IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

October 20, 2015

Ms. Alison Kapustka, Administrator
Windsor Manor Nevada
1642 South G Avenue
Nevada, IA 50201

RE: Final Recertification Monitoring Evaluation Report – Windsor Manor Nevada, Nevada, IA

Dear Ms. Kapustka:

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 **October 12 & 15, 2015.** The Report notes a Regulatory Insufficiency in the area(s) of: Food Service.

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 or a contested case hearing 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 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
	S0319	A. BUILDING: _____ B. WING _____	10/15/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR MANOR NEVADA	1642 SOUTH G AVENUE NEVADA, IA 50201

(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: 35 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 37 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 5 Number of tenants with cognitive disorder: 5 Total Population of Program at time of on-site: 10 TOTAL census of Assisted Living Program: 47 The following regulatory insufficiencies were cited during the recertification conducted to determine compliance with certification for an Assisted Living Program:	A 000		
A 102	481-69.28(3)c Food Service 481-69.28(231C) Food service. 69.28(3) Menus shall be planned to provide the following percentage of the daily recommended dietary allowances as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences based on the number of meals provided by the program: c. One hundred percent if the program provides three meals per day.	A 102		

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

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A 102	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and a review of menus, the staff did not provide 100% of the daily recommended dietary allowances as portions of food were not supplied as written in the menu. 1. On 10-12-15 at 11:45 Staff A was observed serving the noon meal in the dementia unit. The menu included fish, rice, and peas and the food served matched the menu. The size of the piece of fish apeared to be about half the size of the palm of the hand. Staff A was observed serving one piece of fish. Staff A was observed using tableware to serve the rice and peas. Staff A was asked how much food was to be served. Staff A stated she did not know as she had not been given any instruction. Staff A was asked if she had been given special scoops or serving utensils to serve the food to which she indicated she had not. At 11:52 a.m. the Cook was asked to come to the dementia unit. The Cook stated two pieces of fish was to be served. The Cook observed the servings Staff A had placed on plates. The Cook stated only a half serving of rice had been placed on the plate. The Cook stated she had not instructed the staff on serving size for the meal. On 10-15-15 at 8:32 a.m. the Culinary Coordinator was interviewed and stated meals had been served similar to family style. Serving utensils were those found in the dementia unit, and the kitchen did not provide measured scoops to the staff in the dementia unit for serving food.	A 102		

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A 102	Continued From page 2 The Culinary Coordinator stated staff working in the dementia unit would be given specific instruction as to serving size.	A 102		

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A 102	Continued From page 2 **The Culinary Coordinator stated staff working in the dementia unit would be given specific instruction as to serving size.**	A 102	Plan of Correction Upon the deficiency finding on 10/12/15, the community immediately implemented the following corrective action: All meals sent to the garden will be labeled with the required serving size per resident. Measuring devices will also be included on the chart to ensure they are given the proper tools for serving . Education to the staff was immediately provided by the cook BA and the ED AK. A training took place during the bi-monthly staff meeting on 10/22/15. Every quarter Administrator will ensure meals are being served per regulatory requirements.	10/15/2015 10/15/2015 10/22/2015 On-going