included blood glucose monitoring and medication administration. The blood glucose delegation form documented staff were to sanitize hands and put on gloves before checking blood glucose. The medication administration delegation form specified medications were to be verified and given using the six rights. The delegation training included demonstration of preparing medications and observation of the tenant taking medications. Interview with the Regional Nurse on 1-25-17 at 9:40 a.m. revealed the expectation regarding a blood glucose check would be for staff to sanitize hands and put on gloves prior to assisting with the blood glucose test. Afterwards staff were to remove the gloves and wash their hands before leaving the apartment. Staff were expected to use gloves when using a pill cutter.	A 063		
A 147	481-67.5(6)d Medications 481-67.5(231B,231C,231D) Medications. Each program shall follow its own written medication policy, which shall include the following: 67.5(6) When medications are administered traditionally by the program: d. Medications shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant. This REQUIREMENT is not met as evidenced by: Based on interview and record review the	A 147		

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A 147	Continued From page 3 Program failed to administer medications as prescribed for 2 of 8 tenants reviewed (Tenants #1 and #2). Findings follow: 1. Record review of Tenant #1's file revealed staff administered the tenant's medications. Review of November 2016 and December 2016 medication administration records (MARs) revealed medications were not always available to administer. In November 2016 there were more than 30 entries documented of medications not available. In December 2016 there were more than 30 entries documented of medications not available. Medications not available included acetaminophen, aspirin, calcium/vitamin D, amlodipine, escitalopram and gabapentin. It should be noted that even when available the tenant often refused medications. 2. Record review of Tenant #2's file revealed staff administered the tenant's medications. Review of October 2016 and December 2016 MARs revealed medications were not always available to administer. In October 2016 there were 30 entries documented of medications not available, primarily gabapentin. According to staff documentation, this medication was unavailable from 10-1-16 to 10-7-16, on 10-10-16 and from 10-13-16 to 10-21-16. No documentation was located in the tenan't file of any negative outcomes as a result of not receiving this medication. In December 2016 there were 7 entries documented of various medications not available, mostly on 12-25-16. Interview with the Executive Director on 1-25-17 at the time of the exit meeting revealed Tenant #2 used a local pharmacy and there had been an issue with medications not arriving timely. Interview with the Regional Nurse on 1-25-17 at	A 147		

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A 147	Continued From page 4 9:40 a.m. revealed there had been a change of nurses and a period of unavailability of medications had occurred during the time frame following one nurse leaving and another being hired.	A 147		
A 149	481-67.9(6) Staffing 481-67.9(231B,231C,231D) Staffing. (6) Dependent adult abuse training. Program staff shall receive training relating to the identification and reporting of dependent adult abuse as required by Iowa Code section 235B.16. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide training relating to the identification and reporting of dependent adult abuse as required for 2 of 3 staff reviewed employed longer than 6 months (Staff A and B). Findings follow: Chapter 235 B requires that employees complete two hours of training relating to the identification and reporting of Dependent Adult Abuse within six months of initial employment and at least two hours of additional dependent adult abuse identification and reporting training every five years using an approved curriculum. Review of Staff A's file reveled a hire date of 7-21-16. No record of dependent adult abuse training could be located. Review of Staff B's file revealed a hire date of 7-18-16. No record of dependent adult abuse training could be located.	A 149		

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A 149	Continued From page 5 Interview with the Regional Nurse on 1-25-17 at 9:40 a.m. confirmed this finding.	A 149		
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 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 evaluate each tenants' functional, cognitive and health status within 30 days, with significant change or annually for 3 of 6 tenant files reviewed (Tenants #1, #2 and #4). Findings follow: 1. Record review of Tenant #1's file revealed a service plan dated 11-11-16 was completed for a change of condition. A cognitive evaluation was	A 037		

