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
	S0297	A. BUILDING: _____ B. WING _____	C 08/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING SUITES	599 TAYLOR STREET TRAER, IA 50675

(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 are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive disorder: Number of tenants with cognitive disorder: Total Population of Program at time of on-site: The following regulatory insufficiency was cited during the Investigation of Complaint #84667-C.	A 000		
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 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	A 037	Plan of Correction is attached 10/25/19	

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

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A 037	Continued From page 1 by: Based on interview and record review the Program failed to evaluate tenant's functional, cognitive, and health status as needed with significant change for 2 of 4 tenants reviewed (Tenant #1 and Tenant #2). Findings follow: 1. Review of Tenant #1's Nurse's Notes dated 6-7-19 revealed he returned to the Program with a Foley catheter after a hospitalization. Review of his service plan dated 6-7-19 revealed he required staff assistance as needed (PRN) for catheter cares. No functional, cognitive, and health assessments for change in health status could be located. On 8-27-19 at 2:15 p.m. the Licensed Practical Nurse confirmed she failed to complete the required assessments. 2. Review of Tenant #2's service plan dated 7-2-18 revealed she required no assistance from staff for activities of daily living or medication administration. Review of Nurse's Notes dated 5-10-19 revealed the annual assessment was completed and she continued to be independent with medication administration. Review of the tenant's Medication Administration Record (MAR) dated June 2019 revealed staff administered medications beginning June 18, 2019. No functional, cognitive, and health assessments for change in health status could be located. On 8-27-19 at 2:15 p.m. the Licensed Practical Nurse confirmed she failed to complete the required assessments and stated she did not realize it was needed for medication administration.	A 037		

10-28-19

Sunrise Hill Care and Rehab Center

909 6th Street

Traer, Iowa 50675

10/15/2019

Plan of Correction relating to survey conducted at Sunrise Assisted Living Suites 8-27-19

Preparation and execution of this plan of correction does not constitute admission or agreement by this provider of the truth or facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and executed solely because it is required by the provision of federal and state law. This provider maintains that that the alleged deficiencies do not jeopardize the health and safety of the residents nor are they of such character as to limit the provider's capacity to render adequate care.

This plan of correction constitutes credible allegation of compliance effective October 15, 2019.

A037 Evaluation of Tenant

There are no negative resident outcomes as a result of the cited deficiency.

The facility Director of Nursing or designee will ensure that all tenant's functional, cognitive, and health status will be evaluated as needed with significant change. Director of Nursing educated Assisted Living Nursing staff regarding what qualifies as a significant change.

All residents will be reviewed at our regular weekly meeting utilizing a checklist for new orders (to include need of significant change assessment).

10/15/19