STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165462	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunny Hill Care Center	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)
F 0623 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. 50500 Based on record review, staff interview, and policy review the facility failed to notify the Long-Term Care Ombudsman of discharge/transfer of residents as required for 1 of 4 residents reviewed who were discharged or transferred from the facility (Resident #15). The facility reported a census of 47 residents. Findings include: Review of the Minimum Date Set assessments dated 4/7/24 and 10/6/24 revealed Resident #15 had unplanned discharges to the hospital. Resident #15 reentered the facility on 4/9/24 and 10/9/24. The electronic medical record census list for Resident #15 revealed hospitalization s from 4/7/24-4/9/24 and 10/6/24-10/9/24. Review of the Discharge Tracking form for Long-Term Care Ombudsman communication lacked documentation of Resident #15's discharges to the hospital on 4/7/24 and 10/6/24 as required by federal regulation. In an interview on 2/6/25 at 10:35 AM, the Administrator reported they maintain the Discharge Tracking form which is used for the Ombudsman's notification. Information is obtained from reports within the electronic medical record as well as by hand. The Administrator acknowledged the lack of Resident #15 for the months of April and October. The policy Admission, Discharge, and Transfer: Ombudsman Notification, dated 2018, stated the facility will notify the Long-Term Care Ombudsman of all monthly discharges.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 46513 Based on resident interview, staff interviews, record review, and policy review the facility failed to ensure resident participation option in quarterly interdisciplinary team meetings for care planning for 2 of 5 residents reviewed regarding care plan meetings (Residents #31 & #38). The facility reported a census of 47 residents. Findings include: 1. The Minimum Data Set (MDS) assessment for Resident #31 dated 12/6/24 included diagnoses of anemia, heart failure, peripheral vascular disease, anxiety, and depression. The MDS listed the Resident's BIMS (Brief Interview for Mental Status) score of 15 out of 15 indicating intact cognition. A Care Conference Summary form dated 9/5/24 for Resident #31 revealed a column of discussion topics and comments. The form included a column to identify resident discussion, if agreed or disagreed that was left blank. Signature lines for staff in attendance included written staff names along with Resident #31 name written on resident signature line. The boxes to identify if resident agreed, disagreed, or understood was disregarded, not completed. In an interview on 2/3/25 at 9:51 AM Resident #31 queried about Care Plan meetings, if they had participated in the plan of care discussion or discussion of goals, or any related meeting. Resident #31 relayed they did not know anything about that, they had not been to a meeting. 2. The Minimum Data Set (MDS) assessment for Resident #38 dated 11/11/24 included diagnoses of anemia, atrial fibrillation, inflammatory bowel disease, and obstructive uropathy. The MDS listed the Resident's BIMS score of 15 out of 15 indicating intact cognition. A Care Conference Summary form dated 11/7/24 for Resident #38 revealed a column of discussion topics and comments. The form included a column to identify resident discussion, if agreed or disagreed, it had a vertical line drawn through. Signature line for staff in attendance included written staff names, Resident #38 was written on the signature line. The boxes to identify if resident agreed, disagreed, or understood was disregarded, not completed. In an interview on 2/3/25 at 10:14 AM Resident #38 was asked about care planning, if they had participated in plan of care discussion or discussion of goals, or any related meeting. Resident relayed they could not recall any such discussion or meeting with staff. In an interview on 2/4/25 at 3:12 PM with the Administrator regarding Care Plan process and review of the care conference summary document for Resident # 38 the administrator reported a new process was implemented last month to include resident invitation for a formal meeting. Agreed the previous Director of Nursing was not following the best practice of resident inclusion. The administrator relayed they felt that Coronavirus had impacted formal meetings and had a plan in place to change the processes. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility policy titled Care Plan Development Process dated 2022 documented, the resident, and/or their representative is an important part of the care planning team. They will be made aware of the date and time of each interdisciplinary care meeting.

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F 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a plan that describes the process for conducting QAPI and QAA activities. 46513 Based on staff interview, resident interview, CMS-2567 (Centers for Medicare and Medicaid Services) report, facility policy, and Quality Assurance Performance Improvement Plan (QAPI) the facility failed to ensure an effective QAPI process to address inclusion of residents in care planning process per a previously identified deficiency on the facility's prior recertification. The facility reported a census of 47 residents. Findings include: The CMS-2567 form referring to the facilities recertification survey outcome dated 12/8/22 revealed a deficient practice, lacked resident participation in quarterly interdisciplinary meetings for care planning. The facility correction response dated 1/1/23 included invitations would be given to residents. 1. The Minimum Data Set (MDS) assessment for Resident #31 dated 12/6/24 included a cognitive assessment, The Brief Interview for Mental Status (BIMS) scored 15 out of 15 indicated residents' cognition as intact. In an interview on 2/3/25 at 9:51 AM Resident #31 queried about care plan meetings, if they had participated in plan of care discussions or discussion of goals, or any related meeting. Resident relayed they did not know anything about that, and had not been to a meeting. 2. The Minimum Data Set (MDS) assessment for Resident #38 dated 11/11/24 included a cognitive assessment, The Brief Interview for Mental Status (BIMS) scored 15 out of 15 indicated the resident cognition intact. In an interview on 2/3/25 at 10:14 AM Resident #38 asked about care planning, if they had participated in plan of care discussions or discussion of goals, or any related meeting. Resident relayed they could not recall any such participation or meeting with staff. In an interview on 2/4/25 at 3:12 PM the Administrator relayed, they felt the 2019 influenza epidemic impacted the formal meeting process and had a plan in place to improve processes. The Administrator acknowledged a previous citation occurred during 12/8/22 annual survey regarding lack of resident invite/participation in the care planning process. The facility policy titled Care Plan Development Process Dated 2022 documented, the resident, and/or their representative is an important part of the care planning team. They will be made aware of the date and time of each interdisciplinary care meeting. The facility provided QAPI plan documented, the purpose of QAPI in our organization is to take a proactive approach to continually improve the way we care for and engage with our residents, caregivers, and other partners so that we may continually improve quality outcomes and experiences for all stakeholders. Included, Quality section, We strive to deliver the best outcomes for each of our residents while complying with the regulations that govern long-term care. We are dedicated in providing the highest level of quality, resident satisfaction, staff satisfaction, and regulatory compliance.