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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165441 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/05/2024 |
| NAME OF PROVIDER OR SUPPLIER Sunny View Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 410 N W Ash Drive Ankeny, IA 50023 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
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| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25854</p> <p>Based on clinical record review, staff interview and facility policy review, the facility failed to maintain a complete and accurate Care Plan for 1 of 3 resident's reviewed (Resident #2). The facility identified a census of 88 residents.</p> <p>Findings included</p> <p>Resident #2's Minimum Data Set (MDS) assessment dated [DATE] identified Brief Interview for Mental Status (BIMS) score of 8, indicating moderately impaired cognition. Resident #2 required substantial/maximal assistance with toilet use, personal hygiene, and ambulation. The listed Resident #2 as frequently incontinent of bowel and bladder. The MDS included diagnoses of renal insufficiency (inadequate functioning kidneys), polyneuropathy (multiple areas of nerve damage that causes numbness, pain, and tingling), anxiety, and non Alzheimer's dementia.</p> <p>Resident #2's Care Plan failed to address her continence status.</p> <p>An email dated 6/4/24 at 12:30 PM, from the Director of Clinical Services confirmed Resident #2's Care Plan didn't address incontinence.</p> <p>The Care Plan Development Process policy dated 2022 directed each Care Plan needed a summary of the specific goals and care needs for each resident, and an outline of how the care team addressed those needs. The Interdisciplinary Team must develop a comprehensive, individualized plan of care for each resident. The facility should review and revise the Care Plan in accordance with State rules, Federal regulations, and professional standards of nursing care. The Care Plan guides the care and treatment provided to each resident.</p> |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25854</p> <p>Based on observation, clinical record review, resident interview and staff interview, the facility failed to follow physician's orders for 1 of 3 residents reviewed (Resident #13). In addition, the facility failed to properly administer medications according to the nursing standards of practice for 2 of 3 residents (Residents #12 and #11). The facility identified a census of 88 residents.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Resident #13's Medication Administration Audit Report dated 5/22/24 at 11:16 AM directed the facility staff to administer the following medications at 6 AM. The documentation reflected Staff G, Certified Medication Aide (CMA), administered the medications at 8:48 AM <ol style="list-style-type: none"> a. Apixaban (blood thinner) oral tablet 5 milligrams (mg) one (1) tablet by mouth (po) two (2) times a day (BID). b. Famotidine (prostate health) oral tablet 20 mg po in the morning (AM). c. Losartan Potassium (blood pressure) oral tablet 25 mg po in the AM. d. Baclofen (muscle relaxer) oral tablet po BID. e. Spironolactone (water pill) oral tablet 25 mg po in the AM. f. Sertraline HCL (Hydrochloride) (antidepressant) 50 mg 2.5 tablets po in the AM. g. Ferrous Sulfate (iron supplement) oral table 325 mg 1 tablet po BID. h. Breo Ellipta Inhalation Aerosol Powder (inhaler) 100 25 micrograms (mcg) 1 puff orally in the AM. i. Calcium 500 + D3 (calcium and vitamin D supplement) oral tablet 500 5 mg mcg 1 tablet po BID. j. Sotalol (heart medication) HCL oral tablet 80 mg 0.5 tablet po BID. k. Bumetanide (water pill) oral tablet 1 mg 1 tablet po BID. l. Folic Acid (supplement) oral tablet 1 mg po in the AM. m. Ipratropium Albuterol Inhalation (inhaler) Solution 0.5 2.5 (3) mg/3 ml (milliliters) three times a day (TID). 2. Resident #12's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 8, indicating moderately impaired cognition. <p>(continued on next page)</p> | | |

