

10/1/19

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0328	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WINDSOR MANOR SHENANDOAH	STREET ADDRESS, CITY, STATE, ZIP CODE 601 HARRISON STREET SHENANDOAH, IA 51601
---	--

(X4) ID PREFIX 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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

A 000	<p>Initial Comments</p> <p>Assisted Living Programs for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site.</p> <p>General Population Number of tenants without cognitive disorder: 32 Number of tenants with cognitive disorder: 1</p> <p>Memory Care Unit Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 10</p> <p>Total Census of Assisted Living Program for People with Dementia: 42</p> <p>The following regulatory insufficiency was cited during the investigation of Complaint #84190-C:</p>	A 000		
A 063	<p>481-67.9(4)f Staffing</p> <p>481-67.9(231B,231C,231D) Staffing. 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: f. Services shall be provided to tenants in accordance with the training provided.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review staff failed to needs were met in accordance with training</p>	A 063	<p><i>Plan of Correct is attached</i></p> <p><i>[Signature]</i> 10/2/19</p>	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0328	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WINDSOR MANOR SHENANDOAH	STREET ADDRESS, CITY, STATE, ZIP CODE 601 HARRISON STREET SHENANDOAH, IA 51601
---	--

(X4) ID PREFIX 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) COMPLETE DATE
A 063	<p>Continued From page 1</p> <p>provided for 1 of 2 former tenants reviewed (Tenant #1). Finding follows:</p> <p>Review of the Program's list of recently discharged tenants revealed Tenant #1 passed away at the hospital on 6/21/19. Review of a Nurse's Note dated 6/25/19 revealed at approximately 3:05 a.m. on 6/21/19 the nurse received a phone call from staff stating the tenant was vomiting, had loose stools and was cold and clammy. Staff was not able to obtain a blood pressure. The tenant was sent to the emergency room. The Executive Director (ED) was informed the tenant later passed away at the hospital. The son called to say the tenant died from an obstructed bowel.</p> <p>When interviewed on 8/19/19 at 4:10 p.m. Staff A said Tenant #1 had not felt well and threw up her supper. When she tried to administer medications Tenant #1 wouldn't take the medication and threw up again. Staff A admitted she did not take Tenant #1's vital signs.</p> <p>When interviewed on 8/21/19 at 12:11 p.m. Staff B said Staff A had called her back to the memory care unit to put another tenant to bed but mentioned nothing about Tenant #1 vomiting. She did not see Tenant #1. Staff B said she had been in the building since 5:00 p.m. and Staff A did not call for any help until 8:40 p.m. when she assisted Staff A to put another tenant to bed.</p> <p>When interviewed on 8/21/19 at 11:55 a.m. Staff C said Staff A called her back to memory care at 9:00 p.m. to ask if she needed to use the carpet cleaner to clean up vomit. Staff C said Staff A told her Tenant #1 had been saying she didn't feel well and was in pain. Staff C said she told</p>	A 063		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0328	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

WINDSOR MANOR SHENANDOAH **601 HARRISON STREET**
SHENANDOAH, IA 51601

(X4) ID PREFIX 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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

A 063	<p>Continued From page 2</p> <p>Staff A to take Tenant #1's vitals and she would come back to check after she administered medications. Staff C said she never saw Tenant #1 as Staff A told her she was in bed. According to Staff C the 10:00 p.m. - 6:00 a.m. staff person who no longer worked for the Program told her Tenant #1 had vomit on her clothes when she arrived for her shift.</p> <p>When interviewed on 8/19/19 at 4:45 p.m. the Executive Director (ED) thought Staff A became upset by the vomit and how to deal with it. She said staff all knew they could call her or the nurse. On 8/21/19 the ED reiterated all staff knew they could call her or the nurse at any time.</p> <p>On 8/21/19 the nurse provided a written statement regarding the incident. Staff A told her Tenant #1 had eaten a large dinner and thrown up while seated at the table. Staff A stated she cleaned up Tenant #1 and took her to the bathroom to use the toilet then assisted her to bed per her request. At 9:00 p.m. she noted Tenant #1 had thrown up in bed. She assisted Tenant #1 to the bathroom where she had a loose stool. Staff A cleaned up Tenant #1 and she returned to bed. According to the nurse's statement it was not unusual for Tenant #1 to have loose stools but it was unusual for Tenant #1 to vomit. She talked to Staff A about reporting such things to the nurse and/or ED. During the conversation the nurse directed Staff A to take vitals before calling to report things that were out of the ordinary. Staff A indicated she was feeling overwhelmed at the time of the incident and the nurse reminded her to call herself or the ED when something out of the ordinary and/or she did not get support or assistance from coworkers. Staff A said she understood.</p>	A 063		
-------	--	-------	--	--

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0328	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/21/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WINDSOR MANOR SHENANDOAH	STREET ADDRESS, CITY, STATE, ZIP CODE 601 HARRISON STREET SHENANDOAH, IA 51601
---	--

(X4) ID PREFIX 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) COMPLETE DATE
A 063	<p>Continued From page 3</p> <p>Record review on 8/21/19 revealed an undated Policy and Procedure entitled Resident Illness and Incident Reporting Training provided by the ED. According to the Policy, "Associates will report all incidences of resident illness, abnormal behavior, accidents, unusual events immediately to the Nursing/Wellness group."</p> <p>Further review revealed Staff A's Nurse Delegation for Incontinent Care form signed by Staff A on 1/5/19 and the delegating nurse on 1/6/19. According to the form staff should report anything unusual to a supervisor when assisting tenants with incontinent care.</p> <p>Further record review on 8/21/19 revealed a document entitled Announcements dated 6/28/19. The document directed staff to call the nurse and/or ED if staff needed clarification, help with residents (tenants) or any other problems/questions/concerns.</p>	A 063		

09/25/2019

✓ 10/7/19

Windsor Manor Shenandoah has taken the following steps to ensure resident safety and that policy and procedures are followed by all staff.

Staff A was trained and delegated according to our policy and procedure. The Director of Health and Wellness and Executive Director are available 24/7 to direct any and all concerns.

- Staff A was issued a verbal/written warning by Health Care Director on 06/24/2019 on prompt communication.
- A nurse delegation was developed regarding cleaning up bodily fluids when a resident needs assistance. This delegation will be completed with all staff by 10/15/2019.
- On 08/20/2019 an all staff in service was held. A complete review of policy and procedure including resident illness and incident reporting was done. Emphasis was put on change in a resident's condition that warrants immediate calls to Health Care Director and/Executive Director.
- On 09/20/2019 an all staff in service was held. A Review of topics at this in service include signs and symptoms of resident illness and drug reactions. A review of policy and procedure including resident illness and incident reporting with emphasis was completed. Change in a resident's condition that warrants immediate calls to Health Care Director and Executive Director.
- On 10/18/2019 an all staff in service will be held. Blood Born Pathogens/infection control will be the training provided. A review of policy and procedure including resident illness and incident reporting with emphasis on change in a resident's condition that warrants immediate calls to Health Care Director and/or Executive Director.
- Windsor Manor Shenandoah will continue to be diligent in providing exceptional care to all residents.

APD 10/2/19