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 04/09/2018

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	Initial Comments Assisted Living Programs for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. General Population Number of tenants without cognitive disorder: 43 Number of tenants with cognitive disorder: 0 Memory Care Unit Number of tenants without cognitive disorder: Number of tenants with cognitive disorder: 14 Total Census of Assisted Living Program for People with Dementia : 57 The following Regulatory Insufficiencies were cited during the investigation of 74857-M, 74963-A and 74932-C:	A 000		
A 006	481-67.2(1)c 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: c. The person in charge at the time of the incident shall prepare and sign the report.	A 006		

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

DD 5/25/18

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A 006	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to ensure incident reports were signed by the person in charge for 4 of 5 tenants reviewed (Tenants #2, #3, #4, #5). Findings follow: Record review for Tenant #2 revealed incident reports dated 1/2/18, 1/6/18, 1/16/18, 1/27/18 and 2/7/18. The forms were not signed and it was not clear who completed the incident reports. Record review for Tenant #3 revealed incident reports dated 3/25/18, 3/27/18 and 3/27/18. The forms were not signed and it was not clear who completed the incident reports. Record review for Tenant #4 revealed incident reports dated 1/11/18, 1/14/18, 1/28/18, 2/1/18, 2/2/18, 2/6/18, 2/23/18, 3/8/18, 3/8/18 and 3/13/18. The forms were not signed and it was not clear who completed the incident reports. Record review for Tenant #5 revealed incident reports dated 2/1/18, 2/12/18, 2/20/18, 2/23/18, and one undated form. The forms were not signed and it was not clear who completed the incident reports. The Executive Director confirmed these findings on 4/4/18 at 10:02 AM.	A 006	The program will ensure all staff are trained properly on how to fill out incident reports. The HSD & ED or designee will review and sign all incident reports and ensure they are filled out correctly and signed by the witness staff. All staff will be re-trained by May 10th, 2018 at the next all-staff inservice.	5/10/18

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A 056	Continued From page 2	A 056		
A 056	481-67.9(2) Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(2) Emergency procedures. All program staff shall be able to implement the accident, fire safety, and emergency procedures. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to ensure all program staff were able to implement emergency procedures. Findings follow: Interview with Staff E on 4/2/18 at 1:10 PM revealed she was unsure of the procedure for conducting an emergency evacuation. Staff E reported she was aware of which tenants were ambulatory and able to evacuate on their own. Interview with Staff G on 4/2/18 at 1:35 PM revealed she didn't know the procedure for evacuating the building in an emergency. Staff G was not aware of a master list identifying which tenants needed help with getting out of the building or a means of identifying who had and had not exited the building. Staff G said she would help the tenants who were unable to walk to evacuate first. Interview with Staff I on 4/2/18 at 3:10 PM revealed she had only worked for the Program for about two weeks. Staff I reported she did not know the process for evacuating the building in the case of an emergency. When interviewed on 4/2/18 at 4:05 PM, the	A 056	As per the evacuation plan, resident lists can be found on the back of each hallway mechanical door. This list will be updated with admissions, discharges, and change of conditions. Residents who will need assistance with evacuation will be marked with a star. All staff will be trained on emergency evacuation procedures upon hiring and reviewed no less than annually. ED will review emergency evacuation policy at all staff meeting on May 10th, 2018.	5/10/18

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A 056	Continued From page 3 Executive Director reported there was no list available of tenants who required assistance to evacuate the building in the case of an emergency.	A 056		
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 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 ensure thorough evaluations were completed prior to occupancy for 2 of 2 tenants reviewed admitted within the past four months (Tenants #3, #5). Findings follow: 1. A review of Tenant #3's records revealed an admission date of 3/24/18. A health evaluation	A 036	A functional, cognitive and health assessment will be completed prior to admission and will follow admission guidelines as per regulations. All assessments will be completed prior to signing the occupancy agreements. Effective immediately.	5/1/18