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| <p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 5/21/22 at approximately 4:45 PM observed Staff F, Licensed Practical Nurse (LPN), place a medication cup with medications present to the left of Resident #12 as he sat at the table and walked away. Witnessed Resident #12 took his medications approximately 3 minutes later without the nurse present.</p> <p>3. Resident #11's MDS identified a BIMS score of 14, indicating intact cognition.</p> <p>On 5/21/24 at 12:54 PM Resident #11 confirmed staff leave her medications at bedside unattended.</p> <p>On 6/5/24 at 10:40 AM Staff H, Certified Nursing Assistant (CNA), reported the staff frequently left medications at residents' bedside and/or unattended.</p> <p>On 6/5/24 at 10:54 AM Staff I, CNA, confirmed she witnessed residents left unattended with medications.</p> <p>On 6/5/24 at 11:32 AM Staff J, CNA, explained she saw residents left unattended with medications at the bedside.</p> |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25854</p> <p>Based on observation, clinical record review, a photograph and facility policy review, the facility failed to properly provide perineal cares for 2 of 3 residents reviewed (Resident #2 and #3). The facility identified a census of 88 residents.</p> <p>Findings include:</p> <p>1. Resident #2's Minimum Data Set (MDS) assessment dated [DATE] identified Brief Interview for Mental Status (BIMS) score of 8, indicating moderately impaired cognition. Resident #2 required substantial/maximal assistance with toilet use, personal hygiene, and ambulation. The listed Resident #2 as frequently incontinent of bowel and bladder. The MDS included diagnoses of renal insufficiency (inadequate functioning kidneys), polyneuropathy (multiple areas of nerve damage that causes numbness, pain, and tingling), anxiety, and non Alzheimer's dementia.</p> <p>The Care Plan Focus revised 6/20/23 indicated Resident #2 had an activities of daily living (ADL) self care performance deficit related to (r/t) weakness, shortness of breath, an unsteady gait, and a cognitive impairment. The Intervention revised 9/22/20 directed she required assistance of one (1) person with ambulation to the bathroom, toilet use, and hygiene at that time.</p> <p>On 5/24/24 at 4:15 AM observed Resident #2 as she called for assistance saying, I peed, I peed, and help, help, behind the closed room door. Upon entry witnessed Resident #2 lying on top of a soiled fitted sheet with the front of her brief picked away and removed. Resident #14, Resident #2's roommate (identified as interviewable by the facility), said Resident #2 called out for assistance for a long time that night/early morning. At 4:36 AM Staff A, Certified Nursing Assistant (CNA), Staff B, Assistant Director of Nursing (ADON) and the Director of Clinical Services entered the resident's room. Both Staff A and Staff B confirmed the resident's fitted sheet as soiled for a long period of time as the area presented as dried urine with a dark ring around the area.</p> <p>On 5/24/24 at approximately 5:15 AM Resident #14 confirmed the staff entered the room at 2 AM, but failed to check and change Resident #2.</p> <p>A photograph taken on 5/24/24 at 4:44 AM revealed an extra-large (bigger than a basketball) partially dried area of urine on Resident #2's sheet.</p> <p>2. Resident #3's MDS assessment form dated 4/16/24 identified a BIMS score of 4, indicating severely impaired cognition. Resident #3 required substantial/maximal assistance with toilet hygiene. The assessment listed Resident #3 as always incontinent of bowel and bladder. The MDS included diagnoses of fractures, non Alzheimer's dementia, bell's palsy and weakness.</p> <p>The Care Plan identified the following Focus area revised 1/15/24 indicated Resident #3 had an ADL self care performance r/t multiple rib fractures and a lumbar compression fracture from a fall at home. The Intervention dated 1/15/24 directed Resident #3 required assistance from two (2) persons with toilet use and provision of good peri care after each incontinent episode.</p> <p>(continued on next page)</p> | | |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>On 5/23/24 at 11:50 AM witnessed Staff C, CNA, and Staff D, CNA, provide perineal care for Resident #3 positioned in bed. Staff C pulled down her pants and provided anterior (front) peri care. As the staff member cleansed Resident #3, he failed to change the surface area of the cloth. In addition, he wiped back and forth across the entire vaginal area. The staff member then positioned the resident on her left side and performed posterior (back) perineal care in the same manner. Staff D confirmed Resident #3 had incontinence of urine.</p> <p>On 5/24/24 at 4:20 AM watched Staff E, CNA, as she provided perineal care for Resident #3 with Staff A, CNA, present. Resident #3 disassembled her brief and threw the front portion on the floor beside her bed. Staff E cleansed the resident anteriorly. Staff E then positioned the resident on her left side and cleansed the resident's mid gluteal (buttock) region with stool return. Staff A failed to cleanse Resident #3's buttocks and hips. Staff A confirmed Resident #3 had incontinence of urine.