DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED
	S0244	A. BUILDING: _____ B. WING _____	10/05/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDHAVEN ASSISTED LIVING CENTER	5500 SOUTH MAIN STREET CEDAR FALLS, IA 50613

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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: 86 Number of tenants with cognitive disorder: 6 Total Population of Program at time of on-site: 92 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 3 Number of tenants with cognitive disorder: 28 Total Population of Program at time of on-site: 31 TOTAL census of Assisted Living Program: 123 The following regulatory insufficiencies were cited during the recertification conducted to determine compliance with certification for an Assisted Living Program:	A 000		
A 124	481-67.19(4) Record Checks 481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks. 67.19(4) Validity of background check results. The results of a background check conducted pursuant to this rule shall be valid for a period of 30 calendar days from the date the results of the background check are received by the program.	A 124	Human resources supervisor will educate staff on the correct process and procedure for background checks to insure completion within 30 days of hire. Audit of background checks will be completed by the human resources supervisor.	11/11/16

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A 124	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on record review the Program failed to complete background record checks as required for 1 of 3 employees reviewed who were hired in 2015 (Staff A). Findings include: The Program revealed Staff A was hired as a resident assistant on 5-20-15. A background check completed 4-14-15 documented Staff A was not on the child or dependent adult registry, but the criminal history required an evaluation from the Department of Human Services (DHS) in order to detemine whether the individual could work for the facility. DHS cleared Staff A to work on 5-4-15. Staff A was hired on 5-20-15 which exceeded 30 days from the time the Program received the results of the child and dependent adult abuse checks.	A 124		
A 083	481-69.26(1) Service Plans 481-69.26(231C) Service plans. 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced	A 083	Current service plans are being reviewed to ensure they address the needs of residents and are individualized. The senior director of assisted living and the service plan coordinator will audit service plans on a regular basis focusing on interventions, behaviors, physician recommendations, resident, family, and staff input.	11/11/16

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A 083	Continued From page 2 by: Based on interview and file review, the Program failed to ensure the service plan met the needs of 1 of 1 tenants reviewed with a history of elopement (Tenant #9). Findings include: Tenant #9 was admitted to the Program on 8-4-16. Progress notes dated 8-9-16 documented family expressed a desire for Tenant #9 to receive medication for anxiety. The notes documented the family revealed Tenant #9 was obsessive-compulsive and liked routine and liked to walk. The family reported Tenant #9 used to walk two or more miles per day. Progress notes dated 8-28-16 documented the Program received a call from an office on the Program campus. Tenant #9 was asking directions to the bank. Tenant #9 was escorted back to the Program and "educated on safety of walking in the heat independently. Will need reminders due to short-term memory deficits." Progress notes dated 8-31-16 at 9:58 p.m. documented Tenant #9 was outside "looking for a guy." Notes dated 9-1-16 at 4:25 a.m. documented Tenant #9 was placed on 15 minute checks beginning at 10:30 p.m. the night before. Progress notes dated 9-11-16 documented Tenant #9 eloped from the Program. Staff from a building on the same campus notified the Program and Tenant #9 was returned by another tenant's relative. The Administrator was notified and Tenant #9 was placed on 30 minute checks for elopement risk.	A 083		

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A 083	Continued From page 3 During a tenant meeting on 10-4-16, it was reported Tenant #9 had entered another individual's apartment looking for money and frightening the occupant. During an interview on 10-5-16 at 8:35 am the Administrator revealed Tenant #9 had short term memory loss following a stroke. Safety checks were initiated per the Administrator on 9-1-16 and 9-11-16 due to being outside unescorted. In addition the Administrator was aware of one incident when Tenant #9 entered another tenant's apartment uninvited. The service plan for Tenant #9 dated 9-2-16 was not updated to address behaviors of elopement or entering others' apartments uninvited.	A 083		
A 115	481-69.29(1) Staffing 481-69.29(231C) Staffing. In addition to the general staffing requirements in rule 481-67.9(231B,231C,231D), the following requirements apply to staffing in programs. 69.29(1) Each tenant shall have access to a 24-hour personal emergency response system that automatically identifies the tenant in distress and can be activated with one touch. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to consistently respond to personal emergency response system (pendants) calls within 5 minutes. This potentially affected all tenants of the Program (census of 123). Findings include:	A 115	The nurse on duty each shift has a pager that will send an alert if the call light has not been responded to in 12 minutes and will continue to alert every 3 minutes until the call light has been responded to and cancelled. The nurse will contact resident assistants via the walkie when receiving the alert to ensure they are responding. The senior director will review the call light log every two weeks to monitor response time.	11/11/16

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A 115	Continued From page 4 During a tenant meeting held on 10-4-16, many of the tenants indicated it took 20 minutes or longer staff to respond after they activated their pendants for assistance. Two of the seven tenants present revealed it took 45-60 minutes for staff to respond and voiced concern that toileting needs and emergency needs could not be met in that time frame. Interview with Staff D on 10-5-16 at 9:51 am revealed tenants have complained it takes too long for staff to respond to calls for assistance. Interview with Staff E on 10-5-16 at 9:58 am revealed calls for assistance were to be answered in 15 minutes. Staff E stated tenants have expressed concern about the length of response time from staff. Interview with Staff G on 10-5-16 at 10:02 am revealed staff were to respond to calls for assistance within 15 minutes. Interview with the Administrator on 10-5-16 at 10:25 am revealed there was no written policy or procedure regarding response times, but her personal preference was a response within 15 minutes. According to the following definition the Program needs to ensure there is enough staff to provide a 5 minute or less response time to calls for assistance. 481-69.1(231C) Definitions. In addition to the definitions in 481-Chapter 67 and Iowa Code chapter 231C, the following definitions apply. " In the proximate area " means located within a five minutes or less response time.	A 115		

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A 115	Continued From page 5 Review of the documentation of calls for assistance for the dates 9-20-16 through 10-4-16 revealed there were 1341 calls for help. Eight hundred and forty one (841) of the calls exceeded a five minute response time. There were more than 300 calls which exceeded a 15 minute response time or approximately 22 percent of the calls. Of those 300 calls, approximately 75 calls exceeded a 30 minute response time.	A 115		
A 121	481-69.30(1) Dementia Specific Education for Personnel 481-69.30(231C) Dementia-specific education for program personnel. 69.30(1) All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. This REQUIREMENT is not met as evidenced by: Based on interview and a review of training files the Program failed to ensure eight hours of dementia training was completed within 30 days of hire for two of two employees hired to work in the dementia unit in 2016 (Staff A, Staff B. Findings include: 1. Staff B was hired 1-20-16. The Program provided documentation of seven hours of training within the first 30 days of hire. 2. Staff C was hired 1-20-16. The Program provided documentation of one hour of training	A 121	The director of the memory care unit will schedule specific times to complete the 8 hours of dementia training within the first 30 days of hire. She will monitor that the training is complete prior to the completion of 30 days of employment.	11/11/16

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A 121	Continued From page 6 within the first 30 days of hire. On 10-3-16, the Dementia Unit Registered Nurse confirmed neither Staff B or Staff C did received eight hours of dementia training within 30 days of hire.	A 121		