DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0352	A. BUILDING: _____ B. WING _____	C 04/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR MANOR ASSISTED LIVING	2015 3RD AVENUE NORTH ESTHERVILLE, IA 51334

(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	Initial Comments 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. General Population Number of tenants without cognitive disorder: 22 Number of tenants with cognitive disorder: 7 Memory Care Unit Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 4 Total Census of Assisted Living Program for People with Dementia: 33 The following regulatory insufficiencies were cited during the investigation of Complaint #81510-C.	A 000		
A 013	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide timely care to 1 of 1 tenants reviewed with a laceration that required stitches (Tenant #4). Findings follow:	A 013	Plan of Correction is attached DD	

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

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A 013	Continued From page 1 Review of Tenant #4's file revealed an Incident Report dated 6-26-18 at 5:20 a.m. regarding a fall that resulted in several cuts to his left ear and hanging skin. He couldn't say what happened except that he fell, hit the side of his face and it hurt. Staff noted the blankets on his bed were wrapped around his feet. She assumed when he tried getting up he fell and hit the side of his face on the corner of his nightstand. The form indicated the tenant was sent to the emergency room by ambulance at 9:00 a.m. The tenant's family was notified at 10:00 a.m. A Nurse's Note dated 6-26-18 at 8:30 a.m. indicated the former Executive Director (ED) sent a text at 7:11 a.m. to the Licensed Practical Nurse (LPN) to complete an assessment for a fall. The LPN went to the tenant's room when she arrived. Staff had attempted to cover the ear with a 4x4 bandage. The left ear was bloody and the triangular fossa area was hanging. There was also a bruise to his left chin and jaw. She felt he needed to be sent to the emergency room (ER)for treatment of the laceration. A Nurse's Note dated 6-26-18 at 12:25 p.m. indicated the ER notified the Program of the tenant receiving sutures to the left ear. The number of sutures was unknown but 3 suture kits were used. The tenant was given an IV antibiotic at the ER and orders for treatments, antibiotics and follow-up with the primary care provider were given. On 3-27-19 at 11:03 a.m. Staff B stated she arrived at 6:00 a.m. on 6-26-18 and observed the wound to Tenant #4's ear. She stated the overnight staff reported the ED was notified and	A 013		

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A 013	Continued From page 2 told staff she would complete an assessment when she came in but never showed up. She stated the LPN arrived after 8:00 a.m. and determined he required stitches and sent him to the emergency room. On 3-28-19 at 10:02 a.m. the Interim Registered Nurse confirmed Tenant #4 did not receive timely care regarding this incident.	A 013		
A 037	481-69.22(2) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to evaluate tenants as needed with significant change in functional, cognitive, or health status for 5 of 7 tenants	A 037		

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A 037	Continued From page 3 reviewed (Tenant #1, Tenant #2, Tenant #3, Tenant #4, and Tenant #5). Findings follow: 1. Review of Tenant #1's file revealed a Resident Comprehensive Assessment and an Individualized Service Plan both dated 1-29-19 indicating she required assistance with bathing, dressing, grooming, toileting, transfers, medications, and activities. The tenant utilized a walker for ambulation and required a wheelchair for long distances. She communicated her preferences to the nurse for nutritional preferences. A Global Deterioration Scale dated 1-29-19 indicated severe cognitive decline. On 3-28-19 at 9:30 a.m. Tenant #1 was observed sitting in her wheelchair watching an activity. Staff applied a gait belt to Tenant #1, placed a walker in front of her and prompted her to stand. Tenant #1 attempted to stand and could not. Staff placed an arm under Tenant #1's left arm and lifted the gait belt until she was in a standing position. Staff asked her to walk forward and she attempted to move her feet but was unable to move forward. Staff commented she had declined in ability to communicate wants or needs. On 3-28-19 at 9:39 a.m. Staff F stated Tenant #1 required full assistance for transfers and ambulation for several weeks. The tenant was unable to walk, could not propel herself in her wheelchair and required staff to lift her to a standing position with the gait belt. She stated Tenant #1 had required maximum assistance with activities of daily living (ADLs) for several weeks and had declined in her limited ability to communicate.	A 037		