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A 037	Continued From page 6 completed on 11-14-16. Charting Notes dated 11-14-16 indicated a health evaluation was completed. The Charting Notes addressed aspects of a functional evaluation; however, did not address all functional aspects including mobility, transfers and bathing. As a result a full functional evaluation was not completed with a change of condition. 2. Record review of Tenant #2's file revealed annual cognitive, health and functional evaluations were completed on 10-28-15. A 90 day nurse review was documented in Charting Notes dated 10-24-16; however, the review was not comprehensive regarding Tenant #2's health status. As a result, an annual evaluation of Tenant #2's health status were not completed. 3. Record review of Tenant #4's file revealed an admission date of 10-26-16. A cognitive evaluation was completed on 11-22-16. Charting Notes dated 11-23-16 indicated a health evaluation was completed. The Charting Notes addressed aspects of a functional evaluation; however, did not address all functional aspects including eating and transfers. As a result, a full functional evaluation was not completed within 30 days of taking occupancy. An interview with the Regional Nurse on 1-25-17 at 9:40 a.m. revealed there were no additional evaluation documents available for the tenants reviewed.	A 037		
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	A 083		

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A 083	Continued From page 7 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 interview and record review the Program failed to develop and update service plans as required for 3 of 6 tenants reviewed (Tenants #1, #2, #4). Findings follow: 1. Record review of Tenant #1's file revealed a service plan dated 11-11-16 was completed for a change of condition. A cognitive evaluation was completed on 11-14-16. Charting Notes dated 11-14-16 indicated a health evaluation was completed. The Charting Notes addressed aspects of a functional evaluation; however, did not address all functional aspects including mobility, transfers and bathing. The service plan updated for change of condition was not based on a functional evaluation. Review of December 2016 medication administration records (MARs) reflected more than 50 entries of medication refusals by Tenant #1. January 2017 MARs reflected more than 100 entries of medication refusals by Tenant #1. A care log document for December 2016 reflected Tenant #1 refused bathing assistance four times. Charting Notes dated 1-24-17 (late entry for 1-19-17) indicated there was an increase in Tenant #1's confusion and in refusals to take medications. In addition, the tenant occasionally	A 083		

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A 083	Continued From page 8 pushed staff way and at times refused with cares. There was a discussion with Tenant #1's legal representative regarding these concerns and a possible move to the dementia unit. The service plan dated 11-11-16 was not updated to reflect the routine nature of Tenant #1's refusals of medications, refusal of cares and related interventions. The service plan was not updated to meet the specific service needs of Tenant #1. 2. Record review of Tenant #2's file revealed a service plan was completed dated 10-28-15. A service plan was completed on 1-19-17; however, a service plan was not completed in 2016. An service plan was not developed at least annually for Tenant #2. Tenant #2 had six incident reports for falls from 10-28-16 to 1-4-17. The service plan dated 1-19-17 reflected a managed risk for transferring himself/herself instead of asking for assistance however did not reflect the fall history and related interventions. The service plan was not updated to meet the specific service needs of Tenant #2. 3. Record review of Tenant #4's file revealed an admission date of 10-26-16. A cognitive evaluation was completed on 11-22-16. Charting Notes dated 11-23-16 indicated a health evaluation was completed. The Charting Notes addressed aspects of a functional evaluation; however, did not address functional all aspects including eating and transfers. The service plan was signed by Tenant #4 on 11-22-16, prior to the completion of the evaluation in Charting Notes. The service plan was not based on health and functional evaluations. Review of December 2016 MARs reflected more than 20 entries of medication and/or treatments	A 083		

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A 083	Continued From page 9 refused by Tenant #4. January 2017 MARs reflected more than 100 entries of medication and/or treatments refused by Tenant #4. The service plan dated 1-19-17 was not updated and did not reflect the routine nature of Tenant #4's refusals of medications and related interventions. The service plan was not updated to meet the specific service needs of Tenant #4. An interview with the Regional Nurse on 1-25-17 at 9:40 a.m. revealed there were no additional service plan documents for the tenants reviewed.	A 083		
A 096	481-69.27(1)c Nurse Review 481-69.27(231C) Nurse review. If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation: 69.27(1)c To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status; and This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete nurse reviews at least every 90 days for 3 of 6 tenants reviewed who personal and health related care (Tenants #2, #3	A 096		

