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 _____	12/02/2019

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: 17 Number of tenants with cognitive disorder: 0 Total census of Assisted Living Program: 17 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000	✓ 1/29/20	
A 060	481-67.9(4)c 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: c. Training for noncertified staff shall include, at a minimum, the provision of activities of daily living and instrumental activities of daily living. This REQUIREMENT is not met as evidenced by: Based on interview and record review revealed the Program failed to ensure training included the provision of activities of daily living (ADLs) and instrumental activities of daily living (IADLS) for 1 of 1 non-certified staff reviewed who provided cares (Staff B). Findings follow:	A 060	Plan of Correction is attached DD	

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

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A 060	Continued From page 1 1. Review of training documents revealed Staff B was a universal worker hired on 9-9-19. Staff B's nurse delegation documents did not include training on ADLs or IADLs. 2. A written statement by the Director of Nursing (DON) dated 12-2-19 revealed she had the wrong document when she provided education to Staff B. The document used was an old form that did not have ADLs or IADLs on it. She educated everyone on the same information. She made a new sheet for Staff B's file with ADLs and IADLs on it and signed her name to add to the other document used. She removed the old documents from file so it would not reoccur. 3. When interviewed on 12-2-19 at 2:01 p.m. the DON confirmed this finding.	A 060		
A 063	481-67.9(4)f 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: f. Services shall be provided to tenants in accordance with the training provided. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to ensure staff provided services in accordance with the training provided. This pertained to 1 of 1 staff during an	A 063		

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A 063	Continued From page 2 observed medication pass (Staff E). Findings follow: 1. Observation on 12-2-19 at approximately 12:00 p.m. revealed Staff E administered medications to four tenants including Tenant #4. Staff E retrieved Tenant #4's medication planner from the cart and put medications into a plastic cup. She then opened a bottle of antacids and put a tablet into the cup from the bottle. It was determined Staff E had removed Tenant #4's medications from the wrong day and time in error. She put the medications from the cup back into the medication planner. A medication was on the paper towel on the top of the medication cart and she picked up the medication with a glove; however, not a gloved hand (no bare hand contact observed). She put the medications from the correct day and time into a medication cup. She then put the antacid into the medication cup with a non-gloved hand. Medications were provided to Tenant #4 in the medication cup. Continued observation revealed during the medication pass Staff E signed off medications prior to taking the medications to the four tenants. Medications were signed off prior to the tenants' consumption of the medication. 2. Record review on 12-2-19 revealed Staff E had training on medication administration annually from 2014 to 2019. 3. Continued record review revealed a Medication Administration Guidelines document indicated medications were set up in a medication planner by a nurse or in a pharmacy labeled container. Staff was to compare the medications to the medication sheet and also	A 063		

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A 063	Continued From page 3 compare the route and time of administration. Staff was to observe the tenants' consumption of the medication. 4. When interviewed on 12-2-19 at 2:22 p.m. the Licensed Practical Nurse revealed if staff removed medications from the incorrect date or time from the medication planner she would expect staff to bring the medications to her. The expectation was staff was not to handle medications with bare hands and medications should be documented after they were given. 5. When interviewed on 12-2-19 at 2:01 p.m. the Director of Nursing revealed the expectation was staff was not to handle medications with bare hands and documentation of the medication administration should occur right after the medication was given. She revealed Staff E had been delegated on medication administration annually.	A 063		
A 118	481-67.19(3) Record Checks 481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks. 67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state. This REQUIREMENT is not met as evidenced	A 118		

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A 118	Continued From page 4 by: Based on interview and record review the Program failed to complete background checks prior to employment for 1 of 5 staff reviewed (Staff D). Findings follow: Review on 12-2-19 of Staff D's file revealed a hire date of 10-26-19. Criminal history and abuse registries background checks were completed on 10-28-19 with no negative results. When interviewed on 12-2-19 at 2:01 p.m. the Director of Nursing indicated there was no additional background check information for Staff D.	A 118		
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.	A 037		

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A 037	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete cognitive evaluations for 2 of 2 tenants reviewed with significant change of condition (Tenants #2 and #3). Findings follow: 1. On 12-2-19 review of Tenant #2's file revealed Nurse's Notes dated 9-16-19 (late entry) indicating Tenant #2 had a change in condition related to increased incontinence and confusion. Tenant #2 had chronic urinary tract infections. A Nursing Assessment was completed by the Director of Nursing (DON), which included an evaluation of health and function. A cognitive evaluation was completed on 9-16-19; however, it could not be determined who completed the assessment as it was not signed. 2. Review of Tenant #3's file on 12-2-19 revealed a Nursing Assessment dated 9-5-19 indicating a change of condition had occurred. The Nursing Assessment was completed by the DON, which included an evaluation of health and function. A cognitive evaluation was not completed when the change of condition occurred. 3. When interviewed on 12-2-19 at 2:22 p.m. the Licensed Practical Nurse revealed all evaluation documents were provided for the tenants listed above.	A 037		
A 089	481-69.26(4)a Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and	A 089		

