IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

January 5, 2015

Complaint/Incident Intake #: 48746-I

Ms. Tiane Hennings, Director
Windsor Manor Shenandoah
601 Harrison Street
Shenandoah, IA 51601

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

Dear Ms. Hennings:

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. **No Regulatory Insufficiencies were found during this evaluation.**

ALP Staffing – Not substantiated

Comments: Based on observation, staff interviews, tenant interview and record review, it could not be determined staffing patterns were inadequate. Incident report review, nurses' notes review and staff interviews revealed the frequency of Tenant # 1's eloping from the Program was limited to the one reported incident on 5/22/14 at 6:15p.m.. There was no history of this behavior prior to the self-reported incident. Staff interviews revealed on the night of 5/22/14 they had just spoken with Tenant #1 minutes prior to the incident. Tenant #1 was reported to be normal with no notable signs or concerns identified that would have triggered a staff response. All staff interviews were consistent and there approximate times matched up with the door alarm report and the run report produced by the Emergency Medical Technicians. Based on review of the door alarm report and staff interview, it appeared Tenant #1 exited the building with a group of 7 individuals while the door was held open as the individuals exited the building. When staff checked the door alarm, the Tenant was not identified in the group when checked. Credible staff interviews confirmed the door was checked as trained and was consistent with Program policy. When Tenant #1 later returned to the Program on that same night without injury, the Program took immediate action while working with the family to ensure the safety of the Tenant and moved the Tenant to the secured Memory Care Unit.

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.

Enclosed you will find the Assisted Living Program Certificate **S0328** with effective dates of **May 29, 2014** through **May 28, 2016**.

If you have any questions in regard to this certification, 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
	S0328	A. BUILDING: _____ B. WING _____	C 12/17/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR MANOR SHENANDOAH	601 HARRISON STREET SHENANDOAH, IA 51601

(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	481-69 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 self reported Incident 48746-I. In addition, there were no regulatory insufficiencies cited during the recertification conducted to determine compliance with certification for an Assisted Living Program.	A 000		

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