V 01 11/22/17

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
	S0352	A. BUILDING: _____ B. WING _____	C 11/02/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR MANOR ASSISTED LIVING	2015 3RD AVENUE NORTH ESTHERVILLE, IA 51334

(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: 2 Total Population of Program at time of on-site: 34 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 6 Total Population of Program at time of on-site: 7 TOTAL census of Assisted Living Program: 41 The following regulatory insufficiencies were cited during the investigation of Complaint #70163-C.	A 000		
A 147	481-67.5(6)d Medications 481-67.5(231B,231C,231D) Medications. Each program shall follow its own written medication policy, which shall include the following: 67.5(6) When medications are administered traditionally by the program: d. Medications shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant. This REQUIREMENT is not met as evidenced by:	A 147	WM has developed a new pharmacy fax that we will be able to track more efficiently. We will maintain this fax in our records for a period of three years. If a medication has not arrived from the pharmacy, follow up with the pharmacy will be made within 48 business hours. The reason why medication is delayed will be documented in the nurses notes. Implementation date is 11/22/17 per ExDirector. DD	

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

✓ DD 11/27/17

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 147	Continued From page 1 Based on interview and record review the Program failed to administer medication in accordance with physician orders for 1 of 4 tenants reviewed (Tenant #1). Findings include: On 11/01/17 at 12:49 p.m. review of Tenant #1's record revealed a physician's order dated 6/13/16 for Triamcinolone Acetonide 0 .1% cream to be applied topically twice a day to lower legs bilaterally. On 11/01/17 at 1:19 p.m. review of Tenant #1's Medication Administration Records for the months of June 2017 and July 2017 revealed no documentation between the dates of June 08, 2017 through the evening shift on July 18, 207 that the treatment had been applied. Documentation concerning these missed treatments could not be located. On 11/01/17 at 1:19 p.m. Staff B confirmed these findings. She believed the issue may have been related to changing pharmacies during that time frame.	A 147		