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A 037	Continued From page 4 On 3-27-19 at 4:27 p.m. Staff C confirmed Tenant #1 required maximum assistance with transfers, ambulation and activities of daily living (ADLs) for several weeks and had declined in her ability to communicate. On 3-27-19 at 4:13 p.m. Staff D confirmed Tenant #1 required maximum assistance with transfers, ambulation and ADLs for several weeks and had declined in her ability to communicate. No documentation of assessments regarding a significant change in condition of functional status could be located. On 3-28-19 at 10:02 a.m. the Interim Registered Nurse (RN) stated she just started a few weeks prior and was not aware of the significant decline in Tenant #1. She scheduled a change of condition assessment. 2. Review of Tenant #2's file revealed a Resident Comprehensive Assessment and an Individualized Service Plan both dated 3-5-18 indicating she required assistance with ambulation, bathing and dressing. An Individualized Service Plan dated 4-5-18 included an update to reflect the tenant's wishes for cut up meat, pureed soup in a cup at her request, and the use of a plate guard. A Global Deterioration Scale indicated no cognitive decline. Review of Nurse's Notes dated 4-5-18 revealed Tenant #2 requested her meat cut, a plate guard, and pureed soup served in a cup. A note on 8-1-18 revealed the tenant required 2 hour repositioning.	A 037		

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A 037	Continued From page 5 A Quarterly Nursing Summary dated 6-19-18 noted the tenant had a decline in her ability to ambulate, required 2 staff for assistance with transfers, and had limited use of hands/arms. An undated and unsigned Quarterly Nursing Summary form indicated Tenant #2's functional and health status continued to decline due to disease progression and required alternative placement for her safety and well-being. On 3-26-19 at 4:53 p.m. Staff A confirmed Tenant #2 required the assistance of 2 staff for transfers due to increased weakness. On 3-27-19 at 11:03 a.m. Staff B confirmed Tenant #2 required the assistance of 2-3 staff for transfers due to increased weakness. She stated she required maximum assistance with all activities of daily living (ADLs) because of significant weakness due to disease progression. No documentation of assessments for significant change in functional and health status could be located . On 3-28-19 at 10:02 a.m. the Interim RN confirmed these findings. 3. Review of Tenant #3's file revealed a 30 day assessment and an Individualized Service Plan both dated 5-17-18 indicating he was independent with ambulation and transfers. A Physical Therapy Discharge Note dated 10-16-18 indicated he was a consistent 2-3 person assist for transfers. The document indicated the physical therapist discussed concerns with the Executive Director and her formal recommendation included transfer to a higher	A 037		

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A 037	Continued From page 6 level of care for Tenant #3's safety. Review of notes from the Medical Doctor (MD) dated 7-13-18 revealed staff noticed the tenant required assistance with ambulation as he was no longer able to walk independently. The tenant's wife noted overall decline as well. An MD note dated 10-17-18 revealed Tenant #3 required 2 staff to safely assist with transfers and he was unable to participate in discussion of his health concerns. An MD note dated 11-26-18 recommended a 30 day notice be given to Tenant #3 due to decline in overall health. No documentation of comprehensive assessments for the significant change of functional or health status could be located. On 3-28-19 at 10:02 a.m. the Interim RN confirmed these findings. 4. Review of Tenant #4's file revealed a Resident Comprehensive Assessment and an Individualized Service Plan both dated 4-30-18 indicating he required assistance with dressing, grooming, and bathing. A Global Deterioration Scale dated 4-30-18 indicated severe cognitive decline. A Quarterly Nursing Summary dated 10-15-18 revealed a decline in ability to ambulate independently and the need for a wheelchair most of the time. A Quarterly Nursing Summary dated 1-25-19 revealed progression of his dementia and a declined in ability to communicate. A fax to the tenant's physician on 1-28-19	A 037		

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A 037	Continued From page 7 revealed a request for an order for a hospice consult. No documentation of comprehensive assessments for significant change in health and functional status could be located. On 3-28-19 at 10:38 a.m. the Executive Director confirmed Tenant #4 received hospice care. 5. Review of Tenant #5's file revealed a Nurse's Note dated 7-2-18 stating he was admitted to hospice care. A Nurse's Note dated 10-09-18 revealed he was discharged from hospice care. No documentation of comprehensive assessments for significant change in health status could be located. On 3-28-19 at 10:38 a.m. the Executive Director confirmed these findings.	A 037		
A 039	481-69.23(1)b Criteria for Admission/Retention of Tenants 481-69.23(231C) Criteria for admission and retention of tenants. 69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who: b. Requires routine, two-person assistance with standing, transfer or evacuation This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to discharge or transfer 2 of 2	A 039		

