FORM APPROVED 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
	S0254	A. BUILDING: _____ B. WING _____	06/28/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR MANOR VINTON	1807 WEST 5TH STREET VINTON, IA 52349

(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: 23 Number of tenants with cognitive disorder: 4 Total Population of Program at time of on-site: 27 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 8 Total Population of Program at time of on-site: 8 TOTAL census of Assisted Living Program: 35 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an assisted living program:	A 000		
A 079	481-69.25(1)q Tenant Documents 481-69.25(231C) Tenant documents. 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: q. When the tenant is unable to advocate on the tenant's own behalf or the tenant has multiple service providers, including hospice care providers, accurate documentation of the completion of routine personal or health-related care is required on task sheets. If tasks are doctor-ordered, the tasks shall be part of the medication administration records (MARs)	A 079		

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

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A 079	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to document physician ordered tasks on a medication administration record (MAR) for 1 of 5 tenants reviewed (Tenant #3). Findings follow: Record review revealed Tenant #3 had a diagnosis of dementia and was staged at a five on the Global Deterioration Scale, which indicated moderately severe cognitive decline. Tenant #3 had the following physician orders: - apply duoderm to pressure ulcer on coccyx, change every three days and as needed. - apply Calmoseptine ointment to pressure ulcer as needed after area had closed up and duoderm was no longer used (dated 3-9-15). - apply Nystop powder to groin as needed for redness (dated 5-25-17). The service plan dated 3-3-17 reflected Tenant #3 had a stage 2 pressure ulcer on the coccyx. The doctor had ordered duoderm treatment along with Calmoseptine. Staff assisted with changing the duoderm every three days. Once the duoderm was no longer needed for open areas staff would apply Calmoseptine to prevent any further breakdown. Staff was also to wash Tenant #3's groin with vinegar/water solution and/or apply Nystop to reddened groin. May and June 2017 MARs did not reflect the	A 079	481-69.25 All Dr ordered treatments will be documented on the MAR. This was completed by 7/1/2017. MAR's will be reviewed monthly by RN as well as Bi-monthly by Nurse clinician for compliance.	

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A 079	Continued From page 2 physician ordered Duoderm, Calmoseptine or Nystop treatments. The May and June 2017 task sheets reflected the tasks; however, the physician ordered treatments were not included on the MAR. An interview with the Executive Director/Nurse on 6-28-17 at 8:30 a.m. revealed Tenant #3 had a eraser size stage 2 open area on the right buttocks. The reddened area was in the groin and under the right abdomen. The task sheets were used as treatment sheets.	A 079		
A 089	481-69.26(4)a Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop service plans that reflected the tenants' identified needs for 3 of 5 tenants reviewed (Tenants #1, #4 and #5). Findings follow: 1. Review of Tenant #1's file revealed diagnoses including early onset Alzheimer's disease and depression. Tenant #1 was staged at a Global Deterioration Scale (GDS) of five, which indicated moderately severe cognitive decline, and resided in the dementia unit.	A 089		

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A 089	Continued From page 3 A Clinic Note with an encounter date of 5-4-17 indicated Tenant #1 had worsening dementia and some attention seeking behaviors with depression and anxiety. The tenant had made statements of wanting to kill himself/herself which appeared to be an effort to get attention from staff. Tenant #1's mood seemed to be a little worse recently. A physician's order dated 5-4-17 reflected the following orders: Citalopram 20 milligrams (mg) for seven days then discontinue and start Zoloft 25 mg everyday for seven days then increase to 50 mg every day. Nurse's Notes dated 5-4-17 indicated Tenant #1 told staff he/she wanted to kill himself/herself repeatedly. There was no plan or verbalization of how he/she would do it. Tenant #1 was redirected with tasks and once engaged in productive activity the comments decreased in quantity. Nurse's Notes dated 6-18-17 indicated the Executive Director/Nurse was notified by staff of transfer to hospital due to increased agitation and attempted aggression towards staff. Nurse's Notes indicated Tenant #1 returned on 6-23-17. The Executive Director/Nurse asked the social worker at the hospital about suicidal ideations and if the hospital had concerns. The social worker said it was discussed and the consensus was that Tenant #1 had a very difficult time expressing himself/herself verbally and became frustrated. Staff and the psychiatrist did not feel the tenant was suicidal. Tenant #1's service plan was not updated to reflect behaviors or interventions until return from the hospital on on 6-23-17 despite the frequent comments of self-harm.	A 089	Tenants identified needs and preferences for assistance will be documented on all ISP's and completed by 7/28/17. Noted ISP's for tenant #1, #4, #5 will be reviewed and updated by 7/28/2017 RN/Nurse Clinician will review assessment tracker every 6 months at minimum and will choose a random selection of charts for compliance monitoring.	

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A 089	Continued From page 5 plan dated 7-27-16 did not reflect the stand by assist of one person at times.	A 089		