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A 036	Continued From page 4	A 036		

completed on 3/23/18 showed an assessment of the tenant's skin to be "intact." A box identifying bruising on the tenant's skin was not checked. Further review revealed:

a. Tenant #3 was in a long-term care facility prior to entering the Program. Incident reports received from the long-term care facility revealed Tenant #3 had fallen on 3/21/18, 3/22/18 (twice) and on 3/23/18. A bruise measuring 7 cm x 4.3 cm was identified on Tenant #3's back following the fall on 3/22/18.

b. When interviewed on 4/3/18 at 11:30 AM, Tenant #3 reported having bruises on his/her body when he/she moved to the Program as a result of falls sustained prior to admission.

c. Tenant #3 suffered a fall on 3/25/18 at the Program which resulted in a split toenail on the left foot. The tenant suffered two falls on 3/27/18. The first fall, which was documented on an incident report, did not identify an injury. The second fall on 3/27/18 resulted in bruising on the left knee and upper right leg.

d. Tenant #3 was admitted to the hospital on 3/29/18. At the time of admission, Tenant #3 presented with extensive bruising on the back, buttocks, both arms, shoulder, both legs and both feet. Tenant #3 was diagnosed with low platelets at the hospital which contributed to the extent of the bruising.

e. An interview conducted with staff at the hospital on 3/29/18 confirmed a bruise on Tenant #3's back was consistent with the measurements of the bruise the tenant sustained in the fall on 3/22/18.

f. An interview was conducted with the Executive Director and Health Services Director on 4/3/18 at 3:40 to determine which injuries were sustained at the Program. The Health Services Director reported she did not complete

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A 036	Continued From page 5 a head to toe assessment of the tenant prior to admission but relied on information received from the involved parties, such as Tenant #3's family and the nurse at the long-term care facility. She stated one of the falls on 3/27/18 resulted in Tenant #3 sitting on the floor, not lying down, which could have resulted in the bruising to the buttocks. The Health Services Director reported not being informed of injuries to Tenant #3's feet other than to the big toe. The Health Services Director reported being unable to address injuries to the tenants if she is not told about them by the caregivers. g. An interview with the Director of Nursing at the long-term care facility revealed the Health Services Director had not asked her about bruising on Tenant #3 although she was present for part of the assessment. 2. A review of Tenant #5's records revealed an admission date of 12/21/17. Tenant #5's Power of Attorney (POA) signed the occupancy agreement on 12/13/17. No evaluations were conducted prior to Tenant #5's admission to the program. These findings were confirmed by the Executive Director on 4/2/18 at 11:40 AM.	A 036		
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	A 084		

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A 084	Continued From page 6 or the tenant's legal representative shall sign the plan. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure preliminary service plans were developed and signed prior to signing the occupancy agreement for 2 of 2 tenants reviewed admitted within the past four months (Tenants #3, #5). Findings follow: A review of Tenant #5's file revealed an admission date of 12/21/17. Tenant #5's Power of Attorney (POA) signed the occupancy agreement on 12/13/17. The service plan was signed on 12/26/17 by the POA and Health Services Director. A review of Tenant #3's file revealed an admission date of 3/24/18. Tenant #3 signed the occupancy agreement on 3/24/18. Tenant #3's service plan dated 3/23/18 had not been signed by the tenant or a health care professional. These findings were confirmed by the Executive Director during an interview on 4/2/18 at 11:40 AM.	A 084	The HSD and RCC will ensure an individualized service plan is completed and signed prior to signing the occupancy agreement. Effective immediately.	5/1/18
A 085	481-69.26(3) 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	A 085		

