

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165515	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/21/2020
NAME OF PROVIDER OF SUPPLIER SUNNYCREST NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 401 CRISMAN STREET DYSART, IA 52224	
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 0698 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Past noncompliance - remedy proposed **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview the facility failed to complete Nursing Assessments and monitoring of a resident before and after the resident went to outpatient [MEDICAL TREATMENT] for one of two residents who received [MEDICAL TREATMENT] services. (Resident's #1). The facility reported a census of 30 residents. Findings include: The Minimum Data Set (MDS) signed as completed 9/29/20 listed [DIAGNOSES REDACTED]. The MDS revealed Resident #1 required extensive assistance for personal hygiene, dressing, and transfer assistance. The MDS indicated that Resident #1 received [MEDICAL TREATMENT]. Review of the Resident #1's Care Plan with an admission date of [DATE] revealed a nutritional problem related to End Stage [MEDICAL CONDITION] and [MEDICAL TREATMENT]. The reviewed Care Plan lacked Nursing Interventions related to [MEDICAL TREATMENT] cares for the resident. Review of the Treatment Administration Record dated 10/1/20-10/31/20 revealed no documentation of pre and post [MEDICAL TREATMENT] assessments. Further review of the record revealed no documentation of fistula assessments. During an interview with the Director of Nursing (DON) on 10/19/20 at 10:00 a.m., she acknowledged that Resident #1 received and attended [MEDICAL TREATMENT]. The DON acknowledged that the pre and post [MEDICAL TREATMENT] assessments were not completed and she would have noted a [MEDICAL TREATMENT] problem on the care plan. During an interview on 10/20/20 a.m., the DON stated that Resident #1 had a fistula in her right arm, and during record review no evidence of checking the fistula site was found. Record Review of a document titled [MEDICAL TREATMENT] (Program Guidelines) provided by the facility Administrator revealed that the Care Plan should address the following information, including frequency of monitoring vital signs, respiratory distress, chest pain, headache, and [MEDICAL CONDITION]. The [MEDICAL TREATMENT] (Program Guidelines) indicated that monitoring of shunt or access site for signs of infection should be completed.</p>		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program. Based on staff interviews and policy review the facility failed to actively complete the screening process related to Covid 19 before employees started their shift. The facility failed to follow the Center for Disease Control (CDC) for infection control measures for residents to mitigate a potential spread of infection. The facility reported on 10/12/20 9 residents and 5 staff were positive with Covid 19. The facility reported a census of 30 residents Findings Include: During an interview 10/12/20 at 12:45 p.m., Staff A, Certified Nurse Aide (CNA), stated that she took her own temperature when she came into the facility, and no one else verified the temperature. During an interview 10/12/20 at 1:15 p.m., a Hospice Nurse reported she took her own temperature and answered own questions regarding the screening process related to Covid when entered the facility. During an interview 10/12/20 at 2:00 p.m., the Director Of Nursing (DON) reported whoever lets the person in the door at the facility should take that person's temperature and ask the screening questions. The DON stated staff should not be taking their own temperature and this is part of the screening policy. During an interview 10/13/20 at 9:45 a.m., Staff B, CNA, explained no one screened her into the building at 6:00 a.m. Staff B stated she took her own temperature and answered the screening questions herself. Staff B stated she has also screened herself out of the building. Staff B stated that the Dietary Manager completed the screening for a while, but cannot remember when, it has been so long ago. During an interview 10/13/20 at 9:28 a.m., Staff C, CNA, reported there have been times no one screened her at the facility front door. Staff C stated they just let me in and did not screen her in. During an interview on 10/13/20 at 10:33 a.m., Staff D, Occupational Therapist, stated sometimes the facility staff asked her the screening questions and took her temperature before entered the building, and sometimes they do not. Staff D further stated at times she has taken her own temperature and answered the screening questions. During an interview with the Administrator on 10/15/20 at 10:31 a.m., revealed that she was aware that staff were not always taking post shift temperature and have talked to staff about this issue. Stated staff had been educated on not self screening through the 5 minute book. Review of a document titled 5 Minute Meeting dated 8/5/20 revealed that when staff come in for their shift there is no self screening. Whoever lets you in the facility needs to do your screen. Review of a document titled 5 Minute Meeting dated 10/12/20 revealed self screening is not allowed, ever. This is how the policy was set up and how it is to be followed. Questions on this document were to be directed to the Director of Nursing or to the Administrator. The facility's Staff and Visitor Screening policy revealed all persons entering the facility will be screened upon entrance. The policy revealed an individual can never self screen upon entrance. The person opening the door will complete the screening procedure with the individual.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.