

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>165556</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/06/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SUNNYCREST MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2375 ROOSEVELT STREET DUBUQUE, IA 52001</b>	
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 0755  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</b>  Based on observation, staff interview and facility policy review, facility staff failed to ensure the medication carts were locked while unattended in resident care area. The facility reported a census of 70 residents. Findings include: The facility form titled Medication Cart/Key Safety Medication/Treatment Room/Cabinet Safety indicated Registered Nurses (RN)/Licensed Practical Nurses (LPN) and Certified Medication Administrators (CMA) must at all times adhere to safe practices in securing medication and treatments by ensuring medication carts are locked at all times when the cart is out of the RN/LPN/CMA visual sight of the medication cart. Medication cart keys must be carried by the RN/LPN/CMA at all times when keys are not in a locked and secured area. Observation on 8/4/20 at 2:55pm revealed a medication cart sitting in the hallway of a resident care area with the medication cart unlocked and staff not present. Notified Staff B, Registered Nurse (RN) who had been sitting in a room behind the nurse's station working on a computer with her back facing the nurse's station. Staff B revealed she forgot to lock the cart and proceeded to lock it. Observation on 8/5/20 at 11:00am revealed Staff E, LPN returned from administering insulin to Resident #7 in her room and proceeded to lock the medication cart that was located in the hallway when he returned from administering the insulin. Staff E revealed he forgot to lock the medication cart. Observation on 8/5/20 at 4:10pm revealed a medication cart unlocked with keys hanging from the lock in the hallway of a resident care area. Staff A came out of a resident's room and acknowledged she had forgotten to lock her med cart. Interview on 8/5/20 at 4:30pm with the Director of Nursing revealed it is an expectation that staff responsible for the medication cart are to have it locked at all times if it is not within their visual sight.		
F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, staff interview and facility policy review, facility staff failed to wear face masks as instructed in common resident areas. The facility reported a census of 70 residents. Findings include: The facility form titled, Staff Personal Protective Equipment Requirement at SCM COVID-19 Specific Personal Protective Equipment (PPE), indicated the face mask must remain on at all times. Staff update dated 6/5/20 indicated it is necessary that staff are wearing their PPE and wearing it correctly. The Centers for Medicare/Medicaid Services (CMS) memorandum for long term care providers instructs that providers follow Centers for Disease Control (CDC) guidance with regards to COVID-19. The CDC instructs long term care providers to implement source control measures, which include health care providers should wear a facemask at all times while they are in the facility. Observation on 8/5/20 at 10:35am, revealed Staff D, Certified Nursing Assistant (CNA) pushing Resident #4 down the hallway in a reclined shower chair wearing a face shield and face mask with the face mask placed below her chin. Staff D proceeded to pull up her mask after observation just above her mouth, walked in front of Resident #4 and proceeded to speak to Resident #4 with her face mask just above her mouth and pulling it out while speaking to Resident #4. Resident #4 was not wearing a mask. During interview on 8/5/20 at 10:38am, Resident #2 revealed staff always wear goggles or a face shield however sometimes staff have their masks down by their chins. Observation on 8/5/20 at 1:55pm, revealed Staff F, Housekeeper, coming out of Resident #5's room, wearing goggles and a face mask with the face mask below her nose. Staff F pulled the face mask over her nose after observation. Resident #5 was sitting in her room and not wearing a mask. Observation on 8/5/20 at 2:10pm, revealed Staff G, CNA wearing a face shield and face mask with her face mask below her nose after completing catheter care on Resident #6. Observation on 8/5/20 at 2:17pm, revealed Staff H, Registered Nurse (RN) standing at the medication cart in the hallway near the nurse's station wearing goggles and a face mask with the face mask below her nose. Observation on 8/5/20 at 3:25pm, on the quarantine unit revealed Staff C, CNA wearing a face shield and face mask with the face mask below her nose and mouth. Interview on 8/5/20 at 3:30pm, the Director of Nursing revealed it is an expectation for staff to wear face masks over their mouths and noses at all times in resident care areas.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.