IOWA DEPARTMENT OF
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November 13, 2014

Complaint/Incident Intake #: 49304-I

Ms. Jill Scott, Executive Director
Windsor Manor Webster City
1401 Wall Street
Webster City, IA 50595

RE: Final Incident Investigation & Recertification Monitoring Evaluation Report – Windsor Manor Webster City, Webster City, IA

Dear Ms. Scott:

Enclosed is the **Final Incident Investigation & Recertification Monitoring Evaluation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C and Iowa Administrative Code (IAC) chapters 481—67 and 481—69, following a survey by DIA on **November 3 & 5, 2014.** The Report notes Regulatory Insufficiencies in the area(s) of: Evaluation of Tenant, Tenant Documents and Service Plans.

Each Regulatory Insufficiency requires that the Program submit a written Plan of Correction (POC).

In preparing the POC, please use the tenant identifiers from the Report, i.e. Tenant #1, when reference is made to specific tenants. If your response includes a specific tenant's assessment or service plan, it is the Program's responsibility to conceal the tenant's name in order to maintain the tenant's anonymity. Your response shall include the following:

1. Elements detailing how the Program will correct each regulatory insufficiency.
2. What measures will be taken to ensure the problem does not recur.
3. How the Program plans to monitor performance to ensure compliance.
4. The date by which the regulatory insufficiency will be corrected.

Please note that all regulatory insufficiencies must be **corrected within 30 days of the date of the exit conference**; however, there may be situations where the timeframe may be shortened or lengthened, at the discretion of the department.

The POC must be submitted/emailed to DIA to my attention within ten (10) working days of receipt of this letter. It may be necessary for DIA to revisit the Program to confirm progress in fulfilling the POC's corrective measures.

As provided by IAC rule 481-67.14, you are afforded one opportunity to refute cited regulatory insufficiencies through the informal conference process. A request for an informal conference must be made within 20 working days of the notice or service of this letter and the final report. Please refer to rule 67.14 for more information.

The review of the recertification documents you submitted has been completed and the documents are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Also enclosed you will find the Assisted Living Program Certificate **S0272** with effective dates of **May 1, 2014** through **April 30, 2016.**

If you have any questions in regard to this report, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Assisted Living Program
Final Incident Investigation & Recertification Monitoring Evaluation Report

Assisted Living Program:

Jill Scott, Executive Director
Windsor Manor Assisted Living
1401 Wall Street
Webster City, IA 50595

Complaint/Incident Intake #: 49304-I

Date of Monitoring Visit:

November 3rd and 5th, 2014

Monitor(s):

Lori Miner, RN BSN
Michael Rohner, OTR/L

Definitions: ***The following definitions are relevant:***

Assisted Living Program – A program certified under 481 IAC 69 that provides housing with contracted services to three or more tenants in a physical structure that provides a homelike environment. Services may include but are not limited to health-related care, personal care, and assistance with instrumental activities of daily living. A General Population Program is an Assisted Living Program that is not dementia-specific but may have tenants with cognitive disorder.

Dementia-Specific Assisted Living Program - An assisted living program certified under 481 IAC 69 that serves fewer than fifty-five (55) tenants and has five (5) or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale (GDS), or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the GDS, or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Regulatory Insufficiency - A violation of a statutory or rule provision within the Code of Iowa (2011) or the 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 statutory or rule violations. The plan should identify how and by what date each regulatory insufficiency will be corrected, and what measures will be taken to ensure the problem does not recur. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint/Incident Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Overview: ***In preparing this report, the following information was considered:***

Current Program Census

Assisted Living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site.

General Population Program	
Number of tenants without cognitive disorder:	33
Number of tenants with cognitive disorder:	2
Total Population of Program at time of on-site	35
Dementia-Specific Program by Dedication	
Number of tenants without cognitive disorder:	0
Number of tenants with cognitive disorder:	10
Total Population of Program at time of on-site	10
TOTAL census of Assisted Living Program	45

Tenant/Family Satisfaction Results – A meeting was held with 10 tenants. The best thing about the program was the people, the good food, housekeeping services, and cooperative staff. Housekeeping was done to the tenants' satisfaction in apartments and common areas. The tenants reported sidewalks were cleared of snow in the winter. Tenants used a call button to request assistance. Staff was reported to respond in five to 10 minutes. Staff provided excellent care and was accommodating. Tenants were treated kindly and respectfully, and the staff truly cared about the tenants. A variety of foods were served; hot foods were served hot. Tenants reported any concerns about the food were handled by the chef. There were enough activities with no suggestions offered for future event. Tenants reported feeling safe, were generally satisfied, and would recommend the program to others.