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A 096	Continued From page 10 and #5). Findings follow: 1. Record review of Tenant #2's file indicated the tenant received personal and health related care. Charting Notes dated 10-24-16 indicated a 90 day nurse review was completed. The nurse review as documented in the Charting Notes was not comprehensive regarding Tenant #2's health status. 2. Record review of Tenant #3's file indicated the tenant received personal and health related care. Charting Notes dated 11-9-16 indicated a 90 day nurse review was completed. The nurse review as documented in the Charting Notes was not comprehensive regarding Tenant #3's health status. 3. Record review of Tenant #5's file indicated the tenant received personal and health related care. According to Charting Notes dated 9-22-16 a 90 day nurse review was completed; however, it was not comprehensive regarding Tenant #5's health status. A 90 day nurse review was completed on 1-16-17. A 90 day nurse review was due by 12-22-16 but was not completed until 1-16-17. An interview with the Regional Nurse on 1-25-17 at 9:40 a.m. revealed there were no additional nurse review documents for the tenants reviewed.	A 096		

2/20/17

February 15, 2017

Re: Plan of Correction

This Plan of Correction constitutes the facilities Allegation of Compliance. Submission of the Plan of Correction is not a legal admission of agreement by the facility that a deficiency exists or that any conclusions or allegations set forth by the survey agency are correct.

A 063 The registered nurse will continue to ensure certified and noncertified staff are competent to meet the individual needs of the tenants. All certified and noncertified staff will again be delegated by the registered nurse by 3/7/2017. The Registered Nurse and the Resident Care Coordinator will routinely monitor staff to ensure they meet the individual needs of the tenants.

Completed 3/7/2017

A147 The facility will continue to administrator medications as prescribed by the physician. The facility staff were reeducated to notify the Health Services supervisor or the Resident Care Coordinator if a tenant is out of a medication. The facility Health Services Director and the facility Resident Care Coordinator will routinely monitor tenant's medications and medication administration records to ensure that tenants are receiving the medication that are prescribed.

Completed 3/7/2017

2/20/17

A149 The facility will continue to ensure that all staff complete training related to identification and reporting of dependent adult abuse. The facility Resident Coordinator will review all staff files to ensure that there are no staff that have not completed their training in the first 6 months of employment. They will also ensure that staff receive 2 hours of additional dependent adult abuse training every 5 years. The facility Resident Care Coordinator will routinely monitor staff training to ensure they receive the appropriate training within the appropriate time limits.

Completed 3/7/2017

A037 The facility will continue to evaluate each tenant within 30 days of the occupancy and with a significant change. The facility Resident Care Coordinator audited tenant evaluations to assure they were compliant. The facility Health Services Director and the Resident Care Coordinator will assure that future evaluations are done in a timely manor. The Executive Director will routinely monitor evaluations to ensure they are compliant.

Completed 3/7/2017

A 083 The facility will continue to evaluate and complete a service plan on each tenant at least annually and whenever changes are needed. The facility Resident Care Coordinator audited tenant service plans to assure they are updated. The Health Services Director will complete evaluation and service plans in accordance with subrules 69.22(1) and 69.22(2). The Executive Director will routinely monitor evaluations to ensure they are compliant.

Completed 3/7/2017

A096 The facility will continue to assess and document the health status of each client and make changes atleast every 90 days or when there is a change in the health status. The facility Resident Care Coordinator audited tenant service plans to assure their health status are documented every 90 days and changes of condition are documented as needed. The Health Services Director and Resident Care Coordinator will assure that future reviews and changes of condition are done timely. The Executive Director will routinely monitor reviews to ensure they are compliant.

Completed 3/7/2017