IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT GOVERNOR

DEAN A. LERNER, DIRECTOR

August 25, 2008

Complaint Intake: #12393-R4
15352-R2

Lyla Erwin, Manager
Windsor Manor Assisted Living
229 Pearl Street
Grinnell, IA 50112-2593

RE: I. Final Complaint Investigation Revisit and Recertification Revisit Report – #12393-R4 and #15352-R2
II. Standard Certification Operation
III. Conclusion

Dear Ms. Erwin:

I. Final Complaint Investigation Revisit and Recertification Revisit Report – Windsor Manor Assisted Living, Grinnell, IA

Enclosed is the **Final Complaint Investigation and Recertification Revisit Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code section 231C.7 (2007) and Iowa Administrative Code, chapters 321—25, pertaining to assisted living programs and 321—26, pertaining to monitoring, civil penalties and complaints regarding assisted living programs. **The Final Report notes no Regulatory Insufficiencies.**

II. Standard Certification Operation

As reflected in this Report, the program is currently in full compliance with Iowa Code section 231C.7 (2007) and Iowa Administrative Code, chapter 321—25 A standard certificate is being issued effective immediately The program's sanctions are discontinued.

III. Conclusion

The program has been issued a full certificate effective December 7, 2007 through December 6, 2009, which concludes the current certification period. The program's sanctions are discontinued.

If you have any questions in regard to these matters, please contact me at (515) 281-5077

Sincerely,

Ann Martin

Ann Martin
Bureau Chief
Health Facilities Division
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Complaint Investigation Revisit and Recertification Revisit Report

Assisted Living Program: **Complaint Intake #: 12393-R4**
15352-R2

Lyla Erwin, Manager
Windsor Manor Assisted Living
229 Pearl Street
Grinnell, IA 50112-2593

Date of Investigation:

August 5, 2008

Monitor(s):

Lincoln Newsom, RN

Definitions:

The following definitions are relevant:

Regulatory Insufficiency - A violation of a statutory or rule provision within the Iowa Code or Iowa Administrative Code (IAC) governing assisted living programs. A regulatory insufficiency requires a plan of correction to be presented to, and approved by, the Department of Inspections and Appeals (DIA).

Plan of Correction - A written response to one or more regulatory insufficiencies that are rule violations [321 IAC 26.2(5)(a)]. The plan should identify how, and by a specific date, an insufficiency will be corrected. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Dementia-specific assisted living program - An assisted living program certified under 321 IAC - chapter 25 that either serves five or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale or holds itself out as providing special care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

A complaint investigation revisit and recertification revisit was conducted at Windsor Manor Assisted Living on August 5, 2008. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – A program that is not a Dementia Specific program, but may have tenants with cognitive disorder

Current number of tenants without cognitive disorder	22
Current number of tenants with cognitive disorder	0
Total Population:	22

Dementia Specific Program (DSP)* – A program that is a Dementia Specific Program by definition or holds itself out as providing specialized care in a dedicated setting but may have tenants without cognitive disorder

Current number of tenants in a DSP that holds itself out as providing specialized care in a dedicated setting:	10
Current number of tenants without cognitive disorder	0
Total Population:	32

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Accreditation Status – Not applicable.

Program History – There were substantiated complaints in the areas of: Occupancy Agreement, Evaluation of Tenant, Tenant Documents, Service Plan, Medications, Nurse Review, Food Service, Staffing, Managed Risk Statement, Other and Structural Requirements.

The complaint history during this certification period includes Complaint #12393 on July 11, 2007 The recertification and first revisit of Complaint #12393 on October 15, 2007, resulted in a fine of $4,500.00, a Conditional Certificate and management training for the Program Administrator and Registered Nurse. The second revisit of Complaint #12393 and a new Complaint #15352 on January 2 & 3, 2008 resulted in a fine of $8,000 00 being issued. The program was also given sanctions in the areas of: new admissions, weekly nurse reviews of medications and specific documentation with tenant names protected. The program was required to submit a policy and procedure to control accurate count of narcotics. Documentation of nurse delegation training related to narcotics, were required to be submitted to DIA. The new Program Administrator and the new Registered Nurse were required to attend and submit documentation to the Iowa Department of Inspections and Appeals of attendance at assisted living program management training. The third revisit of Complaint #12393 and the first revisit of Complaint #15352 on May 5, 2008, resulted in a regulatory insufficiency under structural requirements.

Complaint Investigation – The complaint investigator(s) made the observations detailed in the following areas.

A. Structural requirements – The structure of the program shall be designed and operated to meet the needs of the tenants. The buildings and grounds shall be well-maintained, clean, safe and sanitary

During the course of the complaint revisit and recertification revisit of May 5, 2008, it was discovered the program had unsecured chemicals in the designated dementia unit under the kitchen sink.

- Monitoring Observation: The two cabinet doors under the kitchen sink were closed, secured with key locks and both were locked. Other cabinets were inspected and no chemicals were noted.

- Regulatory Insufficiency: None noted.

Dated this 25th day of August, 2008.