On-Site Monitoring Evaluation – The monitor(s) made observations detailed in the following areas.

A. Evaluation of Tenant

Monitoring Observation: Tenant #1, a 98 year-old, was admitted on 6-5-14 and had diagnoses of: Hypertension, Diabetes, Congestive Heart Failure, Coronary Artery Disease, and Chronic Kidney Disease Stage III. Tenant #1 was staged at two on the Global Deterioration Scale (GDS) which indicated very mild cognitive decline. Tenant #1 resided in the general population.

On the monitoring entrance form, the program indicated Tenant #1 used bedrails. On 11-5-14, Tenant #1's bed was observed to have a mobility transfer handle. Evaluations completed 10-28-14 did not identify the use of bedrails/mobility transfer handle, Tenant

#1's need for the device, or the ability to use the device safely. Evaluations were not completed with a change of condition.

Tenant #3, a 90 year-old, was admitted on 7-19-09 and had diagnoses of: Dementia, Osteoarthritis, and Hypothyroidism. Tenant #3 was staged at five on the GDS which indicated moderately severe cognitive decline. Tenant #3 resided in the secured dementia unit.

On the monitoring entrance form, the program indicated Tenant #3 used a hospital bed. During the medication pass on 11-5-14, Tenant #3 was observed to have a hospital bed with a half side rail in place with the other side against the wall. Evaluations completed 8-12-14 indicated a hospital bed was ordered to relieve pressure on Tenant #3's buttocks. Evaluations did not identify the use of the half bedrail, the need for the device, or the ability to use the device safely. Evaluations were not completed with a change of condition.

Regulatory Insufficiency: 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. (IAC r. 481-69.22(2))

B. Criteria for Exclusion of Tenants

Incident Allegation: The program reported Tenant #2 fell and sustained a deep laceration on the forearm. The program also voiced concern that Tenant #2 was above the program's level of care.

Monitoring Observation: Tenant #2, a 74 year-old, was admitted on 12-20-13 and had diagnoses of: Alzheimer's Disease, Anemia, Osteoporosis, and Stroke. Tenant #2 was staged at six on the GDS which indicated severe cognitive decline. Tenant #2 resided in the secured dementia unit.

An email from the program to the spouse of Tenant #2 documented Tenant #2 exhibited behaviors of throwing things, increased wandering, and increased agitation after the spouse took Tenant #2 for long walks.

Nurse's notes dated 5-20-14 documented Tenant #2 took long walks with the spouse that fatigued Tenant #2. Notes of 6-9-14 documented on 6-8-14 Tenant #2 had pain and bruising of the left forearm and hand. Notes documented the spouse declined further evaluation at that time.

An email from the spouse dated 6-12-14 indicated the spouse pulled on Tenant #2's arm, the spouse heard a crack, and the arm was broken. The email from the spouse documented the incident had occurred on 6-7-14. Notes of 6-9-14 timed 11:45 documented the program's concern the spouse did not report the incident. Notes of 6-10-

14 documented a brace was applied to Tenant #2's arm and plans were made to apply a cast later in the week.

Notes of 6-11-14 documented Tenant #2 was out for a walk with the spouse and sustained another fall. Documentation in the clinical record dated 6-11-14 documented the program contacted the Department of Human Services because of Tenant #2's physical injury that was sustained during the walk of 6-7-14 with the spouse.

Nurse's notes of 6-16-14 documented the Tenant #2's physician recommended Tenant #2 not leave the secured dementia unit.

Notes of 7-24-14 at 1430 documented staff members heard a noise and yelling from Tenant #2's apartment. Tenant #2 was found lying against the dresser with blood dripping from the left arm. Tenant #2 was taken to the emergency room.

