

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0288</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/15/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SUNNYBROOK OF MUSCATINE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3515 DIANA QUEEN DRIVE MUSCATINE, IA 52761</b>
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(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	<p>Initial Comments</p> <p>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.</p> <p>General Population Number of tenants without cognitive disorder: 37 Number of tenants with cognitive disorder: 3</p> <p>Memory Care Unit Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 8</p> <p>Total Census: 48</p> <p>There were no regulatory insufficiencies cited during the onsite infection control survey completed on 9/15/21.</p> <p>The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program for People with Dementia.</p>	A 000		
A 380	<p>481-67.9(6) Staffing</p> <p>67.9(6) Dependent adult abuse training. Program staff shall receive training relating to the identification and reporting of dependent adult abuse as required by Iowa Code section 235B.16.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the</p>	A 380	<p><i>Plan of Correction is attached</i></p> <p><i>DD</i></p>	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 380	<p>Continued From page 1</p> <p>program failed to ensure dependent abuse training was completed as required by Iowa Code section 235B.16 for 5 of 8 staff reviewed (Staff A, Staff B, Staff C, Staff E and Staff H). Findings follow:</p> <p>Record review on 9/13/21 revealed Staff A was hired on 3/30/20. She did not have dependent adult abusetraining from an approved source within six months of hire.</p> <p>Staff B was hired on 3/2/20. She did not have dependent adult abuse training from an approved source within six months of hire.</p> <p>Staff C was hired on 1/21/19. She did not have dependent adult abusetraining from an approved source within six months of hire.</p> <p>Staff E was hired on 11/9/20. He did not have dependent adult abuse training from an approved source within six months of hire.</p> <p>Staff H was hired on 10/21/20. She did not have dependent adult abuse training from an approved source within six months of hire.</p> <p>On 9/13/21 at 3:10 PM the Senior Executive Director reported the former Business Manager did not have employees complete a state approved dependent adult abuse training, although training was completed. She said new employees are completing a dependent adult abuse training which is approved by Iowa Code.</p>	A 380		
A 430	<p>481-67.19(4) Record Checks</p> <p>67.19(4) Validity of background check results. The results of a background check conducted</p>	A 430		

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A 430	<p>Continued From page 2</p> <p>pursuant to this rule shall be valid for a period of 30 calendar days from the date the results of the background check are received by the program.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to ensure background checks were completed within 30 days prior to hire for 1 of 8 employee reviewed (Staff A). Findings include:</p> <p>Record review on 9/13/21 revealed Staff A was hired on 3/30/20. The Single Contact License and Background Check was completed on 10/23/19, more than 30 days prior to Staff A starting employment at the program.</p> <p>The Senior Executive Director confirmed this finding on 9/13/21 at 4:30 PM.</p>	A 430		
A 556	<p>481-69.30(3)b Dementia-Specific Education for Personnel</p> <p>69.30(3) Dementia-specific continuing education</p> <p>b. Direct-contact personnel employed by or contracting with a dementia-specific program or employed by a contracting agency providing staff to a dementia-specific program shall receive a minimum of eight hours of dementia-specific continuing education annually.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to provide annual dementia training to two employees who were hired in 2019</p>	A 556		

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A 556	<p>Continued From page 3 (Staff C and Staff D). Findings follow:</p> <p>Record review on 9/13/21 revealed Staff C was hired on 1/21/19. Staff C received 3.92 hours of training within the next 11 months of 2020 and 5 hours of training in 2021.</p> <p>Staff D was hired on 4/17/19. Staff D received 0.5 hours of dementia training in 2020 and 4 hours of dementia training in 2021.</p> <p>The Senior Executive Director confirmed these findings on 9/14/21 at 2:30 PM.</p>	A 556		
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Dependent Adult Abuse/staffing-

67.9(6)

All staff members that do not have appropriate training completed will be scheduled to complete training in the month of November during a scheduled shift. All trainings will be up to date by November 15th, 2021.

The facility ensures that all new hire staff members have completed all appropriate trainings required before they are put on the schedule prior to start training on the floor. Dependent adult abuse training gets done on the Iowa Department of Human Services website with a certificate of completion printed off. The certificate has the date it was completed and the expiration date on it.

The facility also has a binder with all trainings in it for each staff to ensure that when a staff member is due for training, they can get put on the schedule to come in and complete appropriate training in the facility. This binder is in order monthly to keep all staff members trainings folder in order by month due.

Record Checks- 481-67.19(4)

All new hire staff members are offered a job position contingent on their background and drug screening. Staff members are not hired until after background checks are completed and then scheduled new hire paperwork as soon as possible afterwards to ensure that all new hires are hired within 30 days of the background check being ran. This is effective immediately as of 10-20-2021.

Dementia Specific Education or personnel- 69.30(3) Continuing education-

All staff members that do not have appropriate training completed will be scheduled to complete all required training from now to November 15th. All trainings will be up to date by November 15th, 2021. The facility ensures that all new hire staff members have completed all appropriate trainings required before they are put on the schedule to start training on the floor. All new hire staff members will have appropriate training prior to schedule on the floor. The facility also has a binder with all trainings in it for each staff to ensure that when a staff member is due for training, they can get put on the schedule to come in and complete appropriate training in the facility. This binder is in order monthly to keep all staff members trainings folder in order by month due.

The ED will ensure overall compliance.



10/27/21