IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

January 6, 2010

Complaint Intake: **#23519R**
Incident Intake: **#25143-I**
#25500-I
#25540-I
#25605-I
#25298-I

Lyla Erwin, Administrator
Windsor Manor Assisted Living
229 Pear Street
Grinnell, IA 50112-2593

RE: Final Recertification, Revisit and Incident Monitoring Investigation Report, Windsor Manor Assisted Living, Grinnell, IA

Dear Ms. Erwin:

Enclosed is the **Final Recertification, Revisit and Incident Monitoring Investigation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code section 231C.7 (2009) 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. **No Regulatory Insufficiencies were found during this evaluation**.

The on-site evaluation of your program demonstrates regulatory compliance, and your certification will continue for a period of two years, without interruption, from the original date of certification.

The Assisted Living Program Certificate #**S0224** is enclosed with effective dates of **December 7, 2009** through **December 6, 2011**. This certificate is to be posted in the building for public viewing. If you have any questions regarding this certification, please contact me at 515-281-5003.

Sincerely,

Connie Schaffer

Connie Schaffer
Certification Coordinator – Central Iowa
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Recertification Monitoring Evaluation & Complaint Revisit &Incident Investigation Report

Assisted Living Program:

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

Complaint Intake #: #23519R
Incident Intake#: #25043-I
#25500-I
#25540-I
#25605-I
#25298-I

Date of Investigation:

November 18 & 19, 2009

Monitor(s):

Stephanie Cummins, MA
Joyce Kix, 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 revisit, a recertification visit and incident investigations were conducted at Windsor Manor Assisted Living on November 18 & 19, 2009. 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:	30
Current number of tenants with cognitive disorder:	1
Total Population of GPP:	31

Dementia Specific Program (DSP)* – A program that is dementia specific and provides specialized care in a dedicated setting.

Total Population of DSP:	10

Total Census of ALP: 41

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

Accreditation Status – Not applicable.

Tenant/Family Satisfaction Results – A community meeting with 28 tenants was held. The tenants reported the common areas and individual tenant apartments were clean. The tenants described staff as great and stated pendants were answered immediately. Tenants stated a salad bar was offered with meals two times a day and choices were offered which they appreciated. Several tenants stated the hot foods were not always hot. The tenants received a sufficient amount of food and could ask for more. The tenants reported activities were plentiful, but they would like more adult oriented entertainment in the evenings. The tenants stated they made their own decisions and the nurse was available. They stated they felt safe and would recommend the program to friends and family.

Program History – There have been no substantiated Regulatory Insufficiencies during this certification period.

Complaint Investigation – The complaint investigators made the observations detailed in the following areas.

A. Evaluation of Tenant - The program evaluates each tenant's functional and cognitive abilities and health status and the determination of needed services as required. [321 IAC 25.23(1) and/or (2)]

Complaint Allegation #23519R: The program received a regulatory insufficiency at the time of the July 2009 visit regarding Tenant #1 and #2 related to not evaluating each tenant's functional, cognitive and health status as needed to determine the tenant's continued eligibility for the program and to determine any modifications to services needed.

- Monitoring Observation: Six tenant files were reviewed. Tenant #1 was discharged on 4-9-09. Tenant #2 was discharged on 4-3-09. Tenants #4, #5, #6, #7, #8 and #9 had evaluations completed as needed.

- Regulatory Insufficiency: None noted.

B. Criteria for exclusion of tenants - Program does not admit or retain tenants that require a higher level of care, unless a written exception has been applied for and approved. [321 IAC 25.23(3); 25.24]

Complaint # 23519R: The program received a regulatory insufficiency at the time of the July 2009 visit regarding Tenant #2 related to not excluding a tenant who exceeded occupancy and retention criteria.

- Monitoring Observation: Six tenant files were reviewed. Tenant #2 was discharged on 4-3-09. Three staff were interviewed. Staff #2, #6, and #7 did not identify any tenants who exceeded occupancy and retention criteria. Tenants #4, #5, #6, #7, #8 and #9 did not exceed occupancy and retention criteria.

- Regulatory Insufficiency: None noted.

C. Service Plan – Program has an individualized service plan developed and updated for each tenant as required. [321 IAC 25.28]

Complaint #23519R: The program received a regulatory insufficiency at the time of the July 2009 visit regarding Tenant #1 and #2 related to not updating each tenant's service plan, as needed. The program also received a regulatory insufficiency related to not developing services plans that were individualized and indicated at a minimum; the tenant's identified needs and requests for assistance and expected outcomes; any services and care to be provided pursuant to the occupancy agreement with the tenant and the service provider(s) if other than the program.