</p> <p>The undated Perineal Care Protocol policy directed to provide perineal care to female residents, separate the labia, staff to have cleansed with soapy washcloth/wipe, front to back, on each side of the labia and in the center over the urethra and vaginal opening with a clean area of the washcloth or clean wipe for each stroke.</p> | | |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>25854</p> <p>Based on clinical record review, staff interview and facility policy review, the facility failed to assess and implement interventions for a 1 of 3 residents following a fall (Resident #3). The facility identified a census of 88 residents.</p> <p>Findings include:</p> <p>Resident #3's MDS assessment form dated 4/16/24 identified a BIMS score of 4, indicating severely impaired cognition. Resident #3 required substantial/maximal assistance with toilet hygiene. The assessment listed Resident #3 as always incontinent of bowel and bladder. The MDS included diagnoses of fractures, non Alzheimer's dementia, bell's palsy and weakness.</p> <p>The Progress Note dated 5/13/24 at 10:29 AM indicated Resident #3 sustained an unwitnessed fall without injury in her room at 7:30 AM.</p> <p>Resident #3's clinical record lacked follow-up assessments following the fall on 5/13/24.</p> <p>According to an email dated 6/5/24 at 1:51 PM the Director of Clinical Services confirmed they expected the staff to perform follow-up assessments following a fall for 72-hours.</p> | | |

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| <p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25854</p> <p>Based on family interview, resident interview, staff interview, Ombudsman email, Resident Council Minutes, and facility policy review the facility failed to answer resident call lights within 15 minutes for 2 of 3 residents reviewed (Residents #2 and #5). The facility identified a census of 88 residents.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Resident #2's Minimum Data Set (MDS) assessment dated [DATE] identified Brief Interview for Mental Status (BIMS) score of 8, indicating moderately impaired cognition. Resident #2 required substantial/maximal assistance with toilet use, personal hygiene, and ambulation. The listed Resident #2 as frequently incontinent of bowel and bladder. The MDS included diagnoses of renal insufficiency (inadequate functioning kidneys), polyneuropathy (multiple areas of nerve damage that causes numbness, pain, and tingling), anxiety, and non Alzheimer's dementia. On 5/22/24 at 12:36 PM Resident #2's family member reported she timed Resident #2's activated call light for 30 45 plus minutes. On a couple occasions, she and/or other family members went to the nurse's station for assistance and found several staff members sitting. 2. Resident #11's MDS identified a BIMS score of 14, indicating intact cognition. On 5/22/24 at 3:13 PM Resident #11 confirmed she timed her activated call light for over 30 minutes which caused her agitation. In addition, the staff told her they didn't have enough help and the facility overworked them. 3. Resident #9's Minimum Data Set (MDS) assessment dated [DATE] identified a BIMS score of 14, indicating intact cognition. 4. According to an email 5/21/24 at 9:38 AM a Long-Term Care Ombudsman indicated she had an open case at the facility related to Resident #5's complaints, including call light response times. <p>On 6/5/24 at 10:40 AM Staff H, Certified Nursing Assistant (CNA), indicated the staff answered resident call lights about 90 % of the time within 15 minutes. The other 10% of the time the staff failed to answer the resident's call lights timely due to staffing issues, individual resident needs, and unexpected circumstances.</p> <p>On 6/5/24 at 10:54 AM Staff I, CNA, confirmed the staff failed to answer resident call lights timely due to staffing and individual resident needs at a given time.</p> <p>On 6/5/24 at 11:32 AM Staff J, CNA, confirmed the staff failed to answer resident call lights timely.</p> <p>The Resident Council Minutes dated 4/2/24 at 2:15 PM indicated a resident verbalized a concern with call light wait times.</p> <p>(continued on next page)</p> | | |

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| <p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>The undated Resident Call System policy instructed the staff should respond to a bedroom call light within 15 minutes and a bathroom light within 5 minutes.</p> |