11-15-19

PRINTED: 10/30/2019
FORM APPROVED

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 10/17/2019

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: 42 Number of tenants with cognitive disorder: 1 Memory Care Unit Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 5 Total Census of Assisted Living Program for People with Dementia : 48 The following regulatory insufficiency was cited during the investigation of Complaint #86023-C.	A 000		
A 050	481-69.24(1)a Involuntary Transfer from Program 481-69.24(231C) Involuntary transfer from the program. 69.24(1) Program initiation of transfer. If a program initiates the involuntary transfer of a tenant and the action is not the result of a monitoring, including a complaint investigation or program-reported incident investigation, by the department and if the tenant or tenant's legal representative contests the transfer, the following procedures shall apply: a. The program shall notify the tenant or tenant's legal representative, in accordance with the occupancy agreement, of the need to transfer the tenant and of the reason for the transfer and shall include the contact information for the office of long-term care ombudsman.	A 050	The program will ensure that if there is an involuntary transfer, the Executive Director will notify the resident/and or legal representative in accordance with our occupancy agreement. The Executive Director will not only notify them via phone or in person but will put a 30 day notice in writing, giving a copy to the resident and/or legal reprcsentative as well as putting a copy in the resident's file. This was corrected immediately on October 30,2019.	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

11/1/19

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A 050	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to provide written notice of an involuntary transfer from the program to 1 of 1 discharged tenants reviewed (Tenant #1). Findings follow: Record review on 10/16/19 revealed Tenant #1 was admitted to the program on 7/12/19. According to Charting Notes for Tenant #1, she was hospitalized on 7/15/19 for a right hip fracture. According to a Move-out Transactions Report provided by the program, Tenant #1 remained a tenant of the program until her discharge on 9/30/19 due to having higher health needs than the program could provide. According to an interview conducted with the Executive Director on 10/16/19 at 11:10 AM, Tenant #1 was moved to a skilled nursing facility following surgery for a hip fracture. The Executive Director and Health Services Director went to assess Tenant #1 at the skilled nursing facility and determined Tenant #1 was not appropriate to return to the program. The Director stated the social worker at the skilled nursing facility was to inform Tenant #1's Power of Attorney (POA) about their decision not to allow Tenant #1 to return to the program. Tenant #1's POA was interviewed on 10/16/19 at 1:20 PM. She reported she was hopeful her mother would be able to return to the program following her discharge from the skilled nursing facility. She stated the Executive Director and	A 050		

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A 050	Continued From page 2 Health Services Director went to the nursing facility on 9/18/19 to complete an assessment of her mother to determine if she could return to the program. The POA stated she was frustrated the program did not inform her they would not allow the tenant to return to the facility and the apartment she had been paying for. She was informed of this by staff at the nursing facility. Tenant #1's POA stated she never received any type of discharge paperwork from the program. An interview was conducted with the Administrator and the Director of Nursing (DON) of the skilled nursing facility on 10/17/19 at 8:30 AM. The DON stated she had requested the program do an assessment of Tenant #1 as the tenant had reached her maximum potential with physical therapy at the nursing facility. The DON was surprised the program staff didn't ask to talk with her when they came to complete the assessment as she had requested it and was the Director of Nursing. The DON learned the program would not accept Tenant #1 when she called to get the results of the assessment. At that time, they asked the DON if she would notify the POA of their decision. The Occupancy Agreement signed by Tenant #1's POA on 7/12/19 it stated, "under certain circumstances, a significant change in the Tenant's condition may result in the need for the provision of services that exceed the type of level of services allowed by law. The Program shall have the right to terminate this Agreement based on the Discharge Criteria set forth above with not less than thirty (30) days written notice to Tenant and Representative." The Director and Health Services Director did later meet with Tenant #1's POA when she went	A 050		

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A 050	Continued From page 3 to the program, and informed her they would not accept her mother back. The Director confirmed on 10/17/19 at 9:00 AM no discharge paperwork was ever provided to Tenant #1 or her POA.	A 050		