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A 085	Continued From page 7 less than annually. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update service plans as needed with a significant change for 4 of 5 tenants reviewed (Tenants #1, #2, #4, #5). Findings follow: 1. Tenant #1's most recent service plan dated 1/18/18 reflected the tenant received a bath twice a week and was independent with dressing and toileting. A review of a task sheet for the month of March revealed Tenant #1 received 5 baths during the month, having refused all other times a bath was offered. a. On 3/29/18 at 1:07 PM, Staff E reported Tenant #1 often refused to take a bath or get assistance with bathing. b. On 3/29/18 at 2:15 PM, Staff F reported she last gave Tenant #1 a shower three months prior as Tenant #1 frequently refused to shower. Staff F reported Tenant #1 had an odor. c. On 3/29/18 at 2:40 PM, Staff H reported Tenant #1 often refused personal cares. d. The service plan was not updated to address this significant change in condition. 2. Tenant #2's most recent service plan dated 11/25/17 reflected the tenant needed staff assistance for transfers and ambulation in the apartment. The service plan identified Tenant #2 would have quarterly fall risk assessments completed by the Nurse. A fall risk assessment dated 11/25/17 identified Tenant #2 as being at	A 085	HSD will ensure all service plans are updated with a significant change in condition. Effective immediately.	5/1/18

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A 085	Continued From page 8 an average risk for falls. Tenant #2 was not reassessed for a fall risk in February 2018. A review of incident reports for Tenant #2 revealed falls on 1/2/18, 1/6/18, 1/16/18, 1/27/18 and 2/7/18. a. On 4/2/18 at 8:23 AM, Staff E reported Tenant #2 had experienced declining health over the last three months, specifically related to mobility. b. On 3/29/18 at 2:15 PM, Staff F reported Tenant #2's health had declined in the past week. Staff F stated Tenant #2 required some 2-person transfers and a shower could take up to 45 minutes. c. On 3/29/18 at 1:45 PM, Staff G reported Tenant #2's health had declined in the last three months. Most recently, Tenant #2 had swollen legs. d. The service plan was not updated to address this significant change in condition. 3. Tenant #4's most recent service plan dated 1/15/18 reflected the tenant ambulated independently with a walker. Tenant #4 was not identified as a fall risk in the service plan. The plan stated quarterly fall risk assessments would be done by the Nurse. A quarterly fall risk assessment could not be found. A review of incident reports for Tenant #4 revealed falls on 1/11/18, 1/14/18, 1/28/18, 2/1/18, 2/2/18, 2/6/18, 2/23/18, 3/8/18, 3/8/18 and 3/13/18. Under the pain section of the service plan, Tenant #4 was identified as having occasional lower back pain but no current c/o (complaint of) discomfort. A review of the December 2017 Medication Administration Record (MAR) revealed Tenant #4 asked for acetaminophen for pain on 28/31 days in December. A review of the January 2018 MAR revealed Tenant #4 asked for acetaminophen for	A 085		

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A 085	Continued From page 9 pain on 28/31 days in January. The service plan was not updated to address the falls or complaints of pain. 4. Tenant #5 had a 30 day service plan dated 1/8/18. The service plan did not identify any mental health or behavioral concerns. a. On 3/29/18 at 9:10 AM, the Executive Director reported Tenant #5 was often agitated first thing in the morning when getting up and dressing, and again in the evening. b. On 3/29/18 at 11:02 AM, the Executive Director and Health Facilities Director reported Tenant #5 had a fall and since that time had experienced "spells" which consisted of shaking and grabbing on to people due to a fear of falling. c. On 3/29/18 at 2:15 PM, Staff F reported Tenant #5 had nervous spells and could take up to an hour to care for each shift. d. On 3/29/18 at 1:45 PM, Staff G reported Tenant #5 had increasing anxiety resulting in his/her cares taking 45-60 minutes per shift. Tenant #5 had also been screaming at night but Staff G was unsure why. e. The service plan was not updated to address these significant changes in condition. Interviews with the Executive Director and Health Services Director on 4/3/18 at 3:40 PM confirmed these findings.	A 085		
A 089	481-69.26(4)a Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance	A 089		

