IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 52388-C
51653-C
52736-C

April 28, 2015

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

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

Dear Ms. Hennings:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of April 20 - 22, 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.

Complaints #51633-C, #52388-C and #52736-C
Structure/Life Safety
Comments: Based on observations and interviews a concern in the area of structure/life safety could not be substantiated. Tour of the facility revealed a clean and well maintained building. Staff and tenant interviews revealed light housekeeping was provided by Program staff. Housekeeping tasks included vacuuming, dusting, bathrooms, mopping of floors. The maintenance staff clean exterior windows annually in April and the housekeeping staff clean interior windows annually Kitchen staff completed daily and weekly cleaning tasks. The Executive Director said the utilization of housekeeping staff to serve meals will be re-evaluated to ensure the process remains clean and sanitary.

Service Plans
Comments: Based on observations, interviews, and record reviews a concern in the area of service plans could not be substantiated. The Program staff identified tenant's changes in conditions, assessed them and made adjustments to service plans to address tenant needs.

Level of Care
Comments: Based on observations, interviews, and record reviews the Program assessed and monitored tenant's changes of conditions and increased care needs. Observations and staff interviews revealed tenants were moved into memory care according to their needs, and no tenants exceeded level of care for an assisted living program.

Staffing
Comments: Based on interviews and record reviews Program staff were sufficiently trained to meet tenant medical and health care needs. Training had been provided for specific tenant health and personal care needs. Staff and tenant interviews revealed there was sufficient trained staff to meet the needs of the tenants in both memory care and general assisted living programs.

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
	S0328	A. BUILDING: _____ B. WING _____	C 04/22/2015

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	481-67 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: 8 Total Population of Program at time of on-site: 8 TOTAL census of Assisted Living Program: 37 At the time of investigations #52388-C, #51653-C, and #52736 no insufficiencies were written.	A 000		

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