

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165286	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/04/2025
NAME OF PROVIDER OR SUPPLIER Sunrise Hill Care Center			STREET ADDRESS, CITY, STATE, ZIP CODE 909 6th Street , Traer, Iowa, 50675	
PREFIX - TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
✓ KBS F0000	INITIAL COMMENTS Correction date: 12/05/2025 The following deficiencies resulted from the facility's annual recertification survey conducted December 1 2025 to December 4, 2025.	F0000	Response to this 2567 is the facility's credible allegation of compliance to the 30-day validity rule for background checks.	12/05/2025
F0607	See the Code of Federal Regulations (42CFR) Part 483, Subpart B-C. Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(5)(II)(III) 5483.12(b) The facility must develop and implement written policies and procedures that: 5483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, 5483.12(b)(2) Establish policies and procedures to investigate any such allegations, and 5483.12(b)(3) Include training as required at paragraph 5483.95, 5483.12(b)(4) Establish coordination with the QAPI program required under 5483.75. 5483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements. §483.12(b)(5)(II) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act.	F0607		

<p>F0607</p>	<p>Continued from page 1 S483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 150B(d)(1) and (2) of the Act.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on personnel record review, policy review, and staff interview, the facility failed to implement their abuse policy when the facility failed to complete the required Abuse and Criminal History check within the required 30 days of hire date for 1 of 5 staff reviewed (Staff A, Dietary). The facility reported a census of 53 residents.</p> <p>Findings include:</p> <p>Staff A's personnel record review listed a hire date of 4/14/25. The record review included the Single Contact License and Background Check (SING) with a completion date of 1/31/25.</p> <p>The facility policy titled, Nursing Facility Abuse Prevention, Identification, Investigation and Reporting Policy, reviewed 4/2024 revealed the following per the Employee Screening section: The facility shall screen all potential employees for a history of abuse, neglect, exploitation, misappropriation of property, or mistreatment of Residents. The policy further instructed the facility to conduct an Iowa criminal record check and dependent adult/child abuse registry check on all prospective employees and other individuals engaged to provide services to residents, prior to hire. in the manner prescribed under 481 Iowa Administrative Code 58.1 1 (3).</p> <p>During an interview 12/2/25 at 2:44 PM, Staff B, Manager, acknowledged Staff A began employment more than 30 days after the facility had completed their background check.</p>	<p>F0607</p>	
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FORM CMS-2567 (02/99) Previous Versions Obsolete

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Iowa State Department of Health

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<p>NAME OF PROVIDER OR SUPPLIER Sunrise Hill Care Center</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE 909 6th Street , Traer, Iowa, 50675</p>	

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C0209	<p>Background Checks</p> <p>CFR(s): 01-50.9(4)</p> <p>50.9(4) Validity of background check results. The results of a background check conducted pursuant to this rule shall be valid for a period of 30 calendar days from the date the results of the background check are received by the facility. (I, I', III)</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced b :</p> <p>Based on personnel record review, policy review, and staff interview, the facility failed to implement their abuse policy when the facility failed to complete the required Abuse and Criminal History check within the required 30 days of hire date for 1 of 5 staff reviewed (Staff A, Dietary). The facility reported a census of 53 residents.</p> <p>Findings include:</p> <p>Staff A's personnel record review listed a hire date of 4/14/25. The record review included the Single Contact License and Background Check (SING) with a completion date of 1/31/25.</p> <p>The facility policy titled, Nursing Facility Abuse Prevention, Identification, Investigation and Reporting Policy, reviewed 4/2024 revealed the following per the Employee Screening section: The facility shall screen all potential employees for a history of abuse, neglect, exploitation, misappropriation of property, or mistreatment of Residents. The policy further instructed the facility to conduct an Iowa criminal record check and dependent adult/child abuse registry check on all prospective employees and other individuals engaged to provide services to residents, prior to hire, in the manner prescribed under 481 Iowa Administrative Code 58.11 (3).</p> <p>During an interview 12/21/25 at 2:44 PM, Staff B, Manager, acknowledged Staff A began employment more than 30 days after the facility had completed their background check.</p>	C0209	<p>Sunrise Hill Care & Rehab Center has established Policy & Procedures inclusive of the 30-day validity provision. Staff misinterpreted the validity time frame due to the involved individual receiving an acceptable background check at he start of an unpaid practicum and then being officially employed post-practicum. All intake staff have been educated on the need for a subsequent background check falling within the 30-day validity frame of actual employment.</p> <p>Process will be monitored by the administrator, or designee, by circling and initialing the background check receipt back, date and the actual date of hire.</p>	12/05/2025

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S
SIGNATURE *Daniel M. Harmon, MD*

TITLE
Administrator

(X6) DATE
✓ 12/19/2025

STATE FORM

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11