

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/26/2024
NAME OF PROVIDER OR SUPPLIER  Sunny Hill Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1708 Harding Street Tama, IA 52339	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>35434</p> <p>Based on clinical record review, policy review, resident interview, and staff interview, the facility failed to provide monitoring and timely assistance to transfer off the toilet for 1 of 3 residents reviewed for supervision (Resident #1). The facility reported a census of 51 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment tool, dated 9/13/24, listed diagnoses for Resident #1 which included amyotrophic lateral sclerosis (ALS-a progressive neurological disease that affected the nerve cells in the brain and spinal cord), heart failure, and diabetes. The MDS stated the resident was dependent on staff to transfer on and off the toilet and listed his Brief Interview for Mental Status (BIMS) score as 15 out of 15, indicating intact cognition.</p> <p>7/1/17 Care Plan entries stated the resident was dependent on staff for transfers and position changes, and utilized a mechanical lift.</p> <p>On 11/25/24 at 12:36 p.m., Resident #1 stated staff left him on the toilet for 2.5 hours. He stated his body hurt when he sat on the toilet but it subsided after staff assisted him off the toilet. He stated staff changed the call light batteries but it did not reset properly.</p> <p>On 11/25/24 at 1:28 p.m. Staff A CNA stated during shift change, staff assisted the resident to the toilet and they did not see the call light turn back on. She stated she heard a banging and found the resident (in the bathroom). She stated he was pretty upset and the staff all felt bad about it. They let him know the call light did not work and it was not intentional.</p> <p>On 11/25/24 at 1:52 p.m., Staff E Certified Nursing Assistant (CNA) stated on the day of the incident, other staff told her they assisted the resident to the toilet. She never heard the call light go off and assumed someone else assisted him. She stated the call light was on in the bathroom but did not show up on the walkie talkies.</p> <p>On 11/25/24 at 2:27 p.m. Staff B Registered Nurse (RN) stated around 2:00 p.m. Staff C CNA and Staff D CNA assisted the resident onto the toilet. She stated they found him around 4:00 p.m. She stated earlier in the day, she changed the call light battery and tested it and it worked. She stated after they found him on the toilet, the call light did not work. She stated the resident was angry and sad about the incident.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/26/2024
NAME OF PROVIDER OR SUPPLIER  Sunny Hill Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1708 Harding Street Tama, IA 52339	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/25/24 at 2:58 p.m., the Administrator stated staff changed the battery the day of the incident but it malfunctioned. She stated they spoke to the manufacturer and they believed it was a one time incident.</p> <p>On 11/26/24 at 10:46 a.m., Staff C CNA stated she assisted the resident to the toilet with Staff D. She stated Staff D remained at the facility after this but she went home. She stated as far as she knew, everything was taken care of.</p> <p>On 11/26/24 at 12:33 p.m., the Director of Nursing (DON) stated staff needed to complete constant rounding and the staff who assisted the resident to the bathroom should check on the resident. She stated they carried out education regarding this after the incident.</p> <p>The facility policy Nursing Toileting, revised 2024, stated staff would assist resident with toileting according to their individualized plan of care and stated if a resident required toileting, staff would check on them for safely at a minimum of every 15 minutes.</p>