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
	S0297	A. BUILDING: _____ B. WING _____	11/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING SUITES	599 TAYLOR STREET TRAER, IA 50675

(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	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: 16 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 16 Total Population of Program at time of on-site: 16 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000		
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 Program failed to administer medications consistent with physician orders for 2 of 3 tenants reviewed (Tenants #1 and #2). Findings follow:	A 147	Plan of Correction is attached	

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

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A 147	Continued From page 1 1. Record review revealed Tenant #1 had an order dated 8-23-17 for Etodolac 400 milligram by mouth twice daily for two weeks. The stop date for this medication was 9-4-17. The August 2017 medication sheet revealed the med was documented as administered twice daily from 8-23-17 to 8-31-17. The September 2017 medication sheet reflected it was administered for four mornings before being stopped on 9-4-17. The med was documented as administered 10 times in the evening despite the stop date of 9-4-17. Tenant #2 had an order dated 6-22-17 for Humalog 50/50 14 units with breakfast and 7 units with supper. An order dated 10-12-17 reflected the reduction of Humalog 50/50 to 13 units in the morning and continue with 7 units in the evening. The June, July, August and September 2017 medication sheets reflected staff administered Humalog 50/50 insulin 6 units daily in the evening. The October 2017 medication sheet in the evening had Humalog 6 units crossed out and 7 units recorded with no date provided of the change. As a result, the Humalog was not administered as ordered for Tenant #2. 2. Interview with the Nurse on 11-20-17 at 10:29 a.m. revealed there were no adverse outcomes related to the issues identified for Tenant #1 or Tenant #2.	A 147		
A 036	481-69.22(1) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(1) Evaluation prior to occupancy. A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the	A 036		

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A 036	Continued From page 2 tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be conducted by a health care professional or human service professional. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete the Global Deterioration Scale (GDS) when the initial cognitive evaluation indicated moderate risk and decline for 2 of 3 tenants reviewed (Tenants #1 and #2). Findings follow: 1. Record review of Tenant #1's file revealed a diagnosis of Dementia in Alzheimer's disease. Tenant #1 received scores that indicated moderate cognitive decline on the Mental Status Questionnaire (MSQ) on 3-2-17 and 8-29-17. A MSQ form was found with other evaluations completed on 6-2-17; however, the MSQ form was not dated. The undated cognitive evaluation also indicated moderate cognitive decline. The GDS was not used when the score from the cognitive evaluation indicated moderate risk and decline for Tenant #1.	A 036		

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A 036	Continued From page 3 Tenant #2 received scores that indicated moderate cognitive decline on the MSQ on 12-1-16, 3-2-17 and 8-29-17. A MSQ form was found with other evaluations completed on 6-2-17; however, the MSQ form was not dated. The undated cognitive evaluation also indicated moderate cognitive decline. The GDS was not used when the score from the cognitive evaluation indicated moderate risk and decline for Tenant #2. 2. An interview with the Nurse on 11-20-17 at 10:29 a.m. revealed GDS evaluations were not completed for Tenant #1 or Tenant #2.	A 036		
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.	A 037		

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A 037	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete cognitive, health and functional evaluations as needed with significant change for 3 of 3 tenants reviewed (Tenants #1, #2 and #3). Findings follow: 1. Record review of Tenant #1's file revealed a diagnosis of Dementia in Alzheimer's disease. Nurse's Notes dated 7-26-17 reflected staff began to administer Tenant #1's medications as there were medications missing in the medication planner. The service plan was updated to reflect staff administered medications; however, evaluations were not completed with a change in medication administration. Tenant #2's Nurse's Notes dated 11-1-17 indicated Tenant #2 had an appointment with the primary care provider. Tenant #2 had a large loose bowel movement (BM) and was cleaned up by the person that assisted him/her to the appointment. Tenant #2 had a lot of dried BM on the inside of their thighs and had washcloths tucked inside their abdominal fold which was excoriated. Nystatin and Cipro 500 milligram, twice daily for seven days, was ordered for a urinary tract infection (UTI). Additional orders included to help Tenant #2 bathe twice weekly, observe buttock and perineum area for excoriation and to apply Nystatin cream. Evaluations were last completed on 8-29-17. Evaluations were not completed to reflect the monitoring of skin for excoriation and Nystatin treatment of the area and diagnosis of a UTI. Tenant #3's diagnoses included Raynaud's disease, deep vein thrombosis, peripheral	A 037		

