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
	S0287	A. BUILDING: _____ B. WING _____	C 10/18/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNNYBROOK OF BURLINGTON	5175 WEST AVENUE BURLINGTON, IA 52601

(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 General Population Program Number of tenants without cognitive disorder: 38 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 38 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 15 Total Population of Program at time of on-site: 15 TOTAL census of Assisted Living Program: 53 The following insufficiencies were cited during the investigation of Complaint # 69288-C	A 000		
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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure 1 of 4 tenants reviewed received appropriate care regarding medication administration (Tenant #2). Findings include: Review of medication administration error forms revealed Staff B gave Tenant #2 another tenant's	A 013	A new RN started on 9/5/17. All caregiving staff were re-delegated and re-educated by 10/31/17 for medication and cares. All delegations were completed and signed by caregiver and RN.	10/31/17

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

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A 013	Continued From page 1 medications on 7/8/17 at 8:29 AM. The medications belonged to the tenant's spouse who resided in the same apartment. Medications included Carb/Levo 25-100mg 1.5 tabs, Diltiazam 240mg ER, Doxazosin 8mg, Lasix 20mg, Levothyroxine 50mcg, Losartan Potassium 50mg .5 tab and Pantoprazole 40mg. The form documented Staff B received additional training including the six rights of medication administration. An all staff training was completed on 7/10/17 regarding medication administration. Review of an incident report dated 7/8/17 revealed at 9:30 AM Tenant #2 was sent to the emergency room. The tenant stated they didn't feel well. Staff documented the tenant was fatigued and had vomited since receiving the wrong medications. Tenant #2's nurses' notes indicated the tenant's physician was notified on 7/8/17 of the medication error. The physician advised to monitor the tenant. Soon after, the tenant stated he/she did not feel well and the tenants legs appeared to be giving out as staff helped walk him/her to the restroom. At approximately 9:30 am the tenant was sent to the emergency room for evaluation. He/she returned the same day with no new orders. Interview with Staff B on 10/17/17 confirmed she accidentally gave the spouse's medications to Tenant #2 on 7/8/17 due to not paying close enough attention to what she was doing. Neither the current executive director or the registered nurse worked at the program at the time of this incident.	A 013		

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A 059	Continued From page 2	A 059		
A 059	481-67.9(4)b 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: b. Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s). This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews, the Program could not confirm 3 of 3 staff reviewed received medication administration delegation training within 30 days of hire by the Program's registered nurse (Staff A, B and C). Findings include: Staff A was hired on 3/3/16 as a caregiver who administered medications. Staff A's personnel record indicated no registered nurse (RN) delegation training had been completed with Staff A until 3/10/17. On 10/16/17 at 2:59 PM, Staff A confirmed passing medications in 2016 and 2017 and stated she had received delegation training from previous RNs. Staff B was hired on 4/4/16 as a caregiver who administered medications. A review of Staff B's personnel record revealed an undated medication administration course certificate	A 059	A new RN on 9/5/17. All caregiving staff were re-delegated and re-educated by 10/31/17 for medication and cares. All delegations were completed and signed by caregiver and RN.	10/31/17

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A 059	Continued From page 3 signed by a licensed practical nurse (LPN). The personnel record contained a blank medication administration final test with no results or staff name. The personnel record for Staff B indicated the only RN delegation received was on 7/17/17. On 10/17/17 at 10:50 AM, Staff B confirmed passing medications in 2016 and 2017 and stated she had received delegation training from a previous RN when she was hired. Staff C was hired on 7/22/15 as a caregiver who administered medications. Staff C's personnel record indicated no RN delegations had been completed with Staff C until 3/10/17. On 10/17/17 at 10:50 AM, Staff C confirmed passing medications in 2016 and 2017 and stated she had received delegation training from a previous RN. On 10/17/17 at 1:36 PM, the Executive Director confirmed the personnel records of Staff A and Staff C lacked any RN delegation documentation prior to 3/10/17. The Executive Director confirmed the personnel record of Staff B lacked any RN delegation documentation prior to 7/17/17.	A 059		
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.	A 086	A new RN started on 9/5/17. All assessments and service plans are completed and reviewed by the RN and Resident Care Coordinator. A Care Conference is then scheduled with the ED, RCC, resident and family member if appropriate. During the Care Confernece the Service Plan is reviewed/signed by all parties. If a POA is not present for a care conference, the Service Plan will be mailed to them for signing.	10/1/17

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A 086	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews, the Program failed to ensure service plans were signed by all parties involved in the creation and/or approval of service plans for 2 of 4 tenants reviewed (Tenant #1 and Tenant #2). Findings include: Review of Tenant #1's record revealed 10 completed service plans since admission. Out of 10 service plans, 3 were not signed by the tenant or the tenant's Power of Attorney. Service plans dated 1/19/17, 3/1/17 and 6/1/17 were not signed. Review of Tenant #2's record revealed 10 completed service plans since admission. Out of 10 service plans, 3 were not signed by the tenant or the tenant's Power of Attorney. Service plans dated 4/19/15, 2/1/17 and 5/3/17 were not signed. On 10/17/17 at 1:36 PM, the Executive Director confirmed Tenant #1 and Tenant #2 both had 3 service plans a piece not signed by the tenant or the tenant's Power of Attorney.	A 086		