2/14/19

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 _____	01/14/2019

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: 3 Number of tenants with cognitive disorder: 9 Total Census of Assisted Living Program for People with Dementia: 50 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for a Dedicated Dementia Specific Assisted Living Program.	A 000		
A 059	481-67.9(4)b Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: b. Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s).	A 059	**A 059** The nurse delegation procedure for caregivers has been added to the orientation schedule in place for all new hires. This will ensure that all employees are delegated by the RN within the first 30 days of employment for the cares they are expected to provide. Additional delegations will be completed by the RN as needed. The orientation schedule has signature lines for the Supervisor, Business Manager, and Executive Director at the end of orientation week. Currently, all employees are delegated.	1/31/19

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A 059	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete nurse delegated training within 30 days of hire for 2 of 7 staff reviewed (Staff C and F). Findings follow: Record review on 1-9-19 of Staff C's training documents revealed nurse delegated training on activities of daily living (ADLs) were dated 10-26-18. Staff C's date of hire was 9-10-18. Nurse delegated tasks, including ADLs, were not delegated within 30 days of employment. Record review on 1-9-19 of Staff F's training documents revealed nurse delegated training on ADLs, medication administration and treatments were dated 12-20-18. Staff F's date of hire was 9-12-18. Nurse delegated tasks, including ADLs, medication administration and treatments, were not delegated within 30 days of employment. When interviewed on 1-10-19 at 1:49 p.m. the Health Services Director confirmed all nurse delegation documents were provided for the staff listed above.	A 059		
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	A 037	**A 037** RN and ED reviewed Chapters 67/69 and DIA information for specifications of significant changes. Nurse reviews and significant changes updated to this point in time. Minor discretionary changes have been written into the plan or change of condition completed by the RN. (cont.)	1/31/19

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A 037	Continued From page 2 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure evaluations were completed as needed with significant change for 3 of 5 tenants reviewed (Tenants #1, #3 and #5). Findings follow: 1. Record review on 1-10-19 of Tenant #1's file revealed a diagnosis of depression. Charting Notes indicated the following: a. On 10-15-18 it was noted Tenant #1 obtained a new hearing aid but it did not help with hearing loss. Tenant #1 started crying per family and said the hearing aids did not help. The notes indicated Tenant #1 would be monitored for any increased emotions. b. On 10-16-18 it was noted Tenant #1's family came to the Health Services Director (HSD) and reported the tenant had his driver license revoked, with a potential to get it back. Tenant #1 was also made aware of his diagnosis of dementia. Tenant #1 had the diagnosis for some time; however, family kept the information from	A 037	(continued) To monitor performance and to assure compliance, a checklist audit was created to confirm evaluations are completed prior to services plans.	

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A 037	Continued From page 3 him to avoid him getting upset. Family reported Tenant #1 had suicidal ideations and made comments about wanting to die and "this is the end." The HSD informed staff and checks every 15 minutes were initiated to ensure safety. The HSD spoke with Tenant #1 and he said the "bump in the road better be on a very short road." Tenant #1 was noted crying and weeping and expressed anger towards his family. c. On 10-19-18 it was noted a new order was received for hydroxizine 50 milligram (mg) orally daily. d. On 10-22-18 it was noted a new order was received for hydroxizine 50 mg orally every six hours as needed for moods. e. On 11-20-18 it was noted a new order was received for hydroxizine 25 mg orally three times daily. A Nurse Review document dated 12-13-18 indicated since the last review Tenant #1 was made aware of a prior diagnosis of dementia and the doctor deemed he was unable to drive. The tenant went into a "deep depression." Tenant #1 was started on hydroxizine as needed which was ultimately changed to scheduled. Further record review revealed cognitive, health and functional evaluations were completed on 9-16-18. Evaluations were not completed as needed with significant change with the expression of the suicidal ideations and initiation of 15 minute safety checks. 2. Record review on 1-10-19 of Tenant #3's file revealed a diagnosis of insulin dependent diabetes mellitus. Charting Notes dated 1-4-19 reflected a new order was received to apply mupirocin ointment and telfa tape to bilateral	A 037		