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A 039	Continued From page 8 tenants reviewed who required routine assistance of two for transfers (Tenant #2 and Tenant #3). Findings follow: 1. Review of Tenant #2's file revealed a Resident Comprehensive Assessment and an Individualized Service Plan both dated 3-5-18 indicating she required assistance with ambulation, bathing and dressing. A Quarterly Nursing Summary dated 6-19-18 noted the tenant had a decline in her ability to ambulate, required 2 staff for assistance with transfers, and had limited use of hands/arms On 3-26-19 at 4:53 p.m. Staff A confirmed Tenant #2 required the assistance of 2 staff for transfers due to increased weakness. On 3-27-19 at 11:03 a.m. Staff B confirmed Tenant #2 required the assistance of 2-3 staff for transfers due to increased weakness. She stated she required maximum assistance with all activities of daily living (ADLs) as a result of significant weakness due to disease progression. On 3-28-19 at 10:02 a.m. the Interim Registered Nurse (RN) confirmed these findings. 2. Review of Tenant #3's file revealed he resided in the memory care unit. A 30 day assessment and an Individualized Service Plan both dated 5-17-18 revealed he was independent with ambulation and transfers. Further review revealed a Physical Therapy Discharge Note dated 10-16-18 indicating he consistently required 2-3 person assist for transfers. The document indicated the physical therapist discussed concerns with the Executive Director	A 039		

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A 039	Continued From page 9 and her formal recommendation included transfer to a higher level of care for Tenant #3's safety. A note from the Medical Doctor (MD) on 7-13-18 revealed staff noticed the tenant required assistance with ambulation as he was not able to walk independently. The tenant's wife noted overall decline as well. An MD note dated 10-17-18 revealed Tenant #3 required 2 staff to safely assist with transfers and he unable to participate in discussion of his health concerns. An MD note dated 11-26-18 recommended a 30 day notice be given to Tenant #3 due to decline in overall health. On 3-27-19 at 11:03 a.m. Staff B confirmed Tenant #3 required the assistance of 2 staff with transfers. On 3-27-19 at 4:27 p.m. Staff C confirmed Tenant #3 required the assistance of 2 staff with transfers. On 3-28-19 at 10:02 a.m. the Interim RN confirmed these findings.	A 039		
A 047	481-69.23(1)i Criteria for Admission/Retention of Tenants 481-69.23(231C) Criteria for admission and retention of tenants. 69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who: i. Requires maximal assistance with activities of daily living; or	A 047		

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A 047	Continued From page 10 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to discharge or transfer 1 of 1 tenants reviewed who required maximal assistance with activities of daily living (Tenant #1). Findings follow: Review of Tenant #1's file revealed a Resident Comprehensive Assessment and an Individualized Service Plan both dated 1-29-19 indicating she required assistance with bathing, dressing, grooming, toileting, transfers, medications, and activities. The tenant utilized a walker for ambulation and required a wheelchair for long distances. She communicated her preferences for nutritional preferences to the nurse. On 3-27-19 at 4:27 p.m. Staff C stated Tenant #1 required maximum assistance with activities of daily living (ADLs) for several weeks and had declined in her ability to communicate. On 3-27-19 at 4:13 p.m. Staff D stated Tenant #1 required maximum assistance with ADLs for several weeks and had declined in her ability to communicate. On 3-28-19 at 10:02 the Interim Registered Nurse (RN) stated she started a few weeks prior and was not aware of the significant decline in Tenant #1's ability to assist with ADLs.	A 047		
A 085	481-69.26(3) Service Plans 481-69.26(231C) Service plans. 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be	A 085		

