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 07/09/2018

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: 37 Number of tenants with cognitive disorder: 1 Memory Care Unit Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 9 Total Census of Assisted Living Program for People with Dementia : 47 The following regulatory insufficiency was cited during the investigation of Complaint #76681-C:	A 000		
A 090	481-69.26(4)b Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: b. Any services and care to be provided pursuant to the occupancy agreement This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure tenant service plans included needed services and care for 6 of 6 tenants reviewed (Tenants #1, #2, #3, #4, #5, #6). Findings follow:	A 090	All Service plans will be reviewed by ED, HSD and RCC to ensure accuracy of services. Any updates necessary will be completed by the HSD/RCC at the time of review. HSD/RCC to complete 15 minutes of compliance daily with Service plan audit completed weekly. ED will complete quarterly audits.	8/31/18

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

7/20/18 7/19/18

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A 090	Continued From page 1 A review of tenant files on 7/5/18 revealed a medication list developed by Tenant #1's family upon admission on 6/11/18. The list included Gentamicin ointment to be applied to Tenant #1's toes twice daily. A telephone order was received from Tenant #1's doctor on 6/12/18 to apply Gentamicin Cream daily as needed to Tenant #1's toes. A review of service plans dated 5/30/18 and 6/20/18 made no record of Tenant #1 receiving ointment to his feet. A review of tenant files on 7/5/18 revealed a doctor's order stating a band-aid applied to Tenant #2 's left breast following an examination of a spot needed to be changed daily. A review of the June MAR (Medication Administration Record) revealed the bandage was changed daily, starting on 6/7/18. The service plan dated 5/31/18 had not been updated to note this change in Tenant #2's cares. A review of tenant files on 7/5/18 revealed Tenant #3 received a burn to his left lower leg from a coffee spill on 6/7/18. The physician ordered silvadene cream to be applied twice daily and bandaged with gauze until the injury healed. A review of the June MAR revealed the cream was administered to Tenant #3's leg beginning on 6/8/18. A review of Tenant #3's service plan, dated 5/3/18, revealed it had not been updated to reflect the change in care for Tenant #3. A review of tenant files on 7/5/18 revealed Tenant #4 had a blister on his left leg which was red, swollen and painful on 5/22/18. An antibiotic was ordered by the doctor on 5/22/18 as well as Triple Antibiotic Ointment. The program applied the ointment to the tenant's leg from 5/22/18 to	A 090		

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A 090	Continued From page 2 7/5/18 according to the MAR. A Physician Fax/Visit Report was sent to Tenant #4's physician on 6/7/18 asking how the doctor wanted to treat the tenant's ring worm located on the left outer calf. The physician responded on 6/11/18 and ordered Clotrimazole ointment be applied twice daily until the ring worm was resolved. The ointment was applied to Tenant #4's leg beginning on 6/11/18 through 7/5/18. A Review of Tenant #4's service plans dated 4/19/18 and 6/26/18 made no mention of the care Tenant #4 needed for treatment of his blister or ring worm. A review of tenant files on 7/5/18 revealed Tenant #5 was prescribed maxitrol ointment on 5/8/18 following an entropion repair of the eye. Tenant #5 was to use the ointment twice daily until her next appointment. A review of the May MAR revealed Tenant #5 received the ointment from 5/8/18 until 5/16/18. Tenant #5's service plan, dated 4/13/18, was not updated to reflect the needed treatment. A review of tenants files on 7/5/18 revealed Tenant #6 received a kyhoplasty procedure on 5/4/18 and had discharge instructions to change the band aid daily for 5-7 days. Tenant #6 also had a biopsy done on 6/4/18 with instructions to apply vaseline and a band aid daily until healed. A nursing note dated 6/24/18 revealed Tenant #6 was suffering from open areas under the abdominal fold and at the right groin and to apply triple antibiotic after cleansing. A review of a Tenant #6's service plan dated 5/2/18 made no mention of the care Tenant #4 needed following the kyhoplasty, biopsy or for the open areas in the abdomen and groin.	A 090		

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A 090	Continued From page 3 An interview with the Marketing and Operations Specialist on 7/9/18 at 9:20 AM revealed she was not aware these treatments needed to be addressed on the service plan.	A 090		