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A 037	Continued From page 4 ankle wounds, left lateral foot wound and left lower leg wound daily until healed. The January 2019 treatment administration record reflected an order dated 1-4-19 for mupirocin ointment 2% to be applied topically to the ankle, foot and leg wound (s) every day until healed. Staff initialed the completion of the task from 1-5-19 to 1-10-19. Further record review revealed cognitive, health and functional evaluations were last completed on 11-15-18. Evaluations were not completed as needed with significant change with Tenant #3's wounds and staff completion of the wound care. 3. Record review on 1-10-19 of Tenant #5's file revealed a diagnosis of depression. The Unplanned Weight Gain/Loss Worksheet (Optional) dated 10-14-18 revealed Tenant #5 had a loss of 6.8 pounds from 9-10-18 to 10-10-18. Tenant #5 had refused food, there had been a change in eating habits and staff provided assistance and encouragement. Tenant #5 was at risk due to depression and medications. The form indicated the tenant had been more confused, unable to make decisions, wanted to stay in her apartment and refused staff assistance. A Physician Fax/Visit Report dated 10-14-18 reflected the Unplanned Weight Gain/Loss Worksheet (Optional) was faxed to the doctor regarding Tenant #5's weight change. The doctor responded and inquired if there was a dietician in the Program that could see her and to ensure Tenant #5 had a follow up appointment with the doctor.	A 037		

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A 037	Continued From page 5 Continued record review revealed cognitive, health and functional evaluations were last completed on 9-12-18. Evaluations were not completed as needed with significant change with Tenant #5's weight loss. 4. When interviewed on 1-10-19 at 3:40 p.m. the HSD confirmed all evaluation documents requested were provided for the tenants listed above.	A 037		
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 develop service plans based on evaluations, failed to have service plans updated as needed or failed to have the service plans reflect the service needs of the tenants for 5 of 5 tenants reviewed (Tenants #1, #2, #3, #4 and #5). Findings follow: 1. Record review on 1-10-19 of Tenant #1's file revealed a diagnosis of depression. Charting	A 083	**A 083** Service plans updated as of today's date. The RN will ensure that all Service Plans are developed based on the evaluation and will identify each tenant's individual needs. Service Plans will be updated as needed and no less than annually.	1/31/19

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A 083	Continued From page 6 Notes indicated the following: a. On 10-15-18 it was noted Tenant #1 obtained a new hearing aid but it did not help with hearing loss. Tenant #1 started crying per family and said the hearing aids did not help. The notes indicated Tenant #1 would be monitored for any increased emotions. b. On 10-16-18 it was noted Tenant #1's family came to the Health Services Director (HSD) and reported the tenant had his driver license revoked, with a potential to get it back. Tenant #1 was also made aware of his diagnosis of dementia. Tenant #1 had the diagnosis for some time; however, family kept the information from him to avoid him getting upset. Family reported Tenant #1 had suicidal ideations and made comments about wanting to die and "this is the end." The HSD informed staff and checks every 15 minutes were initiated to ensure safety. The HSD spoke with Tenant #1 and he said the "bump in the road better be on a very short road." Tenant #1 was noted crying and weeping and expressed anger towards his family. c. On 10-19-18 it was noted a new order was received for hydroxizine 50 milligram (mg) orally daily. d. On 10-22-18 it was noted a new order was received for hydroxizine 50 mg orally every six hours as needed for moods. e. On 11-20-18 it was noted a new order was received for hydroxizine 25 mg orally three times daily. f. On 11-20-18 it was noted a new order was received for Timolol 0.5% twice a day in each eye and lubricating tears were to be at bedside. A Nurse Review document dated 12-13-18 indicated since the last review Tenant #1 was made aware of a prior diagnosis of dementia and	A 083		

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A 083	Continued From page 7	A 083		

the doctor deemed he was unable to drive. The tenant went into a "deep depression." Tenant #1 was started on hydroxizine as needed which was ultimately changed to scheduled.

Further review revealed the tenant's service plan was dated 9-16-18. The service plan was not updated as needed with Tenant #1's suicidal ideations and the initiation of 15 minute checks. The service plan did not reflect Tenant #1's self-administration of lubricating tears.

2. Record review on 1-10-19 of Tenant #2's file revealed Progress Notes dated 6-20-18 reflecting on 6-19-18 Tenant #2's family was arguing in his apartment and had pushed a pendant and utilized a pull cord. When staff arrived the family members were screaming and yelling at each other and one of the them called the police. The police had been there before and there were family dynamic issues. A no trespassing order was served for some of Tenant #2's family. Tenant #2 and his legal representative were in agreement.

When interviewed on 1-10-19 at 1:49 p.m. the HSD revealed Tenant #2 was a nudist and did not wear clothing in his apartment. Tenant #2 was clothed when in the common areas of the building. Tenant #2 did not wear protective undergarments. After a bowel movement (BM) there would be BM smears due to Tenant #2 not cleaning himself and it would get on his sheets. There was a protective cover on the couch and recliner. Tenant #2 had daily apartment cleaning.