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A 085	Continued From page 11 updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update service plans following significant change for 5 of 7 tenants reviewed (Tenant #1, Tenant #2, Tenant #3, Tenant #4, and Tenant #5). Findings follow: 1. Review of Tenant #1's file revealed a Resident Comprehensive Assessment and an Individualized Service Plan both dated 1-29-19 indicating she required assistance with bathing, dressing, grooming, toileting, transfers, medications, and activities. The tenant utilized a walker for ambulation and required a wheelchair for long distances. She communicated her preferences for nutritional preferences to the nurse. A Global Deterioration Scale dated 1-29-19 indicated severe cognitive decline. On 3-28-19 at 9:30 a.m. Tenant #1 was observed sitting in her wheelchair watching an activity. Staff applied a gait belt to Tenant #1, placed a walker in front of her and prompted her to stand. Tenant #1 attempted to stand and could not. Staff placed an arm under Tenant #1's left arm and lifted the gait belt until she was in a standing position. Staff asked her to walk forward and she attempted to move her feet but was unable to move forward. Staff commented she had declined in ability to communicate wants or needs.	A 085		

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A 085	Continued From page 12 On 3-28-19 at 9:39 a.m. Staff F stated Tenant #1 required full assistance for transfers and ambulation for several weeks. The tenant was unable to walk, could not propel herself in her wheelchair and required staff to lift her to a standing position with the gait belt. She stated Tenant #1 had required maximum assistance with activities of daily living (ADLs) for several weeks and had declined in her limited ability to communicate. On 3-27-19 at 4:27 p.m. Staff C confirmed Tenant #1 required maximum assistance with transfers and ambulation for several weeks and had declined in her ability to communicate. On 3-27-19 at 4:13 p.m. Staff D confirmed Tenant #1 required maximum assistance with transfers and ambulation for several weeks and had declined in her ability to communicate. On 3-28-19 at 10:02 the Interim Registered Nurse (RN) stated she started a few weeks prior and was not aware of the significant decline in Tenant #1. She scheduled a change of condition assessment in order to update the Service Plan. 2. Review of Tenant # 2's file revealed a Resident Comprehensive Assessment and an Individualized Service Plan both dated 3-5-18 indicating she required assistance with ambulation, bathing and dressing. A Quarterly Nursing Summary dated 6-19-18 noted the tenant had a decline in her ability to ambulate, required 2 staff for assistance with transfers, and had limited use of hands/arms. An	A 085		

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A 085	Continued From page 13 undated and unsigned Quarterly Nursing Summary indicated Tenant #2's functional and health status continued to decline due to disease progression and required alternative placement for her safety and well-being. On 3-26-19 at 4:53 p.m. Staff A confirmed Tenant #2 required the assistance of 2 staff for transfers due to increased weakness. On 3-27-19 at 11:03 a.m. Staff B confirmed Tenant #2 required the assistance of 2-3 staff for transfers due to increased weakness. She stated she required maximum assistance with all activities of daily living (ADLs) because of significant weakness due to disease progression. An updated Service Plan reflecting changes in functional and health status could not be located. On 3-28-19 at 10:02 a.m. the Interim RN confirmed these findings. 3. Review of Tenant #3's file a 30 day assessment and an Individualized Service Plan both dated 5-17-18 indicating he was independent with ambulation and transfers. A Physical Therapy Discharge Note dated 10-16-18 documented he was a consistent 2-3 person assist for transfers. The document indicated the physical therapist discussed concerns with the Executive Director and her formal recommendation included transfer to a higher level of care for Tenant #3's safety. A note from the Medical Doctor (MD) dated 7-13-18 revealed staff noticed the tenant required assistance with ambulation as he was no longer	A 085		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0352	A. BUILDING: _____ B. WING _____	C 04/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR MANOR ASSISTED LIVING	2015 3RD AVENUE NORTH ESTHERVILLE, IA 51334