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A 037	Continued From page 5 vascular disease and gout. Tenant #3's Nurse's Notes dated 8-22-17 indicated Tenant #3 had complained of not feeling well for the past two days and was taken to the emergency room. Nurse's Notes dated 8-23-17 indicated the tenant remained in the hospital due to pneumonia and infection in one of the lower extremities. Tenant #3 returned to the Program on 10-31-17 from a nursing facility stay with a wound vacuum in place on the right foot. There was an order for the nurse to replace the dressing on 11-2-17. After that the dressing would be changed once per week at the podiatry appointment, according to Nurse's Notes dated 10-31-17. A late entry in Nurse's Notes dated 11-11-17 indicated staff reported Tenant #3 had two blisters on the left foot between the first and second toe and second and third toe. A doctor's order dated 11-13-17 reflected an order for a wound vacuum hiatus until 11-17-17. Tenant #3 was to return on 11-17-17 and the vacuum would be placed. The order also indicated to perform daily wet to dry dressing changes to the right foot with light Kerlix and ACE. The order also indicated to apply Silvadene cream daily to left foot blisters, then cover the area with roll gauze and tape. Evaluations were completed on 10-31-17 with Tenant #3's return to Program post hospitalization, nursing facility stay and return with a wound vacuum. Evaluations were not completed with the hold of the wound vacuum and new treatment orders to the left and right foot. 2. Interview with the Nurse on 11-20-17 at 10:29 a.m. revealed evaluations were not completed for Tenant #2 or Tenant #3 regarding the issues identified.	A 037		

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A 083	Continued From page 6	A 083		
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 interview and record review the Program failed to ensure service plans were updated based on evaluations to meet the specific needs for 3 of 3 tenants reviewed (Tenants #1, #2 and #3). Findings follow: 1. Record review of Tenant #1's file revealed a diagnosis of Dementia in Alzheimer's disease. Nurse's Notes dated 7-26-17 reflected staff started to administer Tenant #1's medications as there had been medications missing in the medication planner. The service plan was updated to reflect staff administering medications; however, evaluations were not completed. In addition, an interview with Staff A on 11-15-17 at 1:14 p.m. indicated Tenant #1 had dementia and had declined. Tenant #1 did not understand when to change his/her clothes and followed staff around and asked. Staff constantly redirected Tenant #1. Interview with Staff B on 11-15-17 at 2:12 p.m. indicated Tenant #1 had	A 083		

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A 083	Continued From page 7 confusion which required staff redirection. Staff provided reassurance and he/she responded well to a stern voice. Tenant #1's service plan did not address Tenant #1's confusion and interventions for staff to redirect Tenant #1. Tenant #2's Nurse's Notes dated 11-1-17 indicated Tenant #2 had an appointment with the primary care provider. Tenant #2 had a large loose bowel movement (BM) and was cleaned up by the person that assisted him/her to the appointment. Tenant #2 had a lot of dried BM on the inside of their thighs and had washcloths tucked inside his/her abdominal fold which was excoriated. Nystatin was ordered as well as Cipro 500 milligram, twice daily for seven days, for a urinary tract infection (UTI). Orders received on 11-1-17 included to help Tenant #2 bathe twice weekly, observe buttock and perineum area for excoriation and to apply Nystatin cream. The service plan was not updated as needed to reflect the monitoring of skin for excoriation and Nystatin treatment of the area or the diagnosis and treatment of a UTI. Tenant #3's diagnoses included Raynaud's disease, deep vein thrombosis, peripheral vascular disease and gout. Nurse's Notes dated 8-23-17 indicated Tenant #3 was hospitalized due to pneumonia and infection in one of the lower extremities. Tenant #3 returned to the Program on 10-31-17 from a nursing facility stay and had a wound vacuum in place on the right foot. A doctor's order dated 11-13-17 reflected an order for a wound vacuum hiatus until 11-17-17. Tenant #3 was to return on 11-17-17 and the vacuum would be placed. The order also indicated to perform daily wet to dry dressing changes to the right foot with light Kerlix and	A 083		

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A 083	Continued From page 8 ACE. The order also indicated to apply Silvadene cream daily to left foot blisters and cover the area with roll gauze and tape. The tenant's service plan was updated as needed, however the updates were not based on evaluations. In addition, a Nursing Assessment dated 10-31-17 indicated Tenant #3 had decreased sensation/feeling in their legs and feet. The service plan reflected Tenant #3 used a wheelchair for mobility. The service plan did not reflect Tenant #3 had decreased sensation in their legs and feet. Therefore the service plan did not reflect the needs of Tenant #3. 2. Interview with the Nurse on 11-20-17 at 10:29 a.m. confirmed these findings.	A 083		
A 150	481-69.34(2) Activities 481-69.34(231C) Activities. 69.34(2) Activities shall be planned to support the tenant's service plan and shall be consistent with the program statement and occupancy policies. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to plan activities that were consistent with the Program's statement and occupancy policies, which potentially affected all tenants (census of 16). Findings follow: 1. A community meeting with 11 tenants was held on 11-15-17. A concern was voiced regarding lack of activities that took place at the Program. There were activities provided at the	A 150		