- Monitoring Observation: Six tenant files were reviewed. Tenant #1 was discharged on 4-9-09. Tenant #2 was discharged on 4-3-09. Tenants #4, #5, #6, #7, #8 and #9 had services plans that were updated as needed, were individualized and reflected the tenants' identified needs. According to training records, staff attended in-services on 7-8-09, 7-14-09 and 7-17-09 regarding new individualized service plan procedures.

- Regulatory Insufficiency: None noted.

D. Nurse Review - Program provides a registered nurse to ensure the appropriate administration and documentation of medications, ensure that physician orders are current, and assess and document the tenants' health related activities. [321 IAC 25.30]

Complaint Allegation #23519R: The program received a regulatory insufficiency at the time of the July 2009 visit regarding Tenant #1 and #2 related to not providing for a registered nurse to assess and document the health status of each tenant, make recommendations and referrals as appropriate, and monitor the progress on previous recommendations at least every 90 days or if there were changes in health status.

- Monitoring Observation: Six tenant files were reviewed. Tenant #1 was discharged on 4-9-09. Tenant #2 was discharged on 4-3-09. Tenants #4, #5, #6, #7, #8 and #9 had nurse reviews completed appropriately every 90 days and as needed.

- Regulatory Insufficiency: None noted.

E. Staffing - The provisions of this section address the program's staffing and training practices and associated documentation in responding to the identified needs of the tenant. [321 IAC 25.33]

Complaint Allegation #23519R : The program received a regulatory insufficiency at the time of the July 2009 visit related to not having sufficient trained staff available at all times to fully meet tenant's identified needs.

- Monitoring Observation: Six staff files were reviewed. Staff #1 had documented nurse delegation for glucometer testing dated 7-7-09. A monitor observed a medication pass and glucometer testing on 11-18-09 with proper technique demonstrated using a one time use lancet. Staff #3 had documented Dependent Adult Abuse training completed on 9-26-09. Staff #2, #5, #6, #7, #8 and #9 had appropriate mandatory dependent adult abuse training. Staff #2, #5, #6 and #7 had appropriate nurse delegation for medications. Staff #8 and #9 did not provide direct care and did not require nurse delegation training.

- Regulatory Insufficiency: None noted.

F. Other – The provisions of this section address the program's noncompliance with other applicable statutory and administrative rule requirements.

Incident Allegations #25043-I, #25500-I, #25540-I, #25605-I: The program reported eight tenants had money missing during a time period from August 2009 to September 2009.

Incident Allegations #25298-I: The program reported one tenant had jewelry missing in September 2009.

- Monitoring Observation: Tenants #5, #11, #12, #13, #14, #15, #16 and #17 reported to the program they had money missing during a time period from August to September 2009. Tenant #10 reported missing a necklace, earrings, a ring and two bracelets in September 2009.

Five tenants who reported money or belongings missing were interviewed. The interviews were inconclusive in identifying an alleged perpetrator related to the thefts.

A layout of the building and staff schedules for August through September were obtained. According to the layout, eight of the nine thefts occurred in the north hall. Due to the expansive time frame of the thefts, a pattern could not be established.

Staff #3, #5, #6 and #7 were interviewed. Staff interviews were inconclusive in identifying an alleged perpetrator in regards to the alleged thefts. The police report was reviewed and no charges were brought regarding the thefts. According to the Manager, the outside doors of the program were locked 24 hours a day with the exception of the front entrance door and courtyard doors. The Manager stated the front entrance door is alarmed and locked from approximately 10:00 p.m. to 6:00 a.m. The universal workers are notified any time the doors are opened via pager, which goes through the code alert system. The nurse, all universal workers and housekeepers have a master key to the apartment doors and medication drawers according to the Manager. The Manager stated drawer safe locks were installed in tenant apartments beginning on or around the week of 10-5-09. The first two tenants who experienced theft were provided a locked drawer on or around the date of reporting and the remaining tenants received their locked drawer on or around the week of 10-5-09. According to the Manager, there were no further tenant thefts after the installation of the locked drawers. Due to the accessibility of keys and unlocked tenant apartments an alleged perpetrator could not be identified in regard to the alleged thefts.

A community meeting was held with 28 tenants attending. The tenants reported they felt safe now that everything was locked up. The program conducted extensive interviews with staff regarding the thefts and did not identify an alleged perpetrator. The program did not identify a perpetrator for the alleged theft.

Staff #6 reported in an interview, she had money missing from her purse in the employee break room. According to Staff #6's written statement dated 10-7-09, $50.00 was taken from her wallet in the employee break room.

Due to the expansive time frame of the thefts and accessibility of keys and unlocked tenant apartments an alleged perpetrator could not be identified. Tenant and staff interviews were inconclusive regarding an alleged perpetrator. The program and the police did not identify and an alleged perpetrator. Safe locks were installed on drawers and at the time of the onsite no further tenant thefts have occurred.

- Regulatory Insufficiency: None noted.

Dated this 5th day of January, 2010.