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A 089	Continued From page 6 preferences for assistance This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop service plans that reflected the identified needs of the for 3 of 3 tenants reviewed (Tenants #1, #2 and #3). Findings follow: 1. Record review on 12-2-19 of Tenant #1's file revealed a diagnosis that included atrial fibrillation. A physician order dated 11-12-19 and the November 2019 medication administration record reflected Tenant #1 received staff administration of Coumadin (anticoagulant). Continued record review revealed a physician order to change weekly weights to monthly weights was noted on 11-26-19. The ALP Monitoring Entrance Form identified Tenant #1 consistently refused showers. A PRN Medications/Refusal of Medications and Treatment document reflected from 8-2-19 to 11-29-19 Tenant #1 refused shower assistance more than 15 times. Tenant #1's service plan dated 10-24-19 did not reflect the administration of an anticoagulant medication, the change from weekly to monthly weights or the frequent shower refusals. 2. Record review on 12-2-19 of Tenant #2's file revealed Nurse's Notes indicating the following: a. On 9-16-19 (late entry) it was noted Tenant	A 089		

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A 089	Continued From page 7 #2 had a change in condition related to increased incontinence and confusion. Tenant #2 had chronic urinary tract infections (UTIs). b. On 12-2-19 it was noted Tenant #2 was started on an antibiotic for a UTI on 11-27-19. Staff had noted an increase in behaviors and confusion. Tenant #2's service plans dated 9-16-19 and 11-12-19 did not reflect the history of UTIs or treatment when a UTI was indicated. 3. Record review on 12-2-19 of Tenant #3's file revealed physician orders indicating the following: a. On 9-5-19 an order was received for physical therapy (PT) to evaluate and treat for strengthening two to three times per week for four weeks. b. On 10-31-19 an order was received for PT, occupational therapy (OT) and speech therapy (SLP) to evaluate and treat due to cognitive decline and generalized weakness. Tenant #3's service plans dated 7-25-19, 10-23-19, 10-30-19 and 11-15-19 did not reflect outside service providers including PT, OT and SLP. 4. When interviewed on 12-2-19 at 2:22 p.m. the Licensed Practical Nurse revealed all service plan documents were provided for the tenant listed above.	A 089		

1/20/20

1/3/2020
A 000
This plan of correction is Sunrise Assisted Living Suite's credible allegation of
compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statements of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal State law.

A 060
The Program will ensure training includes the provision of activities of daily living
(ADLs) and instrumental activities of daily living (IADLs).
All old ADL and IADL documentation have been removed from files and only current proper documentation will be available in the file. (Date Corrected: 1/3/2020)
There are no negative resident outcomes as a result of the cited deficiency.
The Director of Nursing or designee will conduct quarterly audits of tenant files to ensure the problem does not recur.

A 063
The Program will ensure staff provide services in accordance to the training provided. A mandatory staff meeting occurred to review proper medication handling.
There are no negative resident outcomes as a result of the cited deficiency. (Date Corrected: 1/3/2020)
The Director of Nursing or designee will conduct quarterly and periodic audits of staff to demonstrate proper medication handling.

A 118
The Program will ensure that the department of public safety will receive a request to perform a criminal history check and the department of human services perform a child and dependent adult abuse check of the person in this state for all new hires. A new hire check list has been created to verify all steps of the pre-employment process are completed.
There are no negative resident outcomes as a result of the cited deficiency.

1/24/20

(Date Corrected: 1/3/2020)
The Administrator or designee will mark the new hire check list completed before a new hire is permitted to begin work.

A 037
The Program will complete cognitive evaluations for residents with significant changes of condition. The Director of Nursing and Program Nurse will meet weekly to review changes of condition for tenants.
There are no negative resident outcomes as a result of the cited deficiency.
(Date Corrected: 1/3/2020)
The Director of Nursing or designee will conduct quarterly audits of tenant files to ensure the problem does not recur.

A 089
The Program will develop service plans that reflect the identified needs of residents. The Director of Nursing or designee will meet monthly to review service plans for tenants.
There are no negative resident outcomes as a result of the cited deficiency.
(Date Corrected: 1/3/2020)
The Director of Nursing or designee will conduct quarterly audits of tenant files to ensure the problem does not recur.