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A 150	Continued From page 9 attached nursing facility; however, three tenants requested more activities occur at the Program. 2. Record review of the November 2017 calendar indicated no activities were scheduled on Mondays or Saturdays throughout the month of November. One activity was listed on Sundays, Tuesdays, Wednesdays, Thursdays and Fridays throughout the month. On Sundays church services were at 1:00 p.m., Tuesdays there were exercises at 11:00 a.m., beauty shop on Wednesday (no time provided), Bingo at 2:15 p.m. on Thursdays and Catholic Mass at 9:00 a.m. on Fridays. The November 2017 activity calendar for the attached nursing facility revealed church services were scheduled at 1:00 p.m. on Sundays (same activity as the Program calendar), Bingo on Thursdays at 2:15 p.m. (same activity as the Program calendar) and Catholic Mass/Communion listed at 9:00/9:30 a.m. on Fridays (same activity as the Program calendar). The nursing facility calendar reflected on the second Thursday of November Bingo was scheduled at the Program. The Program's Tenant Handbook indicated staff had regularly scheduled therapeutic and leisure activities that reflected the interest and abilities of the tenants. The tenants were also welcome to attend the many activities available at the attached nursing facility. 3. An interview with the Nurse on 11-20-17 at 10:29 a.m. revealed activities on the calendar that were held at the Program included: exercises (Tuesdays) and Bingo on the second Thursday of every month. Activities not on the	A 150		

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A 150	Continued From page 10 calendar that took place at the Program included: games, crafts and a balloon activity. Church services took place in the chapel. It had been awhile since she had heard concerns regarding lack of activities.	A 150		
A 208	481-69.4(6) Nonaccredited program - app. content 69.4(6) The policy and procedure for addressing medication needs of tenants. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to have a policy and procedure related to the administration of as needed medications which potentially affected all of the tenants that received medication administration (7 tenants according to the ALP Entrance Form). Findings follow: 1. Record review revealed the Program's policy and procedure regarding medication administration did not address the administration of as needed medications, including documentation expectations related to the administration of such medications. The Program did not have a medication policy and procedure that addressed all medication needs of the tenants. 2. Interview with the Nurse on 11-20-17 at 10:29 a.m. confirmed these findings.	A 208		

12/18/17

SUNRISE ASSISTED LIVING SUITES
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Tamara Brockob, Certification Coordinator
Adult Services Bureau
321 E 12th, 3rd Floor, Lucas Bldg.
321 East 12th Street
Des Moines, Iowa 50319

December 14, 2017

RE: PLAN OF CORRECTION

A147 Medication

The program nurse has revised the policy "Medication Administration" and developed a new Medication Administration Record (see exhibit A & B). A staff meeting was held on November 21, 2017 to review new medication administration record. Nursing delegation sheets will be complete with each employee who assists with medication administration. The program nurse is responsible for monitoring performance by conducting random Quality Assurance checks of the documentation to ensure medications are administered consistent with physician orders. The program has added 8 hours/week of licensed nursing staff. T

Correction date: 12/15/17

A036 Evaluation of Tenant

The program nurse has revised the policy "Evaluation of Tenant" (see exhibit C). The program nurse will complete Global Deterioration Scale (GDS) according to facility policy. The nurse will sign and date all evaluations. The program nurse is responsible for monitoring performance by conducting random Quality Assurance checks of the documentation to ensure GDS is completed as required. The program has added 8 hours/week of licensed nursing staff.

Correction date: 12/15/17

12-18-17

A037 Evaluation of Tenant

The program nurse has revised the policy "Evaluation of Tenant" (see exhibit C) and developed a significant change worksheet for universal workers use (see exhibit D). The nurse is responsible for completing tenant evaluation with any significant change. The program nurse is responsible for monitoring performance by conducting random Quality Assurance checks of the documentation and compliance. The program has added 8 hours/week of licensed nursing staff.

Correction date: 12/15/17

A083 Service Plans

The program nurse has revised the policy "Service Plan" (see exhibit E). The nurse is responsible for updating the tenant's service plan at appropriate intervals, including with any significant change. The program nurse is responsible for monitoring performance by conducting random Quality Assurance checks of the documentation and compliance. The program has added 8 hours/week of licensed nursing staff. The program has added 8 hours/week of licensed nursing staff.

Correction date: 12/15/17

A150 Activities

Tenants were asked to complete an "Activity Interest Survey". This survey will be used for all future admissions. Based on the results of this survey additional activities will be added in December and in future months. Staff will keep attendance records and will adjust the calendar as interest change. The nurse in conjunction with the snf activity coordinator and will plan the monthly calendar and assign staff to lead/assist with the activity.

Correction date: 12/15/17

A208 Policy/Procedure for Addressing Medication Needs of Tenants.

The program nurse updated the policies "Medication Administration" (exhibit A) to include "as needed medication." Medication Administration Record (exhibit B) has also been revised to include additional documentation for prn medication. A staff meeting was held on November 21, 2017 to review new medication administration record. Nursing delegation sheets will be complete with each employee who assists with medication administration. The program nurse is responsible for conducting random Quality Assurance to ensure complete/accurate documentation. The program has added 8 hours/week of licensed nursing staff.

Correction date: 12/15/17

Linda Bevins, Program Coordinator