STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165462	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETE 03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunny Hill Care Center	1708 Harding Street , Tama, Iowa, 52339

X4) ID REFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETIOI DATE
0000 X DC	INITIAL COMMENTS Correction date: 3.20.26 The following deficiencies resulted from the facility's annual recertification survey conducted on March 2, 2026 to March 5, 2026. See the Code of Federal Regulations (42CFR) Part 483, Subpart B-C.	F0000	***Preparation and/or execution of this plan of correction does not constitute admission or agreement by Sunny Hill Care Center of the truth of the facts alleged, or conclusions set forth in this statement of deficiencies. This plan of correction is prepared and executed solely because it is required by the provisions of Federal and State laws. For any allegation that the Facility is not in substantial compliance with Federal and/or State requirements of participation, this response and plan of correction constitutes the facility's credible allegation of compliance.***	
0725 S = D	Sufficient Nursing Staff CFR(s): §483.35(a)(1)(2) §483.35 Nursing Services. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity, and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71. §483.35(a) Sufficient Staff. §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides.	F0725	F725 Administrator and Assistant Director of Nursing (ADON) receive daily reports of all call light activations for the previous day. Call light times are tracked to indicate patterns of extended call light times; this information is then used to make adjustments as appropriate. The facility is allocating restorative aides to assist during times when needs are high. We placed an additional call light monitor in the administrative nurse's office. Education provided to staff to respond within 15 minutes. Management will monitor for compliance through routine call light audits. This will be monitored by the Quality Assurance Performance Improvement (QAPI) Team on a quarterly	3/20/2026

ıy deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other feguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 ys 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 lowing the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program rticipation.

ıBORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Administrator	3.20.2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165462	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETE 03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunny Hill Care Center	**1708 Harding Street , Tama, Iowa, 52339**

X4) ID REFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETIO DATE
0725 S = D	Continued from page 1 §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is NOT MET as evidenced by: Based on clinical record review, policy review, and staff and resident interviews, the facility failed to answer call lights in a timely manner for 2 of 3 residents reviewed for staffing concerns(Residents #22 and #23). The facility reported a census of 52 residents. Findings: 1. Minimum Data Set (MDS) assessment tool, dated 1/23/26, listed diagnoses for Resident #23 which included difficulty walking, weakness, and a history of falling. The MDS stated the resident required partial to moderate assistance with chair to bed and toilet transfers and substantial to maximal assistance with walking. The MDS listed the resident's Brief Interview for Mental Status(BIMS) as 12 out of 15, indicating moderately impaired cognition. On 3/3/26 at 9:06 a.m., Resident #23 stated call lights took more than 30 minutes. He stated that he looked at the clock to time it. He stated it made him feel "miserable" to sit and wait. A Care Plan entry, dated 11/20/15, stated the resident had an activity of daily living impairment and required assistance with walking, eating, and toileting. The resident's Location Section Activation Report listed the following call light wait times for Resident #23 which exceeded 15 minutes during the period of 2/18/26 to 3/4/26: 2/25/26 8:16 a.m. 29 minutes 2/25/26 2:03 p.m. 16 minutes 2/27/26 7:52 a.m. 21 minutes 2/28/26 11:55 a.m. 18 minutes 3/2/26 5:51 p.m. 20 minutes The facility policy "Call Light Accessibility and Timely Reports", dated 2025, stated all staff were responsible for responding to activated call lights and	F0725		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165462	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETE 03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunny Hill Care Center	1708 Harding Street , Tama, Iowa, 52339

