

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/21/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SUNRISE VILLA

**308 NORTH 12TH STREET
BELLEVUE, IA 52031**

(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: 1 Total census of Assisted Living Program: 18 There were no regulatory insufficiencies cited during the onsite infection control survey completed on 10/21/21. The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program.	A 000		
A 340	481-67.9(4)a 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: a. The program's newly hired registered nurse shall within 60 days of beginning employment as the program's registered nurse document a review to ensure that staff are sufficiently trained and competent in all tasks that are assigned or delegated. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the	A 340	Plan of Correction is attached	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

✓ 1/11/22

DEPARTMENT OF INSPECTIONS AND APPEALS

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NAME OF PROVIDER OR SUPPLIER SUNRISE VILLA		STREET ADDRESS, CITY, STATE, ZIP CODE 308 NORTH 12TH STREET BELLEVUE, IA 52031		
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A 340	Continued From page 1 program's newly hired registered nurse (RN) did not ensure staff were sufficiently trained within 60 days of her hire date. Findings follow: Record review on 10/21/21 revealed the delegating nurse was hired by the program on 7/12/21. Staff A's Nurse Delegation task sheet was signed by the employee and RN on 9/27/21. Staff B's Nurse Delegation task sheet was signed by the employee and RN on 9/27/21. The RN confirmed these findings on 10/21/21.	A 340		

On behalf of Sunrise Villa Assisted Living, I respectfully submit our Plan of Correction for your approval. Our response is specific to the Monitoring Report dated 10/21/2021. 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 statement of insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of state law.

Staffing

1. Elements detailing how the Program will correct each regulatory insufficiency
 - All current staff have been delegated by the current RN.
2. Measures taken to ensure the problem does not recur
 - All nursing staff will receive delegations within 30 days of hire. Delegations will be completed within 60 days of a change in delegating RN.
3. How the Program plans to monitor performance to ensure compliance
 - Ongoing internal audits of employee files will be completed at least every six months to ensure compliance of staff education requirements.
4. The date by which the regulatory insufficiency will be corrected
 - The regulatory insufficiency will be corrected by January 15th, 2022.

✓ 1/11/22