

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 02/16/2026
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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, resident interview, family interview, staff interview and policy review, the facility failed to complete a comprehensive assessment and evaluation of a resident for readmission to the facility, and failed to have the appropriate documentation in the medical record prior to issuing an involuntary discharge to 1 of 3 residents reviewed for discharge (Resident #1). This failure caused the resident to experience a negative impact on her psycho-social well being. The facility further failed to have the resident or the resident representative sign the discharge summary. The facility reported a census of 91 residents. Findings include: According to the Minimum Data Set (MDS), dated [DATE], Resident #1 scored a 15 on the Brief Interview for Mental Status (BIMS), indicating intact cognition. The resident had diagnoses to include progressive neurological conditions, Multiple Sclerosis (MS), anxiety disorder, depression and functional quadriplegia (a symptom of paralysis that affects all a person's limbs and body from the neck down). The MDS documented the resident had verbal behavioral symptoms directed toward others 1 to 3 days in the look back period. This behavior did not: put the resident at significant risk for physical illness or injury, significantly interfere with the resident's care or the residents participation in activities or social interactions. This behavior did not: put others at significant risk for physical injury, significantly intrude on the privacy of others or significantly disrupt care or living environment. The MDS documented the resident's current behavior status was the same compared to the prior assessment. The MDS indicated the resident was taking an antipsychotic, an antianxiety and an antidepressant medication. The Care Plan, with a target date of [DATE], included a focus area Resident #1 planned to stay at the facility long term as her children are not in the area and her husband is deceased, with a goal of the resident voicing contentment with her stay. Interventions under this focus area included monthly meetings initiated [DATE] and an entry on [DATE] of a monthly meeting where the resident reported things are going well and documentation the resident has had no untoward behaviors and is attending activities and doing very well. An entry under this same focus area on [DATE] of resident voicing daily her discontent in staying at the facility and the facility offered multiple times to help her seek alternate placement and she declined. Under this same entry, as of [DATE] resident new required 2 people for all cares and conversations due to vaping marijuana in her room and escalating behaviors. The Care Plan further included a focus area resident had chronic pain due to muscle spasms from MS. Resident uses medical marijuana off of property. An intervention initiated on [DATE] documented the resident was found to have three unidentifiable pills in her bed which resident later confessed as Marinol (a synthetic man-made form of THC - THC is a crystalline compound that is the main active ingredient of cannabis), resident was educated she could not bring in medications that were not prescribed to her due to the potential side effects. Another entry under this focus area for an intervention was initiated [DATE] and documented resident was noted to have a marijuana pen in her bag</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 165441	Facility ID: 165441 If continuation sheet Page 1 of 7

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