FORM APPROVED DEPARTMENT OF INSPECTIONS AND APPEALS

11/6/18

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 10/08/2018

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: 40 Number of tenants with cognitive disorder: 1 Memory Care Unit Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 11 Total Census of Assisted Living Program for People with Dementia: 52 No regulatory insufficiencies were cited regarding the investigation of 78755-C. The following regulatory insufficiency were cited during the investigations of 78501-C.	A 000	The Provider's Plan of Correction is on page 2 for RI A 038.	
A 038	481-67.5(6)c 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: c. The program shall maintain a list of each tenant ' s medications and document the medications administered.	A 038		

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

Thomas A Nilsen, RN | Executive Director | 11/01/2018

11/2/18

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A 038	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure staff were aware of the backup system to document medications if the electronic medication administration record system malfunctioned. This potentially affected 50 of 50 tenants (Tenants #1-#50). Finding follows: Record review on 10/1/18 revealed an Incident Report and Investigation Worksheet (IRIW) dated 9/13/18. According to the report Staff A documented she gave Tenant #1 a medication that had been stopped. Interviews with Staff A, B, and C on 10/2/18 between 9:00 a.m. and 10:30 a.m. confirmed the Program utilized an electronic Medication Administration Record (MAR). Each staff said they were aware the electronic MAR did not function properly on or about 9/13/18 after a storm. All three staff confirmed they did not have access to the backup system to document administration of medications if the electronic system malfunctioned. The Program failed to ensure staff understood and/or had access to the system in place to document the administration of medications if the computer system did not function properly. When interviewed on 10/1/18 at 3:30 p.m. Resident Care Coordinator (RCC) explained the Program utilized an electronic MAR. She said the electronic MAR did not function properly on 9/13/18. She confirmed the Program staff did not have access to the backup system to document administration of medications in the event the electronic MAR could not be accessed. She explained the Program now utilized a back	A 038	A-038 – 1) **Elements detailing how the Program will correct each regulatory insufficiency** – The computers are set-up for computer down-time to enable med pass without Internet connection and will sync once Internet function is restored. Paper MARS removed and staff educated. 2) **Measures taken to ensure the problem does not recur** – All new and current staffed trained on our medication program, Care Suite (Quick Mar). Reminders and updates are and will continue to be given at regularly scheduled staff meetings. 3) **How the Program plans to monitor performance to ensure compliance** – Program uses med pass detail audits and MAR variance exception reports. Program will continually monitor staff's understanding of medication administration and the back-up program. Program will retrain staff, as needed. 4) **The date by which the regulatory insufficiency will be corrected** – The Staff was retrained on October 25, 2018. The RI was corrected on this date and will be monitored in the future.	

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VISION OF HEALTH FACILITIES - STATE OF IOWA

ATE FORM 6899 6M4211 If continuation sheet 2 of 3

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A 038	Continued From page 2 system which included paper MARs in case the computer system malfunctioned.	A 038		