The service plan dated 9-20-18 did not reflect the no trespass order, Tenant #2's preference to be in a state of undress in his apartment or the

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A 083	Continued From page 8 cleanliness issues following a BM. 3. Record review on 1-10-19 of Tenant #3's file revealed a diagnosis of insulin dependent diabetes mellitus. Tenant #3 resided in the memory care unit. Charting Notes revealed the following: a. On 11-15-18 it was noted Tenant #3 returned to the Program (post nursing home care) and required assistance of one with ambulation and mobility. Physical Therapy (PT) and Occupational Therapy (OT) would continue at the Program. b. On 1-4-19 it was noted a new order was received to apply mupirocin ointment and telfa tape to bilateral ankle wounds, left lateral foot wound and left lower leg wound daily until healed. Physician's Orders reflected an order for Nitroglycerin sublingual 0.4 mg, The tenant was to take one tablet sublingually every five minutes for three doses for chest pain. The January 2019 treatment administration record reflected an order dated 1-4-19 for mupirocin ointment 2% to be applied topically to the ankle, foot and leg wound (s) every day until healed. Staff initialed the completion of the task from 1-5-19 to 1-10-19. When interviewed on 1-10-19 at 1:49 p.m. the HSD and Executive Director reported Tenant #3 spent time outside of the memory care unit once a day (on good days) in the front part of the building. Staff were aware when Tenant #3 left the unit and when he returned. The tenant's last service plan was completed on	A 083		

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A 083	Continued From page 9 11-14-18. It was not based on evaluations as the evaluations were completed on 11-15-18, after the development of the service plan. The service plan was not updated as needed with significant change with Tenant #3's wounds and staff completion of the wound care. The service plan did not reflect initiation and discontinuation of PT/OT, the administration of Nitroglycerin or the time Tenant #3 spent outside of the memory care unit. 4. Record review of Tenant #4's file revealed Charting Notes indicating PT services were discontinued on 11-12-18 and OT was discontinued on 11-15-18. The face sheet reflected Tenant #4 followed a general diet with finger foods. The service plans in the file were dated 9-5-18 and 1-8-19. Neither service plan reflected the preference for finger foods or the initiation and discontinuation of OT/PT services. 5. Record review on 1-10-19 of Tenant #5's file revealed a diagnosis of depression. The Unplanned Weight Gain/Loss Worksheet (Optional) dated 10-14-18 revealed Tenant #5 had a loss of 6.8 pounds from 9-10-18 to 10-10-18. Tenant #5 had refused food, there had been a change in eating habits and staff provided assistance and encouragement. Tenant #1 was at risk due to depression and medications. The form indicated Tenant #5 had been more confused, unable to make decisions, wanted to stay in her apartment and refused staff assistance. A Physician Fax/Visit Report dated 10-14-18 reflected the Unplanned Weight Gain/Loss Worksheet (Optional) was faxed to the doctor	A 083		

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A 083	Continued From page 10 regarding Tenant #5's weight change. The doctor responded and inquired if there was a dietician in the Program that could see her and to ensure Tenant #5 had a follow up appointment with the doctor. A Supportive Devices with Restraining Qualities Assessments form reflected three devices used for Tenant #5 including a toilet riser with rails, bed rails and gait belt (non-traditionally used as a seatbelt). The tenant's most recent service plan dated 9-11-18 was not based on evaluations as the evaluations were completed on 9-12-18, after the development of the service plan. The service plan was not updated as needed to reflect Tenant #5's weight loss and interventions. The service also did not reflect the devices used for Tenant #5 including the toilet riser with rails, bed rails and the non-traditional use of a gait belt. 6. When interviewed on 1-10-19 at 1:49 p.m. the HSD revealed all service plan documents requested were provided for the tenants listed above.	A 083		
A 121	481-69.30(1) Dementia Specific Education for Personnel 481-69.30(231C) Dementia-specific education for program personnel. 69.30(1) All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable.	A 121	**A 121** An orientation schedule has been put into place and the ED will ensure this will be completed by all new employees prior to being scheduled to work and/or train in the respective department. This will guarantee the new hires will have the required education, including the dementia training within the first week of hire. Our current staff has the required training at this time.	1/31/19

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A 121	Continued From page 11 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete eight hours of dementia-specific education within 30 days of employment for 5 of 7 staff reviewed (Staff A, C, D, E and G). Findings follow: Review of staff files on 1-9-19 revealed the following: a. Staff A was hired on 9-24-18. b. Staff C was hired on 9-10-18. c. Staff D was hired on 8-20-18. d. Staff E was hired on 8-20-18. e. Staff G was hired on 7-30-18. Review of training files revealed none of these staff completed 8 hours of dementia training within 30 days of hire. When interviewed on 1-10-19 at 1:49 p.m. the Executive Director confirmed all documented dementia-specific training for the staff listed above was provided.	A 121		