On 7-25-14, the program reported to the department Tenant #2 sustained a deep wound requiring sutures with the fall. The program moved the dresser out of the main space of the apartment and into the closet for safety reasons.

Notes of 8-6-14 documented Tenant #2 had the sutures removed from the left forearm. Notes of 8-7-14 documented Tenant #2 had a fever of 101 degrees and the cast was removed from the left arm. Notes of 8-8-14 documented Tenant #2 was admitted to the hospital. According to the notes of 8-13-14, Tenant #2 was being admitted to a higher level of care.

The program was not required to notify the department of the deep laceration as Tenant #2 was independent with ambulation. The deep laceration did not result in a higher level of care. Tenant #2 returned to the program.

In an interview with the Executive Director, she stated the program had concerns the program was not the best place for Tenant #2 because of the interactions with the spouse. The Executive Director confirmed Tenant #2 did not exceed assisted living criteria for retention at the program.

Observation of Tenant #2 was not possible as Tenant #2 no longer resided at the program. A review of the clinical record indicated Tenant #2 did not meet discharge criteria based on Iowa Administrative Code 481--69.23.

Regulatory Insufficiency: None noted.

C. Tenant Documents

Monitoring Observation: Tenant #4, a 91 year-old, was admitted on 7-22-11 and had diagnoses of: Chronic Obstructive Pulmonary Disease, Hypertension, Congestive Heart Failure, and Lung Cancer. Tenant #4 was staged at two on the Global Deterioration Scale (GDS) which indicated very mild cognitive decline. Tenant #4 resided in the general population section of the program.

A physician's order dated 10-22-14 documented Tenant #4 was to receive oxygen at three to five liters per nasal cannula. A review of the Medication Administration Record (MAR) for November 2014 did not contain an entry for the oxygen.

In an interview with the RN at exit, she confirmed there was no entry for the oxygen on the MAR.

During a medication pass, Tenant #4 was observed to be using oxygen.

Tenant #5, a 94 year-old, was admitted on 5-1-14 and had diagnoses of: Hypertension, Congestive Heart Failure, and Pneumonia. Tenant #5 had normal mental functioning and resided in the general population section of the program.

A physician's order dated 10-13-14 documented Tenant #5 was to receive oxygen at two liters per nasal cannula at night. A review of the MAR for November 2014 did not contain an entry for the oxygen.

In an interview with the RN at exit, she confirmed there was no entry for the oxygen on the MAR.

A physician had ordered oxygen for two tenants. The oxygen, a physician-ordered task, was not on the MAR for either tenant.

Regulatory Insufficiency: Documentation for each tenant shall be maintained by the program and shall include: (q) When the tenant is unable to advocate on the tenant's own behalf or the tenant has multiple service providers, including hospice care providers, accurate documentation of the completion of routine personal or health-related care is required on task sheets. If tasks are doctor-ordered, the tasks shall be part of the medication administration records (MARs). (IAC r. 481-69.25(1)(q))

D. Service Plan

Monitoring Observation: Tenant #1 was observed to have a mobility transfer device on the bed. The service plan dated 10-29-14 did not identify the use of the transfer device on the bed, and did not give directions to the staff on any safety precautions necessary with the device. The service plan did not meet the identified needs of Tenant #1.

Tenant #3 was observed to have a half side rail on the bed. The service plan dated 8-12-14 did not identify the use of the half side rail on the bed, and did not give directions to the staff on any safety precautions necessary with the device. The service plan did not meet the identified needs of Tenant #3.

Tenant #5 had normal mental functioning and resided in the general population section of the program. A review of the clinical records revealed Tenant #5 had been checked hourly for the month of November 2014. On 10-13-14, a physician had ordered oxygen at night for Tenant #5.

A review of the current service plan for Tenant #5 dated 10-13-14 did not identify hourly checks, the purpose of the checks, or the use of oxygen. The service plan did not give

staff direction on the use of the oxygen. The service plan did not meet the identified needs of Tenant #5.

Regulatory Insufficiency: The service plan shall be individualized and shall indicate, at a minimum: (a) The tenant's identified needs and preferences for assistance. (IAC r. 481-69.26(4)(a))