STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165441	A. Building B. Wing	02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunny View Care Center	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50500 Based on observations, staff interview, and facility cleaning procedures, the facility failed to ensure resident rooms were free of odors to create a home-like environment for 1 of 59 resident rooms (Resident #71). The facility reported a census of 82. Findings include: The Minimum Data Set (MDS) dated [DATE] revealed Resident #71 with a Brief Interview for Mental Status score of 14, which indicated intact cognition. Diagnoses on the MDS include anxiety, cerebrovascular accident (stroke), chronic pain syndrome, depression, diabetes, hemiplegia, non-Alzheimer dementia, Parkinsons, and prostate cancer. The MDS noted Resident #17 utilizes either a walker or wheelchair for mobility. The Care Plan with a completion date of 12/2/24 indicated Resident #71 has had falls with minor injury due to poor balance. Interventions included staff to check urinal frequently and empty if needed to prevent spills. During an observation on 2/10/25 at 11:10 AM, an ammonia odor was present in the hallway from Resident #71's room. During a room observation on 2/10/25 at 2:05 PM, an ammonia odor was detected in Resident #71's room despite the presence of an odor diffuser. The carpet had a spongy, sticky feel when walking around the room, especially near the bed. During an interview on 2/10/25 at 2:05 PM, Resident #71 stated his preference to use a urinal while in bed. Resident #71 prefers the urinal to hang on the trash can next to the bed instead of a bed rail. When on the bed rail, the urinal is typically near the head of the bed. Resident #71 explained they do not wish to be that close to see or smell it. Resident #71 voiced when the urinal is full, there are times when it spills, either when placing it back onto the trash can or when trying to get to the bathroom himself to empty it in the toilet. In an interview on 2/11/25 at 12:35 PM, Staff H, Housekeeping, explained resident rooms are vacuumed and dusted daily. Carpets can be cleaned as needed. (continued on next page)

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.

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

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	165441	A. Building B. Wing	02/13/2025

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Sunny View Care Center	410 N W Ash Drive Ankeny, IA 50023

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 2/11/25 at 12:45 PM Staff G, Environmental Supervisor, noted that resident room carpets can be cleaned as needed. Especially after urinary or bowel incontinent events. Staff G acknowledged the frequency to which Resident #71 spills the urinal. There is no extra scheduled carpet cleaning of the room. Environmental Services rely on staff to inform if the room carpet needs cleaning due to odors. In a follow-up interview on 2/13/25 at 1:45 PM, Staff G discussed routine carpet cleaning addressed as part of the resident room's deep cleaning checklist. Staff G voice the goal is to complete 6 deep clean resident rooms per day. At this time, Staff G estimates environmental staff deep cleans only 3 rooms daily. Review of the document Environmental Services Checklist and Goals of Department, dated 2021, indicated each room shall be deep cleaned monthly with 6 rooms are deep cleaned daily. The Deep Clean Checklist outlined staff to extract carpet or use carpet spotter for stains.

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NAME OF PROVIDER OR SUPPLIER: Sunny View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 410 N W Ash Drive, Ankeny, IA 50023	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50500 Based on health record review, facility document review, and staff interviews, the facility failed to communicate throughout departments current resident staff assistance level for 1 of 5 residents reviewed for nursing supervision (Resident #71). The facility reported a census of 82. Findings include: The Quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #71 with a Brief Interview for Mental Status score of 14, which indicated intact cognition. Diagnoses on the MDS include anxiety, cerebrovascular accident (stroke), chronic pain syndrome, depression, diabetes, hemiplegia, non-Alzheimer dementia, and Parkinsons. The MDS noted Resident #17 utilizes either a walker or wheelchair for mobility. The MDS revealed Resident #71 is independent with chair/bed-to-chair transfers, toilet transfers, and walk 10 feet. The MDS recorded no falls since prior assessment. The Care Plan with a completion date of 12/2/24 indicated Resident #71 has a self-care performance deficit related to stroke with left-sided weakness. Interventions indicated Resident #71 independent with stand pivot transfers from wheelchair level to/from toilet and bed (initiated on 7/8/24), utilizes a wheelchair for primary mobility inside room (revised on 7/30/24), and independent to perform toileting tasks (revised on 7/15/24). Electronic health record review revealed Resident #71 has experienced 7 falls since the MDS was completed on 11/19/24. Falls occurred on 12/20/24, 12/14/24, 12/15/24, 1/13/25, 1/16/25, 1/23/25, and 2/2/25. Paper chart review revealed the following Activity Level and Recommendations Form from therapy, which was located in the Rehab and Therapy tab: 1. On 5/16/24: Staff assist of 2 for transfers with a hemi-walker 2. On 6/14/24: Changed from a staff assist of 2 to a staff assist of 1 for transfers using a hemi-walker 3. On 7/16/24: Staff walk to dine with wheelchair follow as tolerated No further recommendations from therapy found, paper or electronic, which indicated Resident #71 was changed from an assist of 1 to independent, as outlined on the Care Plan interventions from July'24. Paper chart review revealed a Fall and Safety Management Program form, dated 11/7/24, revealed Resident #71 as independent with transfers and ambulation status. This form was located in the Risk Assessment tab of the chart. The Physical Therapy Evaluation and Plan of Treatment, for the date of service 9/17/24-11/12/24, recommended Resident #71 perform transfers with stand-by staff assistance. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Physical Therapy Discharge Summary, for the date of service 11/27/24-1/10/25, recommended Resident #71 perform transfers with stand-by staff assistance. During an interview on 2/11/25 at 2:00 PM, Staff I, Certified Nursing Assistant, and Staff J, Licensed Practical Nurse, both unable to explain Resident #71's current staff assistance level. Staff J stated this information would be found in the Bio Worksheet Binder. Upon review of the binder, which was last updated on 2/12/25, Resident #71 listed as independent with stand pivot transfers to and from bed to toilet to wheelchair. During an interview on 2/13/25, Staff L, Licensed Practical Nurse, voiced Resident #71 not needing much assistance now as mainly in bed. Staff L believes Resident #71 has been a staff assistance of 1 since October. During an interview on 2/13/25 at 1:00 PM, the MDS Coordinator explained therapy will provide a copy of Activity Level and Recommendations Form. The MDS Coordinator will update the Care Plan and the Bio Worksheet. During an interview on 2/13/25 at 1:30 PM with the Director of Nursing (DON) and the Assistant Director of Nursing (ADON), the DON stated Resident #71's independent status is reflective of their current status. Resident #71 typically does not wait for staff help or will refuse assistance. During an interview on 2/13/25 at 2:00 PM, the Director of Rehab (DOR), did not feel the information on the Bio Worksheet reflected Resident #71's current status given the increase in falls. Upon review of the most recent Physical Therapy notes, the DOR indicated Resident #71 should have staff present during transfers. The DOR could not explain or provide documentation when Resident #71 became independent, as outlined on the Care Plan. The DOR could not explain the inconsistency between the Physical Therapy recommendations for stand-by staff assistance (from September'24 and January '25) and the Risk Assessment stating an independent level of assistance in November'24. The policy Care Plan Development Process, dated 2022, indicated the Care Plan will be reviewed and amended as needed.