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A 089	Continued From page 10 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to identify tenant needs and preferences for assistance in service plans for 3 of 5 tenants reviewed (Tenants #1, #4, #5). Findings follow: 1. Tenant #1's most recent service plan was dated 1/18/18. A nursing note dated 1/9/18 by the Executive Director regarding a conversation with Tenant #1's POA (Power of Attorney) identified the POA requested Tenant #1's clothing be laid out each morning and at bedtime, and for soiled clothing to be removed with each wardrobe change. The POA also asked for the Activity Director to call her each month to see if there were activities Tenant #1 would like to attend so the POA could bring in money. These preferences were not identified in the service plan. 2. Tenant #4's most recent service plan was dated 1/15/18. A nursing note dated 1/9/18 by the Executive Director regarding a conversation with Tenant #4's POA identified the POA asked that Tenant #4 be encouraged to attend more activities, including an exercise group. The POA asked to be called "RIGHT AWAY" if there was a fall. These preferences were not identified in the service plan. 3. Tenant #5's most recent service plan was dated 1/8/18. A nursing note dated 1/10/18 by the Executive Director regarding a conversation with Tenant #5's POA identified the POA asked	A 089	HSD and RCC will ensure all service plans meet the individualized needs of the tenant and reflect their personal preferences for care needs. All current service plans will be updated by May 10th, 2018.	5/10/18

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A 089	Continued From page 11 that caregivers pick up more around the apartment. The POA also asked that Tenant #5 be offered Ensure at least twice per day. These preferences were not identified on the service plan. The findings were confirmed by the Health Services Director during an interview on 4/3/18 at 4:00 PM.	A 089		
A 091	481-69.26(4)c Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: c. The service provider(s), if other than the program, including but not limited to providers of hospice care, home health care, occupational therapy, and physical therapy This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to identify service providers in service plans for 3 of 5 tenants reviewed (Tenants #2, #4, #5). Findings follow: 1. Review of Tenant #2's file revealed revealed a nursing note dated 1/8/18 requesting and receiving an order for physical therapy due to recent falls. During an interview with the Health Services Director on 4/4/18 at 4:00 PM, she reported physical therapy had been initiated and discontinued. Review of quarterly service plans revealed no mention of this therapy or identification of the physical therapy provider.	A 091	HSD & RCC will ensure all service plans identify service providers. All service plans will be updated by May 10th, 2018.	5/10/18

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A 091	Continued From page 12 2. Review of Tenant #4's file revealed a a physician's order for physical therapy dated 3/12/18. During an interview with the Health Services Director on 4/4/18 at 4:00 PM, she reported Tenant #4 currently received physical therapy. The most recent service plan dated 1/15/18 was not updated to reflect this therapy or identify the physical therapy provider. 3. Review of Tenant #5's file revealed the tenant received treatment from a wound care clinic for a pressure ulcer. The tenant's 30 day service plan dated 1/8/18 did not reflect the provider of this service. The Health Services Director confirmed these findings during an interview on 4/3/18 at 4:00 PM.	A 091		
A 094	481-69.27(1)a 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: 69.27(1)a To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders.	A 094		

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 04/09/2018

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

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A 094	Continued From page 13 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete a nurse review regarding significant change in condition for 4 of 5 tenants reviewed (Tenants #1, #2, #4, #5). Findings follow: 1. Tenant #1's most recent service plan dated 1/18/18 reflected the tenant received a bath twice a week and was independent with dressing and toileting. A review of a task sheet for the month of March revealed Tenant #1 received 5 baths during the month, having refused all other times a bath was offered. a. On 3/29/18 at 1:07 PM, Staff E reported Tenant #1 often refused to take a bath or get assistance with bathing. b. On 3/29/18 at 2:15 PM, Staff F reported she last gave Tenant #1 a shower three months prior as Tenant #1 frequently refused to shower. Staff F reported Tenant #1 had an odor. c. On 3/29/18 at 2:40 PM, Staff H reported Tenant #1 often refused health related cares. d. A nurse review regarding these significant changes could not be located. 2. Tenant #2's most recent service plan dated 11/25/17 reflected the tenant needed staff assistance for transfers and ambulating in the apartment. The service plan identified Tenant #2 would have quarterly fall risk assessments completed by the Nurse. A fall risk assessment dated 11/25/17 identified Tenant #2 as being at an average risk for falls. A review of incident reports for Tenant #2 revealed falls on 1/2/18, 1/6/18, 1/16/18, 1/27/18 and 2/7/18. A nurse	A 094	HSD will complete a nurse review as per regulations 481-69.27 (231c) and 69.27(1) for any significant change in condition and at least every 90 days for tenants receiving program administered medications or health-related care. Effective immediately.	5/1/18

