IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 52111-I
51990-C

March 10, 2015

Ms. Jenny Knust, Director
Windsor Manor Indianola
608 South 15th Street
Indianola, IA 50125

RE: Final Recertification & Complaint/Incident Investigation Report – Windsor Manor Indianola, Indianola, IA

Dear Ms. Knust:

Enclosed is the **Final Recertification & Complaint/Incident Investigation Report** from the on-site monitoring visit of March 3 & 4, 2015, 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 #51990-C: staffing, service plans, and failure to report:

Based on observations, staff interviews, a review of tenant files, incident reports, staff training, and staff schedules, the following areas were unsubstantiated:

1. Allegation – Staffing, staff members lacked training to work with tenants with dementia
   Findings- Not Substantiated
   Comments – Incident reports were reviewed for the last three months and tenant files for three tenants residing in the dementia unit were reviewed. Tenants were identified who exhibited aggressive behaviors and were included in the files reviewed. Service plans identified behaviors and interventions for the behaviors. Staff members verbalized understanding of the interventions in place for specific tenants with behaviors. Staff training files were reviewed for five staff members. The training files documented current dementia training, eight hours in length. During the onsite visit, staff members were observed interacting with the tenants in the dementia unit and were observed to use generally accepted dementia practices while working with the tenants. One incident of aggression was identified that involved a family member. There was no evidence to suggest staff members did not follow training provided to respond to the aggression.

2. Allegation –Service plans, staff were not given instruction to identify tenants with behaviors and how to address the behaviors
   Findings – Not Substantiated
   Comments - During the onsite visit, five staff members were interviewed and four tenant files and service plans were reviewed, including those tenants identified with aggressive behaviors. The service plans identified specific behaviors and interventions for the behaviors and the staff verbalized the interventions for the behaviors. Service plans were developed based on evaluation of individual tenants and were designed to meet the specific identified tenant needs.

3. Allegation – Failure to report
   Findings – Not Substantiated
   Comments - Incident reports were reviewed for the last three months, and staff interviews were conducted. Four tenant files were reviewed. Based on regulations outlined in Iowa Administrative Code chapters 481-67 and 481-69, there were no findings to suggest the Program failed to follow regulations related to self-reporting of incidents.

The following allegation was investigated in regards to Incident #52111-I.

Based on staff interviews, a review of tenant files, incident reports, and staff schedules, the following areas were unsubstantiated:

1. Allegation – Staffing, a sufficient number of trained staff available to meet tenant needs
   Findings- Not Substantiated
   Comments – The Program self-reported a tenant fell and sustained fractures. The tenant was independently ambulatory in the apartment and resided in the dementia unit. The tenant was found on the floor of the apartment during regularly scheduled staff rounds in the dementia unit. The tenant was immediately transferred to the hospital upon discovery of blood coming out of the nose. The tenant returned to the Program within hours with only orders for ice to be applied. The fractures were identified as stable. Upon return to the Program more frequent checks were instituted and documented. Evaluations were completed and the service plan was updated.

No Regulatory Insufficiencies were identified.

Enclosed you will find the Assisted Living Program Certificate **S0199** with effective dates of **November 5, 2014 through November 4, 2016**.

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
	S0199	A. BUILDING: _____ B. WING _____	C 03/04/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR MANOR INDIANOLA	608 SOUTH 15TH STREET INDIANOLA, IA 50125

(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: 15 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 16 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: 26 No regulatory insufficiencies were cited during the recertification conducted to determine compliance with certification for an Assisted Living Program. No regulatory insufficiencies were cited during the investigation of Incident #52111-I and Complaint #51990-C.	A 000		

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