X4) ID REFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETIOI DATE
0725 S = D	Continued from page 2 directed staff to listen to the resident's request and respond accordingly. The policy did not include a time frame in which staff should answer lights. On 3/5/26 at 10:22 a.m., Staff B Certified Nursing Assistant(CNA) stated the second shift struggled with call lights. She stated at times in the mornings, call lights could exceed 15 minutes. On 3/5/26 10:43 a.m., Staff E Registered Nurse(RN) stated there could be call light wait times which exceeded 15 minutes. On 3/5/26 at 10:56 a.m., the Administrator stated that mornings and supper times could be busy with regard to answering call lights. She stated many residents wanted up at the same time. She stated she expected staff to answer call lights within 15 minutes. 2. The MDS dated 1/30/26 for Resident #22 included diagnosis of fibromyalgia, weakness difficulty walking, need for assistance, anxiety and depression. The BIM's score for Resident #22 indicated moderate cognitive impairment On 3/2/26 at 1:56 PM Resident #22 relayed felt staffing could improve, relayed pushed the call light and can be a half hour or more, stated it varied shifts, felt wait time depended on time of day and/ or staff mood. Call light report for Resident #22 dated 2/18/26 to 3/4/26showed Resident #2s call light response time exceeded 15 minutes during the period of 2/18/26 to 3/4/26: 2/18/26 5:59 a.m. 33 minutes 2/19/26 3:21 p.m. 21 minutes 2/20/26 9:27 a.m. 28 minutes 2/23/26 5:52 a.m. 32 minutes 2/23/26 9:46 a.m. 34 minutes 2/25/26 9:55 a.m. 22 minutes 2/26/26 9:31 a.m. 34 minutes 2/27/26 7:20 a.m. 21 minutes 2/27/26 8:40 a.m. 21 minutes	F0725		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165462	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETE 03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunny Hill Care Center	1708 Harding Street , Tama, Iowa, 52339

X4) ID REFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETIOI DATE
0725 S = D	Continued from page 3 2/28/26 7:33 a.m. 21 minutes 3/1/26 9:34 a.m. 21 minutes 3/1/26 8:36 a.m. 43 minutes 3/2/26 9:20 a.m. 19 minutes 3/3/26 2:07 p.m. 21 minutes On 3/5/26 at 9:41 AM, Staff D, Housekeeping verbalized housekeepers don't carry walkie talkies. CNA staff have walkie talkies and are alerted to activated call lights. Staff D reported appropriate response time is less than five minutes. Staff D reported residents have voiced to her that staff are slow to respond to activated call lights. Staff D informs the resident to speak with the nurse of the administrator about the response time. On 3/5/26 at 10:00 AM, Staff F, CNA verbalized activated call lights come across screens at the nurse's station, east hall and southeast hall and over the walkie talkies. Staff F reported in resident rooms the activated call light will flash a light. Staff F verbalized appropriate response time is 15 minutes for the room call light and 5 minutes for the bathroom call light. Staff F acknowledge activated call lights exceed 15 minutes if staff are really busy and depends on how the day is going. Staff F reported residents have voiced concerns for slow response time to her. On 3/5/26 at 10:05 AM, Staff G, Activity Assistant/CNA reported staff have walkie talkies and activated call lights are announced over the walkie talkie. Staff G verbalized appropriate response time to be under 5 minutes. Staff G verbalized call lights had exceeded 15 minutes at times. On 3/5/26 at 10:22 AM, Staff H, CNA verbalized activated call lights exceed 15 minutes sometimes in the morning due to getting everyone up for breakfast. Staff H reported Resident #22 voiced concerns to her about slow response time of activated call lights. Staff H reported she apologized to Resident #22 and explained they assist as soon as they can. On 3/5/26 at 10:45 AM, Staff E, RN reported staff are alerted to activated call lights via the walkie talkies. Staff E verbalized appropriate response times is less than 15 minutes. Staff E verbalizes the system announces extended wait time which indicates an	F0725		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165462	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETEI 03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunny Hill Care Center	1708 Harding Street , Tama, Iowa, 52339

