IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

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RODNEY A. ROBERTS, DIRECTOR

May 12, 2015

Ms. Stacey Cremeens, Administrator
Hawthorne Inn at Windmill Pointe
1500 First Avenue North
Coralville, IA 52241

RE: Final Recertification Monitoring Evaluation Report – Hawthorne Inn at Windmill Pointe, Coralville, IA

Dear Ms. Cremeens:

Enclosed is the **Final 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 **May 5 & 6, 2015.** The Report notes Regulatory Insufficiencies in the area(s) of: Program policies and procedures 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 recertification process has not been completed. In addition, the State Fire Marshal's (SFM) inspection report has not been received for your program. The certificate will be sent when the process has been completed.

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

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
	S0111	A. BUILDING: _____ B. WING _____	05/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAWTHORNE INN AT WINDMILL POINTE	1500 1ST AVE N CORALVILLE, IA 52241

(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. Dementia-Specific Program by Definition Number of tenants without cognitive disorder: 9 Number of tenants with cognitive disorder: 6 Total Population of Program at time of on-site: 15 TOTAL census of Assisted Living Program: 15 The following regulatory insufficiencies were cited during the Recertification conducted to determine compliance with certification for an Assisted Living Program.	A 000		
A 003	481-67.2 Program policies and procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program ' s policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse. This REQUIREMENT is not met as evidenced by: Based on observation of a medication pass, review of medication administration policies and review of medication administration skills check list, policies and procedures regarding hand washing and hand sanitation were not followed as	A 003		

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A 003	Continued From page 1 established by the Program. Per review of a medication pass, review of medication administration policies and review of medication administration skills check list, Staff A was inconsistent in washing hands or use of hand sanitizer as indicated in the Program's policy and procedures. On 5-6-15 at 8:12 a.m., Staff A initiated a morning medication pass. Staff A used hand washing and hand sanitizer appropriately before and after administration to the first two tenants. Staff A did not use hand washing or hand sanitizer prior to the preparation of the medications for the next two tenants and did not use hand washing or hand sanitizer at the end of the medication pass for these two tenants. Staff A was inconsistent in following the Program's policies for hand washing and use of hand sanitizer. According to the Hand Cleanser (Antiseptic) policy, wash and dry hands thoroughly in preparation for medication administration. Dispense medication into proper containers without touching the medication, hand medication container to the tenant; assist with water, juice or applesauce as necessary; discard container appropriately, apply approximately one to three cc's of antiseptic cleanser into the palm of the hand; rub hands briskly until cleanser has evaporated. The policy included the following at the end of the policy: Note: This procedure is to be used after administering medication to a tenant. According to the Certification 1 Skills Checklist: General Medication Administration, the first step is to wash hands thoroughly and the last step is to wash your hands before contact with another	A 003		

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A 003	Continued From page 2 individual or further contact with this individual other than administering more oral medications.	A 003		
A 089	481-69.26(4)a Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant ' s identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on review of two tenant files, service plans were not individualized to indicate the tenant's identified needs and preferences for assistance. Per review of Tenants #1 and #2s files', service plans were not individualized to indicate identified needs and preferences for assistance. 1. Tenant #1, an 89 year old, was admitted on 2-26-14 and diagnoses included: hypertension, hyperlipidemia, osteoporosis, osteoarthritis, dementia with depression and chronic obstructive pulmonary disease. Tenant #1 was admitted to hospice services on 8-16-14. According to Tenant #1's Progress Notes dated 12-9-14, the hospice case manager received an order for an antibiotic for Tenant #1's urinary tract infection symptoms of burning and discomfort with urination. Bactrim DS 800-160 mg orally was ordered twice a day for five days. Tenant #1's service plan dated 5-7-14 was not updated to reflect the addition of hospice services or Tenant #1's UTI and antibiotic treatment. Tenant #1's service plan was not individualized to indicate the identified needs and preferences for assistance.	A 089		

