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
	S0335	A. BUILDING: _____ B. WING _____	C 03/23/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR MANOR ALGONA	512 FINN DRIVE ALGONA, IA 50511

(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	481-69 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: 31 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 32 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 2 Number of tenants with cognitive disorder: 6 Total Population of Program at time of on-site: 8 TOTAL census of Assisted Living Program: 40 The following regulatory insufficiency was cited during the investigation of Incident #66368-I and Complaint #66202-C.	A 000	See attached Plan of Correction Deb Dix 4/4/17	
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.	A 083		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 083	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure service pans were updated when needs changed for 1 of 3 tenants reviewed (Tenant #1). Findings follow: Based on interview and record review the Program failed to develop a service plan that was individualized for the tenant's needs and preferences for assistance for 1 out of 3 tenant files reviewed (Tenant #1). Findings follow: Record review revealed Tenant #1 was admitted to the program on 9-10-16 with a diagnosis of Alzheimer's disease. Review of incident reports revealed 5 reports dated 1-10-17, 2-1-17, 2-8-17, 2-8-17, and 2-9-17 completed due to the tenant becoming aggressive to staff by kicking, biting, scratching and pulling hair. The tenant was hospitalized from 1-17-17 to 1-27-17 due to agitation and anxiety including physical aggression. The discharge report from the hospital documented the tenant had also been hospitalized overnight in December due to a physical confrontation which required the intervention of police and EMTs. Interview with Staff A on 3-21-17 at 3:25 pm revealed Tenant #1 often became aggressive when staff attempted to help the tenant clean up when wet or soiled. Interview with the RN on 3-22-17 at 9:30 am confirmed the tenant became agitated and aggressive when staff took him/her to the bathroom for toileting or showering. Tenant #1	A 083		

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A 083	Continued From page 2 had kicked, hit, bit and pulled hair of all staff who had worked with them as well as two other tenants. The RN stated she had met with staff sometime in the beginning of February to discuss interventions to minimize the tenant's agitation during toileting and showering. The tenant also received Ativan to be given as needed (PRN) for agitation and/or aggression. Review of Tenant #1's service plan dated 1-27-17 revealed no goals related to aggression towards staff or other tenants. Interview with RN on 3-23-17 at 9:25 am confirmed this was the tenant's most recent service plan.	A 083		

WINDSOR MANOR

Assisted Living Community

✓ LL 4/6/17

April 4, 2017

Deb Dixon, Program Coordinator
Health Facilities Division
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083

RE: Incident 66368 and Complaint 66202 Plan of Correction

Dear Ms. Dixon:

Please find below our Plan of Correction for the visit on 3/23/17.

Our RN – Director of Health and Wellness was employed part-time as of 12/28/16, and full-time as of 1/19/17, and came with years of experience in skilled nursing managing seniors with clinical needs and is expanding her knowledge to assisted living and the ISP process. To assist her with this process, RN will complete AL Regulatory Nurse Class through IHCA/ICAL on 4/13/17 for on-going training in ISP and evaluations.

All ISPs will be reviewed by 4/30/17 for detailed interventions and goals by the RN and Executive Director with direct input from Resident Assistants.

Please let me know if additional information is needed. We appreciate the opportunity to better serve our tenants through your guidance.

Sincerely,

Terri Tweedy
Executive Director

Lynzie Nilles RN
Lynzie Nilles
Director of Health and Wellness