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A 085	Continued From page 14 able to walk independently. The tenant's wife noted overall decline as well. An MD note dated 10-17-18 revealed Tenant #3 required 2 staff to safely assist with transfers and he was unable to participate in discussion of his health concerns. An MD note dated 11-26-18 recommended a 30 day notice be given to Tenant #3 due to decline in overall health. An updated Service Plan reflecting changes in functional and health status could not be located. On 3-28-19 at 10:02 a.m. the Interim RN confirmed these findings. 4. Review of Tenant #4's file revealed a Resident Comprehensive Assessment and an Individualized Service Plan both dated 4-30-18 indicating he was independent in ambulation but required assistance with dressing, grooming, and bathing. A Global Deterioration Scale dated 4-30-18 indicated severe cognitive decline. A Quarterly Nursing Summary dated 10-15-18 revealed a decline in ability to ambulate independently and the need for a wheelchair most of the time. A Quarterly Nursing Summary dated 1-25-19 revealed progression of his dementia and a decline in ability to communicate. A fax to the tenant's physician on 1-28-19 revealed a request for an order for a hospice consult. On 3-28-19 at 10:38 a.m. the Executive Director confirmed Tenant #4 received hospice care. An updated Service Plan reflecting changes in	A 085		

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WINDSOR MANOR ASSISTED LIVING	2015 3RD AVENUE NORTH ESTHERVILLE, IA 51334

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A 085	Continued From page 15 functional and health status could not be located. 5. Review of Tenant #5's file revealed a Nurse's Note dated 7-2-18 documenting he was admitted to hospice care. A Nurse's Note dated 10-09-18 revealed he was discharged from hospice care. An updated Service Plan reflecting changes in health status could not be located. On 3-28-19 at 10:38 a.m. the Executive Director confirmed these findings.	A 085		
A 091	481-69.26(4)c Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: c. The service provider(s), if other than the program, including but not limited to providers of hospice care, home health care, occupational therapy, and physical therapy This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to indicate outside providers on service plans for 4 of 7 tenants reviewed (Tenant #2, Tenant #3, Tenant #4, and Tenant #5). Findings follow: 1. Review of Tenant #2's file revealed a Quarterly Nursing Summary dated 1-5-18 indicating she received physical therapy (PT) and occupational therapy (OT). A Quarterly Nursing Summary dated 6-19-18 revealed PT ended but	A 091		

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A 091	Continued From page 16 OT continued to assist with eating. The Program failed to update the tenant's service plan to include OT/PT therapy and treatment. On 3-28-19 at 10:02 a.m. the Interim Registered Nurse (RN) confirmed this finding. 2. Review of Tenant #3's file revealed a Physical Therapy (PT) Discharge Note dated 10-16-18 indicating he received PT for six visits and was discharged due to lack of improvement. The Program failed to update the tenant's service plan to include PT therapy and treatment. On 3-28-19 at 10:02 a.m. the Interim RN confirmed this finding. 3. Review of Tenant #4's file revealed a fax to his physician requesting an order for a hospice consult. No further documentation of hospice care could be located. On 3-28-19 at 10:38 a.m. the Executive Director confirmed Tenant #4 received hospice care. The Program failed to update the service plan to reflect hospice services. 4. Review of Tenant #5's file revealed a Nurse's Note dated 7-2-18 documenting he was admitted to hospice care. A Nurse's Note dated 10-09-18 revealed he was discharged from hospice care. The Program failed to update the tenant's service plan to reflect hospice services. On 3-28-19 at 10:38 a.m. the Executive Director confirmed this finding.	A 091		

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A 096	481-69.27(1)c Nurse Review 481-69.27(231C) Nurse review. If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation: 69.27(1)c To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status; This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete nurse reviews at least every 90 days or when changes in health status occurred for 4 of 7 tenants reviewed (Tenant #2, Tenant #4, Tenant #5 and Tenant #7). Findings follow: 1. Review of Tenant #3's file revealed an Individualized Service Plan dated 5-17-18 indicating he required assistance with grooming, dressing, bathing, medications, and activities. A Physical Therapy Discharge Note dated 10-16-18 documented he received 6 physical therapy visits. Review of notes from the Medical Doctor (MD) dated 7-13-18 revealed staff noticed the tenant	A 096		