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A 094	Continued From page 14 review was not conducted following the change in Tenant #2's condition related to falls. 3. Tenant #4 most recent service plan dated 1/15/18 reflected the tenant ambulated independently with a walker. The tenant was not identified as a fall risk on the service plan. The plan stated quarterly fall risk assessment would be done by the RN. A quarterly fall risk assessment could not be found. A review of incident reports for Tenant #4 revealed falls on 1/11/18, 1/14/18, 1/28/18, 2/1/18, 2/2/18, 2/6/18, 2/23/18, 3/8/18, 3/8/18 and 3/13/18. Under the pain section of the service plan, Tenant #4 was identified as having occasional lower back pain but no current c/o (complaint of) discomfort. A review of the December 2017 Medication Administration Record (MAR) revealed Tenant #4 asked for acetaminophen for pain on 28/31 days in December. A review of the January 2018 MAR revealed Tenant #4 asked for acetaminophen for pain on 28/31 days in January. A nurse review was not conducted following the change in Tenant #4's condition related to the falls or complaints of pain. 4. Tenant #5's 30 day service plan dated 1/8/18 did not identify any mental health or behavioral concerns. a. On 3/29/18 at 9:10 AM, the Executive Director reported Tenant #5 was often agitated first thing in the morning when getting up and dressing, and again in the evening. b. On 3/29/18 at 11:02 AM, the Executive Director and Health Facilities Director reported Tenant #5 had a fall and since that times has experienced "spells" which consisted of shaking and grabbing on to people due to a fear of falling. c. On 3/29/18 at 2:15 PM, Staff F reported	A 094		

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A 094	Continued From page 15 Tenant #5 had nervous spells and could take up to an hour to care for each shift. d. On 3/29/18 at 1:45 PM, Staff G reported Tenant #5 had increasing anxiety resulting in his/her cares taking 45-60 minutes per shift. Tenant #5 had also been screaming at night but Staff G was unsure why. e. A nurse review was not conducted following changes in Tenant #4's condition related to falls, agitation or anxiety. Interviews with the Executive Director and Health Services Director on 4/3/18 at 3:40 PM confirmed these findings.	A 094		
A 214	481-69.4(12) Nonaccredited program - app. content 481-69.4(231C) Nonaccredited program-application content. An application for certification or recertification of a nonaccredited program shall include the following: 69.4(12) The policy and procedure for emergencies, including natural disasters. The policy and procedure shall include an evacuation plan and procedures for notifying legal representatives in emergency situations as applicable. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to follow the policy regarding evacuation of the building, and failed to develop a policy for natural disasters. Findings follow:	A 214	Emergency Evacuation Policy reviewed and approved by State Fire Marshall and surveyor on April 4th, 2018. As per the evacuation plan, resident lists can be found on the back of each hallway mechanical door. This list will be updated with admissions, discharges, and change of conditions. Residents who will need assistance with evacuation will be marked with a star. Al staff will be trained on emergency evacuation procedures upon hiring and reviewed no less than annually. ED will review emergency evacuation policy at all staff meeting on May 10th, 2018.	5/10/18

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A 214	Continued From page 16 Review of the Program's Community Disaster Plan revealed a plan on how to evacuate the building. The plan indicated "non-ambulatory residents are identified on the resident roster." The plan did not include any information regarding natural disasters. Interview with the Executive Director on 4/2/18 at 4:05 PM revealed there was no list available of tenants who required assistance evacuating the building in the case of an emergency.	A 214		