X4) ID REFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETIOI DATE
0725 S = D	Continued from page 4 activated call light exceeded 15 minutes for response. Staff E acknowledged activated call lights exceed 15 minutes response time at times. Staff E verbalized any one can respond to activated call lights. On 3/5/26 at 10:56 AM, the Director of Nursing (DON) stated staff have pagers connected to the call light monitors located at the nurse's station, East Hall, and Southeast Hall. The DON verbalized activated call lights shouldn't exceed 15 minutes. The DON hadn't heard of any activated call lights exceeding 15 minutes recently. The DON verbalized call light records are reviewed when residents voice concerns with slow response time. On 3/5/26 at 11:07 AM, Staff I, CNA reported activated call lights should be responded to as soon as possible. Staff I reported staff are alerted at the time a light is activated and again at 5 and 10 minute intervals. Staff I reported if the activated call light exceeds 15 minutes, staff receive alerts for extended wait time. Staff I acknowledged activated call lights exceed 15 minutes around breakfast and lunch due to not enough caregivers to go around.	F0725		
0760 S = D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is NOT MET as evidenced by: Based on observation, clinical record review, policy review, and staff interviews, the facility failed to prime an insulin(an injectable medication used to lower blood sugar) pen prior to administration for 1 of 1 residents observed for insulin(Resident #32). The facility reported a census of 52 residents. Findings: 1. The Minimum Data Set (MDS) assessment tool, dated 12/19/25, listed diagnoses for Resident #32 which included diabetes (a disease which caused fluctuations in blood sugar), heart failure, and shortness of breath. The MDS listed the resident's Brief Interview for Mental Status(BIMS) score as 14 out of 15, indicating intact cognition.	F0760	F760 Director of Nursing (DON) provided written and verbal education to Staff A and all other nurses about ensuring insulin pens are primed with 2 units of insulin before dialing the dosage into the pen. Nurses will be audited on a biyearly basis and use of insulin pens, specifically priming of the pen. This will ensure that insulin pens are primed before they are administered to Resident #32 and all other similarly situated residents. This will be monitored by the Quality Assurance Performance Improvement (QAPI) Team on a biyearly basis.	3/5/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165462	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETEI 03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunny Hill Care Center	1708 Harding Street , Tama, Iowa, 52339

X4) ID REFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETIOI DATE
0760 S = D	Continued from page 5 The 1/13/26 Care Plan entries stated the resident had diabetes and directed staff to administer diabetes medication as ordered by the doctor. The March 2026 Medication Administration Record (MAR) listed an order for Tresiba (a type of insulin) FlexTouch Pen-injector 100 units/milliliter (ml) 40 units in the morning. The Tresiba Flextouch Instructions For Use, retrieved from https://www.novo-pi.com/tresiba.pdf#IFU on 3/4/26, stated prior to dialing up the ordered dose of the insulin, staff should dial the dose selector to 2 units, hold the pen with the needle pointed upwards, and hold the dose button until the counter showed "0". A drop of insulin should appear at the needle tip. If a drop of insulin was not seen, staff should repeat the process. The facility procedure "Insulin Injection", dated 2026, directed staff to dial the pen to 2 units and push the plunger to release air in the needle. On 3/4/26 at 8:06 a.m., Staff A Registered Nurse (RN) placed a new needle on Resident #32's Tresiba insulin pen and dialed the pen to 40 units. Staff A did not prime the needle prior to setting the dose. Staff A then prepared the resident's Novolog (a type of insulin) from a vial. She then picked up both the Tresiba pen and the Novolog syringe and when asked, stated she was ready to administer the insulin. When queried as to if she primed the pen prior to dialing up the 40 units, Staff A set the dial back to 0, primed the pen with 2 units, and then set the dial to 40 units again. Staff A stated she did not think she primed the pen before. On 3/4/26 at 3:27 p.m., the Director of Nursing(DON) stated staff should prime insulin pen needles prior to administration. She stated she would carry out education with staff regarding this. On 3/5/26 at 11:00 a.m., Staff C RN stated that she primed insulin pens prior to dialing up the dose.	F0760		