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

June 28, 2016

Ms. Jodi Berns-Lennon, RN Administrator
Windsor Manor Webster City
1401 Wall Street
Webster City, IA 50595

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

Dear Ms. Berns-Lennon:

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 **June 21, 2016.** The Report notes Regulatory Insufficiency in the area(s) of: Program policies and procedures.

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
	S0272	A. BUILDING: _____ B. WING _____	06/21/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR MANOR WEBSTER CITY	1401 WALL STREET WEBSTER CITY, IA 50595

(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: 32 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 33 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 9 Total Population of Program at time of on-site: 10 TOTAL census of Assisted Living Program: 43 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.	A 003		

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A 003	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on a review of policies and procedures, interviews, and observation, the Program's policies and procedures for medication administration were not followed. 1. Staff A, Universal Worker (UW), was observed during a medication pass on 6-21-16 at 11:40 a.m. for Tenant #5. Staff A placed 11 pills in a medication cup including a daily blood pressure medication (lisinopril) and an anti-diabetic agent (metformin). A review of the medication administration record (MAR) revealed the medications were to be administered at 7:00 a.m. or 8:00 a.m. Staff A reported she had not given the medications because Tenant #5 had been sleeping. A review of the policy on the assistance with medication documented if a certain time was specified for the medication, it needed to be given only at that time. In an interview with the registered nurse (RN) on 6-21-16 at 12:22 p.m. she stated medications were to be given one hour before to one hour after the designated time. 2. Staff A, UW, was observed during a medication pass on 6-21-16 at 11:40 a.m. for Tenant #5. Tenant #5 was to receive a nasal spray. According the MAR, one spray was to be given into each nostril at 7:00 a.m. Staff A was observed to give two sprays into each nostril. Staff A confirmed verbally she gave two sprays into each nostril.	A 003		

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A 003	Continued From page 2 A review of the most recent physician's orders in the clinical record dated 5-11-16 revealed one spray was ordered to each nostril. A review of the policy on the assistance with medication documented staff was always to be sure to give the prescribed amount of medication. 3. After administering the pills and nasal spray to Tenant #5, Staff A signed her initials next to each medication administered. Staff A did not document on the MAR that the medications, which were to be given at 7:00 a.m. or 8:00 a.m., were actually administered at 11:40 a.m. A review of the policy on the assistance with medication stated recording initials on the MAR verified the five rights, which included the right time and the right dose, were followed correctly. In an interview with the RN on 6-22-16 at 12:22 p.m. stated when giving two nasal sprays but documenting as one spray given as indicated on the MAR, was a medication error. 4. Staff A, UW, was observed on 6-21-16 administering a nasal spray to Tenant #5. Staff A used bare hands to administer the spray. After administering the nasal spray, Staff A proceeded to document the administrations and check Tenant #5's blood pressure before using hand sanitizer. A review of the nurse delegation procedure for nasal spray administration signed by Staff A on 6-16-16 revealed gloves were to be worn during administration of the spray and hands were to be	A 003		

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