IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 50340-C

December 12, 2014

Ms. Lynne Popp, Manager
Windsor Manor Grinnell
229 Pearl Street
Grinnell, IA 50112

RE: Final Complaint/Incident Investigation Report – Windsor Manor Grinnell, Grinnell, IA

Dear Ms. Popp:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of November 25 and December 1, 2014, 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. The following allegations were investigated in regards to Complaint #50340-C:

Allegation: Level of Care

Findings: Unsubstantiated

Comments: Based on review of seven tenant files including both current and discharged tenants, interviews with staff, review of incident reports and review of Program documents there were no concerns with tenants exceeding the level of care. Review of seven tenant files indicated none of the tenants reviewed exceeded the level of care. Tenant file reviews and review of incident reports did not identify any tenants that exceeded the level of care due to falls. Service plans reflected fall histories and interventions for falls if applicable. Per staff interviews, staff did not identify any tenants that exceeded the level of care. Review of tenant files, staff interviews and review of incident reports did not identify any tenants with aggressive or inappropriate behaviors. Review of the Program's policy regarding level of care indicated the Program followed their policy.

Allegation: Staffing

Findings: Unsubstantiated

Comments: Based on a community meeting with tenants, review of seven tenant files, review of Program documents and staff interviews there were no concerns regarding staffing and meeting the needs of the tenants. A community meeting with 14 tenants was held. The tenants received all the cares requested and they received a prompt response when staff assistance was requested. The tenants said there was enough staff to meet to their needs. Per staff interviews, staff said there was enough staff to meet to the needs of the tenants. Staff did not identify any tenants that took time away from other tenants due to care needs. Staff was able to get tenants up off the floor after falls and could call an ambulance for assistance if needed. Review of the Program's policy regarding staffing indicated the Program followed their policy. **No Regulatory Insufficiencies were identified.**

If you have any questions regarding the enclosed 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

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
	S0224	A. BUILDING: _____ B. WING _____	C 12/01/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR MANOR - GRINNELL	229 PEARL STREET GRINNELL, IA 50112

(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	481-67 Initial Comments 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: 29 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 29 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: 39 No regulatory insufficiencies were cited during the investigation of Complaint #50340-C.	A 000		

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