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 096	Continued From page 18 required assistance with ambulation as he was no longer able to walk independently. The tenant's wife noted overall decline as well. An MD note dated 10-17-18 revealed Tenant #3 required 2 staff to safely assist with transfers and he was unable to participate in discussion of his health concerns. An MD note dated 11-26-18 recommended a 30 day notice be given to Tenant #3 due to decline in overall health. No documentation of comprehensive nurse reviews every 90 days could be located. On 3-28-19 at 10:02 a.m. the Interim RN confirmed these findings. 2. Review of Tenant #4's file revealed a Resident Comprehensive Assessment and an Individualized Service Plan both dated 4-30-18 documenting the need for assistance with dressing, grooming, and bathing. An Incident Report dated 6-26-18 revealed the tenant had a fall that resulted in a laceration to his left ear and required several stitches and antibiotics. The Quarterly Nursing Summary dated 7-29-18 failed to include documentation regarding an assessment of the fall and subsequent treatment of the laceration to the ear. On 3-28-19 at 10:38 a.m. the Executive Director confirmed this finding. 3. Review of Tenant #5's file revealed a Behavioral Health Discharge Summary from the hospital dated 1-2-19. The tenant had been hospitalized since 12-11-18 for increased agitation, physical aggression, and delusional thoughts.	A 096		

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 096	Continued From page 19 A nurse review to to assess the tenant's status as well as recommendations from the physician assigned to his care while hospitalized could not be located. On 3-28-19 at 10:38 a.m. the Executive Director confirmed this finding. 4. Review of Tenant #7's file revealed a Nurse's Note dated 1-23-19 documenting her 90 day review was deferred due to hospitalization. The tenant returned from the hospital on 2-7-19. A nurse review could not be located.	A 096		

√5/8/19

Please accept the following at the plan of correction for Windsor Manor Estherville. This plan is for complaint #81510-C and was investigated on March 27 through April 1, 2019.

481.67.3(2) Tenant Rights

- An all staff training will be held on April 25, 2019 focusing on tenant rights. This training will be lead by Executive Director and RN Director of Health and Wellness. All staff will be required to attend. This training will be signed off by all participating parties including the Executive Director and the RN Director of Health and Wellness.
- RN Director of Health and Wellness is on call 24/7 for emergencies and any resident concerns. RN was hired on March 22, 2019 and started Heath Care Director Training on April 8, 2019. Corporate Training RN provided Health Care Director training. Additional training is also provided by Clinical Corporate Nurse on an ongoing basis starting on April 15, 2019.
- An all-staff training will be completed on utilizing the Stop and Watch forms which is the communication tool for staff to communicate concerns with the community RN. This training will be completed on April 25, 2019 by the Executive Director and the RN Director of Health and Wellness. The training will include when to complete and how to complete the Stop and Watch document. This training will be signed off by all parties.
- Re-education for all staff regarding chain of command was completed on March 12, 2019 by Executive Director and Corporate Training RN. Incident report tracking and repetitive fall log tracking was implemented on March 12, 2019.

481.69.22 (2) Evaluation of Tenant – Evaluation within 30 days of occupancy and with significant change.

- A complete chart audit was completed by Corporate Training RN– and all assessments were completed and updated to match tenant needs. This was completed by April 10, 2019.

- Tenant #1 – change of condition assessment was completed on April 4, 2019. It was determined that resident would benefit from Hospice services. An order was received from her Doctor on April 9, 2019. A contact was made with Kindred Hospice and she was admitted. Another COC was completed on April 11, 2019. Executive Director Applied for a waiver from DIA on April 23, 2019. Resident has lived at Windsor Manor since January 15, 2016. This is her home. Family very much so wants resident to remain here.

- Tenant #2 – discharged to higher level of care on April 10, 2019.

- RN Director of Health and Wellness has been educated on COC and when to complete them. She has also been educated on Hospice services and how to integrate the two service plans. This was completed by Corporate Training RN by April 10, 2019.

5/6/19

- An additional layer of oversite to be completed will include monthly review of service plans content and quality. During the months of May, June and July a written review by experienced corporate leaders including the Regional Director, the Corporate Training RN and or the Clinical Nurse will be completed. This review will continue each quarter for the next three quarters and as the new RN Director of Health and Wellness becomes familiar with her new role. This close monitoring will add further ongoing education to the leaders of Windsor Manor Estherville.

481-69.23(1) Criteria for admission/retention of tenants – a program may not admit or retain a tenant who requires routine two-person assistance with standing, transfer or evacuation.