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A 089	Continued From page 3 2. Tenant #2, an 88 year old, was admitted on 6-4-13 and diagnoses included: chronic airway obstruction, esophageal reflux, atrial fibrillation, osteoporosis, hypothyroidism and anxiety. According to a Tenant Incident/Accident Report dated 2-4-15 at 1:30 p.m., Tenant #2 sat on bed after using the bathroom, slid to the floor and complained of left hip pain. According to a Tenant Incident/Accident Report dated 2-15-15 at 5:00 a.m., staff heard Tenant #2 yell for help, staff entered and found Tenant #2 on the floor. Tenant #2 was checked for bruises, there were none so Tenant #2 was assisted back to bed. According to a Tenant Incident/Accident Report dated 3-10-15 at 12:57 a.m., staff heard Tenant #2 fall, went to apartment and found Tenant #2 outside bathroom door, checked for bruising, there was none so Tenant #2 went back to bed. According to a Tenant Incident/Accident Report dated 3-10-15 at 2:30 a.m., staff assisted Tenant #2 to the bathroom and noticed blood on the pillow. Head was checked and a small cut on the back of skull was noted. Tenant #2 said Tenant #2 must have hit head when Tenant #2 fell earlier. Staff took vitals, did neurological exam and put ice on the cut for ten minutes to stop the bleeding. The bleeding stopped and Tenant #2 went back to bed, no complaints of pain. According to a Tenant Incident/Accident Report, dated 4-20-15 at 12:30 a.m. Tenant #2 was found on the floor by bed, not in any pain, no bruises. Tenant #2's service plan was not updated to reflect fall history or interventions for fall prevention. Tenant #2's service plan was not individualized to indicate the identified needs and preferences for assistance.	A 089		

Attached is the written Plan of Correction (POC) as required to address each regulatory insufficiency detailed in the Final Recertification Monitoring Evaluation Report at Hawthorne Inn at Windmill Pointe, Coralville, IA completed on May 5th & 6th, 2015. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider/program to the allegations or conclusions set forth in the Statements of Deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by provisions under federal and state law.

A 003 481-67.2 Program policies and procedures

Monitoring Observation: Based on observation of Staff A during a medication pass, review of medication administration policies of the program, and review of medication administration skills check list for delegation.

The Program has policies and procedures, including those for incident reports in accordance with Iowa Code section 481-67.2(231B, 231C, 231D). The Program's policies and procedures meet the minimum standards set by applicable requirements by the State of Iowa Code. The program shall follow the policies and procedures established by the Program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse.

Plan of Correction: The program has ensured that Staff A, and all other current certified/non-certified staff will receive in-service training by 5/18/2015. The RSD will in-service staff hand washing and hand sanitation procedures in relation to the programs medication administration procedures. Staff will demonstrate to RSD competency in skills as outlined in program's skills checklist. Any and all staff hired after date of survey will receive nurse delegation of skills training by both the LPN and the RN with in first 30 days of employment to meet the needs of the tenants and display competency to meet the requirements. The RSD will perform random audits with staff to ensure compliance with this requirement. This regulatory insufficiency will be completed by 5/18/15.

A 089 481-69.26(4)a Service Plans

Monitoring Observation: Two tenant (Tenant #1, Tenant #2) files reviewed including service plans.

The program will have service plans that are individualized to indicate, at minimum: the tenant's needs and preferences for assistance in accordance with Iowa Code section 481-69.26(231C), 69.26(4)

Plan of Correction: The Registered Nurse conducted an in-service to educate the RSD on 05/06/2015. The in-service is related to dictation of Service Plans and the requirements for individualization of needs and preferences as indicted in Iowa Code. RSD will update the Service Plans of Tenant #1, #2, to ensure the service plans are written with specific instructions for staff to follow and state individual's needs/preferences of assistance. RSD will conduct Service Plan audits for any and all other tenants' that coincide with 90 Nurse Reviews for ongoing insurance of compliance to Service Plan regulation. The RN will update the service plan in the case of significant changes to the tenant. This regulatory insufficiency will be completed by 5/18/15.

This Plan of Correction serves as the facilities credible Allegation of Compliance, that effective May 18th, 2015 Hawthorne Inn is in compliance with this regulatory requirement.