DEPARTMENT OF INSPECTIONS AND APPEALS

✓ 10/8/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0208	A. BUILDING: _____ B. WING _____	C 08/30/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNNYBROOK OF MT PLEASANT	1406 EAST LINDEN DRIVE MOUNT PLEASANT, IA 52641

(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: 31 Number of tenants with cognitive disorder: 0 Memory Care Unit Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 7 Total Census of Assisted Living Program for People with Dementia : 39 This is an AMENDED report The following regulatory insufficiencies were cited during the investigation of Complaint #77157-C.	A 000		
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.	A 083	Service plans will reflect tenants individuals needs upon move-in, change in condition, 30 days, and annuals All service plans for memory care will be updated to reflect any toiletries locked in cabinet for safety.	9/28/18 9/28/18

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

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A 083	Continued From page 2	A 083		

was admitted to the hospital on 8/3/18.

c. A service plan dated 7/27/18 noted under mental health services that Tenant #2's "behavior/mood problems will be managed by staff. Staff will monitor of increase in agitation and anxiety." The section under medication identified Tenant #2 "will receive assistance with the administration of medications by trained staff." No mention was made of Tenant #2's aggressive behaviors or refusals to take medication.

An interview with the Executive Director and Resident Care Coordinator on 8/23/18 at 4:40 PM revealed Tenant #2 began exhibiting aggression shortly after her admission to the program on 7/2/18. The Executive Director stated Tenant #2's husband had not been open about Tenant #2's behaviors prior to admission. They acknowledged Tenant #2's behaviors and medication refusals were not reflected on the current service plan.

2. On 8/23/18 at 9:52 AM Staff E stated Tenant #5 sometimes went 1-2 weeks without changing clothing. The Resident Care Coordinator said Tenant #5 could go a couple of weeks without changing her clothing during an interview conducted on 8/23/18 at 12:02 PM. She often became upset when asked to change her clothes.

On 8/23/18 a review of Tenant #5's service plan, dated 7/3/18, identified Tenant #5 needed "full care with upper and lower dressing and undressing. Needs reminders to change clothes twice daily." No mention was made of Tenant #5's resistance to changing to clothes.

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A 121	Continued From page 4 Program failed to ensure 3 of 6 staff members hired within the last three months received dementia-specific education and training within 30 days of employment (Staff D, E, Residential Care Coordinator). Findings follow: Staff D was hired on 7/18/18 and did not receive dementia-specific education within 30 days. Staff E was hired on 6/13/18 and did not complete her dementia-specific education until 8/26/18. The Residential Care Coordinator was hired on 6/4/18 and did not complete her dementia-specific education until 8/24/18. The Health Services Director confirmed these findings in an interview on 8/27/18 at 8:50 AM.	A 121		