- Assessments were completed on tenant #2 by Corporate Training RN. It was determined that tenant #2 only required 2-3 assist during her periods of unresponsiveness – usually a vagul response while on the toilet. During normal transfer she was a one assist. Daughter declined hospitalization for these incidents. Agreed with daughter that higher level of care was needed. Resident was discharged to higher level of care on April 10, 2019.
- Training was provided by Corporate Training RN for Director of Health and Wellness by April 10, 2019. This included training on admission/discharge criteria. The Executive Director was included in this training.
- The Executive Director and the RN Director of Health and Wellness will report weekly in their corporate community updates to the Regional Director of Operations and Corporate Clinical Nurse any resident's concerns meeting level of care criteria in the program. These leaders will then problem solve interventions to include discharge if applicable.

481-69.23 (1) Criteria for Admission Retention – requires maximum assist with ADL's.

- Tenant #1 – change of condition assessment was completed on April 4, 2019. It was then determined that resident needed Hospice. Order received from her physician on April 9, 2019. Contact was made with Kindred Hospice and she was admitted. Another COC was completed on April 11, 2019. Executive Director applied for a waiver of administrative rule (health related) from DIA on April 23, 2019. This resident has lived at Windsor Manor since January 15, 2016. This is her home. Family very much so wants resident to remain here.
- Training was provided by Corporate Training RN for RN Director of Health and Wellness by April 10, 2019. This included training on admission/discharge criteria.

481-69.26(3) Service plans – when a tenant needs health related care the service plan shall be updated within 30 days of occupancy and as needed with significant change, but not less than annually.

- Tenant #1 – change of condition assessment was completed on April 4, 2019. It was then determined that resident needed Hospice. Order received from her physician on April 9, 2019. A contact was made with Kindred Hospice and she was admitted. Another COC was completed on April 11, 2019. Executive Director applied for a waiver of administrative rule (health related) from DIA on April 23, 2019. This resident has lived at Windsor Manor since January 15, 2016. This is her home. Family very much so wants resident to remain here.
- Tenant #2 was discharged to a higher level of care on 4/10/19.
- All service plans and assessments were audited and updated to the tenant's level of care and needs by Corporate Training RN. All service plans were signed by Corporate Training RN/Interim RN and Executive Director. This was completed by April 10, 2019.
- An additional layer of oversite to be completed will include monthly review of service plans content and quality. During the months of May, June and July a written review by experienced corporate leaders including the Regional Director, the Corporate Training RN and or the Clinical Nurse will be completed. This review will continue each quarter for the next three quarters and as the new RN Director of Health and Wellness becomes familiar with her new role. This close monitoring will add further ongoing education to the leaders of Windsor Manor Estherville.

481-69.26(4) Service plans – service plans should be individualized and include, at a minimum other providers of hospice care, home health care, occupational therapy and physical therapy.

- Tenant #2 had a complete service plan audit completed by Corporate Training RN. Tenant #2 was discharged to a higher level of care of 4/10/19.
- All service plans were gone through and updated, and signatures were obtained by family or the resident. All service plans have been signed off by Corporate Training RN and Executive Director.
- Currently there are no residents on therapy. RN Director of Health and Wellness was educated on service plans and including other providers by Corporate Training RN by April 10, 2019.
- An additional layer of oversite to be completed will include monthly review of service plans content and quality. During the months of May, June and July a written review by experienced corporate leaders including the Regional Director, the Corporate Training RN and or the Clinical Nurse will be completed. This review will continue each quarter for the next three quarters and as the new RN Director of Health and Wellness becomes familiar with her new role. This close monitoring will add further ongoing education to the leaders of Windsor Manor Estherville.

481.69.27(1)c Nurse Review – complete at least every 90 days and with change in health status.

- Extensive training was provided to RN Director of Health and Corporate Training RN. This was provided by the Corporate Training RN and was documented and signed by both the RN Director of Health and the Corporate Training RN. This was completed by April 10, 2019.
- Ongoing training by Corporate Clinical Nurse of Foster Senior Living was started on April 15, 2019 and is ongoing.
- An additional layer of oversite to be completed will include monthly review of nurse reviews – content and quality. During the months of May, June and July a written review by experienced corporate leaders including the Regional Director, the Corporate Training RN and or the Clinical Nurse will be completed. This will continue each quarter for the next three quarters. This close monitoring will add further ongoing education to the leaders of Windsor Manor Estherville.