

TERRY E. BRANSTAD
GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

KIM REYNOLDS
LT. GOVERNOR

Complaint/Incident Intake #: 55922-C

November 13, 2015

Ms. Jill Scott, Director
Windsor Manor Webster City
1401 Wall Street
Webster City, IA 50595

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

Dear Ms. Scott:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of November 9 & 10, 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.

Iowa Administrative Code chapters 481-67 and 481-69 were considered during this investigation. Based on observations, staff and hospice interviews, a review of four files of tenants who had died, incident reports, program investigation, program policies, staff training, and staff schedules, the following was found:

1. Allegation – Tenant Rights – It was alleged money and valuables were missing.
Findings- Not Substantiated
Comments –The Program provided documentation of internal investigation into allegations of missing items. There was no documentation which identified an alleged perpetrator. Program procedures were followed. There was information to suggest tenants with dementia may have misplaced items
2. Allegation – Staffing – It was alleged staff were not trained in end-of-life care.
Findings – Not Substantiated
Comments – Based on interview and a review of staff training files, staff was trained in end-of-life care. Four clinical records were reviewed and there was documentation to suggest hospice

directives were followed and that the hospice care plan and the Program's service plan, which outlined care to be provided, was followed.

3. Allegation – Staffing – It was alleged the nurse refused to come in when needed.

Findings – Not Substantiated

Comments – Staff schedules, job descriptions, and interviews were conducted. A review of staff schedules and interviews revealed the Program's primary nurse had arranged with another nurse to take call to cover some weekends. There was no evidence to suggest upon interview and a review of four tenant files that the nurse did not respond appropriately to tenant needs.

4. Allegation – Medications – It was alleged medication was not given as ordered.

Findings – Not Substantiated

Comments – Four files were reviewed. Some of the files documented tenants were under the care of a hospice program. Iowa Code 231C.3(4)(b) states the assisted living program and the hospice program shall enter into a written agreement under which the hospice program retains professional management responsibility for services. The investigation found Windsor Manor met the requirement of the regulation and had entered into an agreement with hospice providers as required.

Four tenant files were reviewed. The Medication Administration Records were reviewed and medications were given as ordered, following physician orders. The Program had procedures for the destruction or return of medications when medications were no longer needed. The Program removed medications immediately when no longer needed and followed the procedures for destruction.

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: S0272	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/10/2015
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NAME OF PROVIDER OR SUPPLIER WINDSOR MANOR WEBSTER CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1401 WALL STREET WEBSTER CITY, IA 50595
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(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	<p>481-67 Initial Comments</p> <p>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.</p> <p>General Population Program</p> <p>Number of tenants without cognitive disorder: 42 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 42</p> <p>Dementia-Specific Program by Dedication</p> <p>Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 9 Total Population of Program at time of on-site: 9</p> <p>TOTAL census of Assisted Living Program: 51</p> <p>No regulatory insufficiencies were cited during the investigation of Complaint # 55922-C.</p>	A 000		

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