

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 04/24/2025
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)
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25858</p> <p>Based on clinical record review, staff interview, and facility policy/procedures the facility failed to clarify a medication when a resident was admitted on [DATE] for which delayed the resident getting the medication as directed until 4/7/25. (Resident #1). The facility reported a census of 82 residents.</p> <p>Finding include:</p> <p>The Admission Minimum Data Set (MDS) for Resident #1, with an assessment reference dated 4/7/25, documented diagnoses for which included anemia, hypertension, benign prostate hyperplasia (BPH) and arthritis. The MDS revealed the resident with a Brief Interview for Mental Status (BIMS) score of 15 for which indicated no memory impairments and requiring partial to moderate assistance with Activities of Daily Living (ADL). The MDS documented no mood disorders and able to be understood and understand others.</p> <p>The Plan of Care with an initiated date of 4/4/25, had a focus area of ADL Care-Resident requires assistance with ADL's secondary to lumbar spine fusion procedure. Intervention include:</p> <p>*Toileting: Assist of one staff. Provide good peri-care after each toileting and/or incontinent episode to prevent infection/skin breakdown. (Date Initiated: 04/11/25)</p> <p>*Transfers/Ambulation. My wife will often assist me with ambulation/transfers despite frequent reminders not to do so which places resident at a greater risk for falls. If you see wife transferring/ambulating gently remind her that staff needs to perform these ADL's as to prevent a fall. (Date Initiated: 04/07/25)</p> <p>*Administer medications as ordered. Notify Medical Doctor of possible side effects. example(weight changes, sleep pattern disturbances,headaches, sweating, constipation, diarrhea, confusion, palpitations. (Date Initiated: 04/11/25)</p> <p>*Routine Social Worker visits to address any concerns and address any needs. (Date Initiated: 04/11/25)</p> <p>(continued on next page)</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Active Outpatient Medication list dated 4/3/25, documented to give Pyridostigmine Bromide (medication to treat muscle spasms) 60 milligrams (mg), Take one tablet by mouth as directed up to four times daily.</p> <p>The Medication and Treatment Record dated 4/1/25-4/30/25, documented to give Pyridostigmine Bromide Oral Tablet 60 MG. Give 1 tablet by mouth every 6 hours as needed for muscle spasms with a start date-04/02/2025</p> <p>The Progress Notes documented on the following dates and times:</p> <p>*4/3/2025 at 11:40 a.m., Note Text: This order is outside of the recommended dose or frequency. Pyridostigmine Bromide Oral Tablet 60 mg Give 1 tablet by mouth every 6 hours as needed for muscle spasms-The frequency of daily is below the usual frequency of 2 to 8 times per day.</p> <p>*4/4/2025 at 5:32 p.m., Note Text: resident requested a copy of his medications due to he feels he should be taking a medication for my muscles and he can't remember the name. This nurse asked if it was the Pyridostigmine 60 mg. resident order states Pyridostigmine 60 mg take as directed up to four times a day. pharmacy wants clarification as well before sending. put in request to clarify orders. awaiting reply and resident notified as well</p> <p>*4/4/2025 at 5:50 p.m., Note Text: resident continues to hyperfixate on what medications he thinks he should be on and what the doctor ordered. this nurse explained I was clarifying the order and went into resident room and he had medications out that were brought from home. this nurse took medications and put in med room.</p> <p>*4/5/2025 at 9:17 p.m., Note Text: called to resident room for 2nd time to discuss the number of pills given. resident hyper fixates on medication no matter what time it is or what he is given. this nurse administered his hour of sleep medications and also gave two as needed Tylenol for back pain. resident had no questions or concerns at that time and now continues to call nurse down to room to say he didn't get enough. Resident has been told on numerous occasions with his spouse present that we are giving him what the doctor prescribed and he was provided a medication list. Also if he feels its in correct he can speak to the doctor.</p> <p>*4/6/2025 at 9:00 a.m., Note Text: resident continues to hyper fixate on his medications. am medications administered and resident wanted to know what all the medications were, and this nurse gave resident the list of medication and informed him of the stock medications as well.</p> <p>A Physician Communication Form dated 4/4/25, documented, Please clarify order for Pyridostigmine 60 mg, the order states to take up to four times a day and resident states he takes three times a day to help keep his eyes open. Please advise. The Advanced Registered Nurse Practitioner signed and dated 4/7/25, Ok to make Three times a day per his preference/home regimen.</p> <p>Interview on 4/22/25 at 1:13 p.m., the facility Director of Nursing confirmed and verified that the residents medication needed to be clarified upon admit and that the expectation is to make sure any questions in regards to medications needed to be clarified per the policy/procedures.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 4/23/25 at 9:40 a.m., the facility Advanced Registered Nurse Practitioner stated that since the resident wanted the medication to be given three times a day an order would of been given on 4/4/25, and the resident would not of had to go until 4/7/25 to receive the medication.</p> <p>The Physician Orders for Medications and Treatments with no date documented the policy is that all medications will be administered as ordered by a health care professional authorized by the state to order medications. All physician orders will be signed and dated, including the facility standing order. Procedure:</p> <p>*All medications administered to residents in the facility will be ordered by health care professionals who have the authority to order medications under state law.</p> <p>*All orders for medications and treatments will be written, dated and signed by the health professional with authority to write medication and treatments orders.</p> <p>*Verbal orders of medications and treatments may be communicated only to licensed nurses employed by the facility, a registered therapist employed by the facility, a pharmacist, another physician, an advance registered nurse practitioner or a physician assistant.</p> <p>*Once the order is received the nurse will then enter the order into the facilities electronic medical record. It is the expectation that orders will be followed accordingly.</p> <p>*If the prescribing physician has not returned signed order a call will be placed to him/her by the Director of Nursing or assistant director of nursing,</p> <p>*If prescribing physician does not return call and orders are not signed within a respectable time the Medical Director will be notified for order clarification.</p>		