IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #:
52597-C

June 22, 2015

Ms. Char Yoder, Executive Director
Windsor Manor Grinnell
229 Pearl Street
Grinnell, IA 50112

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

Dear Ms. Yoder:

Enclosed is the **Final Complaint/Incident Investigation 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 an investigation by DIA on **June 8 & 9, 2015.** The following was investigated and found to be unsubstantiated.

Allegation: Structure/Life Safety
Findings: Unsubstantiated
Comments: Based on interviews and record review, once the Program became aware of a concern regarding a possible case of scabies they provided treatment to tenants and offered the treatment to staff who requested it. The program did provide preventative measures. This portion of the complaint was not substantiated. The Report notes Regulatory Insufficiencies in the area(s) of: Tenant Rights and Nurse Review.

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.

If you have any questions in regard to 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 06/09/2015

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: 28 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 28 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: 38 The following regulatory insufficiencies were cited during the investigation of Complaint #52597-C:	A 000		
A 012	481-67.3(1) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(1) To be treated with consideration, respect, and full recognition of personal dignity and autonomy. This REQUIREMENT is not met as evidenced by: Based on review of tenant files, program	A 012		

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A 012	Continued From page 1 documents, a staff interview and review of Medication Administration Records (MARs) tenants and/or legal representatives were not treated with respect and afforded the right to make decisions regarding medical treatment. 1. Tenant #1, a 78 year-old, was admitted on 7-7-14 and had diagnoses of: dementia, hypertension, hypokalemia, bowel impaction and pressure areas. Tenant #1 was staged at a four on the Global Deterioration Scale (GDS) which indicated moderate cognitive decline. According to an undated physician order Tenant #1 was to receive Permetherin 5%, a treatment for scabies, apply once, neck down - remove in eight hours with a bath. According to Tenant #1's MARs Permetherin was administered on 3-25-15, 4-10-15 and 5-16-15. 2. According to a Program document provided by the Healthcare Director (HD), on 3-24-15 a physician came to the Program to assess Tenants #2 and #3 in the memory care unit for the possibility of scabies. The physician checked the skin of each tenant in the unit, whether his tenant or not, but did not find any signs of scabies. For preventative measure the physician recommended the Program get Permethrin/Elimite and treat all tenants and any staff who requested it. The physician wrote one order for Permetherin/Elimite that included his tenants (Tenants #2 and #3) and seven additional tenants (Tenants #4 - #10) for whom he was not their personal physician. 3. On 6-8-15, the HD was interviewed and stated the Program followed the direction provided by the physician even though he was not the primary physician for the additional seven tenants and administered Permethrin/Elimite without	A 012		

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A 012	Continued From page 2 contacting, communicating or obtaining permission from tenants/legal representatives. 4. Review of ten tenant MARs indicated the Program administered Permethrin/Elimite, a scabies prescription treatment medication. Seven of ten tenants received the treatment without notification to their personal physicians. The Program did not communicate with or seek approval from tenants and/or legal representatives to administer the medical treatment. The Program administered a prescription medication to seven of ten tenants without obtaining physician orders from Tenants #4 - #10's personal physicians and permission from tenants and/or legal representatives. The Program did not treat tenants with respect and afford them the right to make decisions regarding medical treatment.	A 012		
A 094	481-69.27(1) Nurse Review 481-69.27(231C) Nurse review. If a tenant does not receive personal or health-related care, but an observed significant change in the tenant ' s condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation: 69.27(1) To monitor, at least every 90 days, or after a significant change in the tenant ' s condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders.	A 094		

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A 094	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on tenant file reviews, a nurse review was not completed when tenants had a significant change in condition. 1. Tenant #1's file was reviewed. According to an undated physician order, Tenant #1 was to receive Permetherin 5%, a treatment for scabies, apply once, neck down - remove in eight hours with a bath. A faxed physician order dated 4-9-15 indicated it was ok to administer Permethrin again. According to a Physician's Report/Order dated 5-14-15, an order stated apply Permethrin to entire body from neck to feet, front and back. Tenant #1's MARs included entries for Permethrin administered on 3-25-15, 4-10-15 and 5-16-15. A nurse review was not completed as indicated for Tenant #1's change of condition. 2. Tenant #2, an 82 year-old, was admitted on 7-1-14 and had diagnoses of: pulmonary embolism and infarction, polmyagai rheumatica, giant cell arteritis, thyrotox without goiter, hypertonicity of bladder, hypertension, esophageal reflux, hyperlipidemia, cataracts, dementia, history of biliary stent, jaundice, history of urinary tract infection and history of cystitis. Tenant #2 was staged at a four on the GDS which indicated moderate cognitive decline. A Physician Report/Order dated 3-24-15 indicated Elimite 5%, apply neck to toes, bath prior to treatment and in 12 hours. Tenant #2's MARs reflected Permethrin was administered on 3-25-15. A nurse review was not completed as indicated for Tenant #2's change of condition.	A 094		

Windsor Manor Assisted Living
229 Pearl St.
Grinnell, IA 50112

Date: June 30, 2015

Complaint Intake # 52597-C

Plan of Correction (POC) Submitted For:

Investigation dated June 8 & 9, 2015
Monitor: Margaret

POC:

A. TAG # A 012

1. Regulatory Insufficiency: Tenant Rights

a. Program POC:

I. Any communicable diagnosis identified for residents with a Global Deterioration Score (GDS) of 4 or above and an activated Durable Power of Attorney shall have the Primary Care Provider notified of orders related to the communicable disease.

II. Any changes related to the medical well being of residents with a GDS of 4 or above and an activated DPOA, shall have those changes communicated to the responsible party.

III. Residents with a GDS of 4 or above and an activated DPOA shall have DPOA permission for new treatments or medications.

IV. Windsor Manor's Nurse Clinician will perform routine quality assurance reviews.

V. Corrections to be in place by July 7, 2015.

B. TAG #A 094

2. Regulatory Insufficiency: Nurse Review

a. Program POC:

I. Healthcare Director shall assess Tenant #1 and complete a Change of Condition for addition of new diagnosis.

II. As no Change of Condition occurred with Tenant #2, Healthcare Director shall enter a Nurse Review updating treatment received.

III. Healthcare Director will review Change of Condition indicators and Nurse Review regulations.

IV. Windor's Manor's Nurse Clinician will perform routine quality assurance reviews.

V. Corrections to be completed by July 7, 2015.