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
	S0284	A. BUILDING: _____ B. WING _____	C 01/25/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHISPERING WILLOW ASSISTED LIVING	601 DAWN AVENUE FREDERICKSBURG, IA 50630

(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	Initial Comments Assisted Living Programs for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. General Population Number of tenants without cognitive disorder: 6 Number of tenants with cognitive disorder: 4 Memory Care Unit Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 10 TOTAL Census of Assisted Living Program for People with Dementia: 23 The following regulatory insufficiencies were cited during the investigation of Complaint 72223-C.	A 000		
A 012	481-67.3(1) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(1) To be treated with consideration, respect, and full recognition of personal dignity and autonomy. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure a tenant was treated with consideration, respect, and full recognition of personal dignity and autonomy. This pertained to 1 out of 2 tenants reviewed (Tenant #1). Findings follow: Record review Tenant #1 was admitted on	A 012	A 012: Whispering Willow does treat all tenants with consideration, respect, and full recognition of personal dignity and autonomy. 1. Tenant #1 family had verbally agreed to the arrangement of removing clothing from room but facility failed to have family sign. Tenant #1 was out of the facility as of 12/22/17 and returned on 02/07/18. Upon return, clothes will be stored in tenant's room. 2. Whispering Willow will try other interventions prior to removing clothing. 3. Whispering Willow Manager and Nurse will monitor daily to make sure all tenants are treated with consideration, respect, and full-recognition of personal dignity and autonomy. 4. Whispering Willow will ensure regulatory insufficiency corrected by 02/07/18.	

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A 012	Continued From page 1 8-11-17 with diagnoses including vascular dementia with behavioral disturbances, anxiety, malignant neoplasm of skin, cardiac pacemaker, migraines, and hypertension. Review of the tenant's Individualized Service Plan (ISP) dated 8-11-17 indicated Tenant #1 required assistance with dressing in the a.m. and p.m. and in selecting appropriate clothing. A 90 Day Review and Care Conference form document 11-7-17 revealed 2 family members were present for the meeting regarding Tenant #1. He/she had exhibited behaviors of frequent dressing/undressing. The tenant's family member declined to authorize the tenant's clothing be removed from the apartment as requested by the Program. Review of a Modifications to the Service Plan document dated 12-4-17 revealed an update to store Tenant #1's clothing in a dresser in the coffee/storage room. He/she would be provided a clean set of clothing in the morning and staff would remove the dirty laundry each day. The update was not signed by the representative for Tenant #1. Tenant #1 was not treated with consideration, respect, and full recognition of personal dignity and autonomy when they failed to obtain permission from family to remove his/her clothing. During an interview on 12-28-17 at 2:04 p.m. the Registered Nurse Manager confirmed family had declined to have clothing removed at the 90 day meeting. She stated she did not document any follow up conversations with the family to restrict Tenant #1 from their personal clothing. No other interventions had been attempted prior to	A 012	A037 Whispering Willow does complete comprehensive evaluation with significant change. 1. Whispering Willow Nurse will ensure in the future all significant change assessments (including moving tenant from General Population to Memory Care Unit) will be completed. 2. Nurse will contact management if significant change is in question. 3. Management and Nurse will have weekly meeting on tenants to determine if any significant changes. 4. Whispering Willow will ensure regulatory insufficiency corrected by 02/16/18.	

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A 012	Continued From page 2 removing the clothing.	A 012		
A 037	481-69.22(2) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete a comprehensive evaluation with significant change. This pertained to 1 out of 2 tenants reviewed (Tenant #1). Findings follow: Review of Tenant #1's file revealed the following: Tenant #1 was admitted on 8-11-17 and resided in the assisted living portion of the Program. The Individualized Service Plan was updated on 8-14-17 to reflect Tenant #1 moving into the	A 037	A089 Whispering Willow does identify tenant needs. 1. Whispering Willow Nurse will develop the ISP and management will review the ISP to ensure individual needs will be addressed. 2. Management to review all ISPs and talk with staff on cares provided to make sure they are all addressed. 3. Management will review all ISPs. 4. Whispering Willow will ensure regulatory insufficiency corrected by 02/16/18.	

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A 037	Continued From page 3 memory wing of the Program with increased service needs. The initial Comprehensive Nursing, Functional, and Cognitive Assessments were completed on 8-11-17. A comprehensive evaluation for significant change was not completed on 8-14-17. During an interview on 12-28-17 at 11:01 a.m. the Registered Nurse Manager stated that she did not think it would have been a significant change because the intent was for Tenant #1 to be admitted to memory care when a bed became available. She confirmed a comprehensive assessment was not completed when he/she moved to the memory care unit and required additional services.	A 037	A121 Whispering Willow staff does receive dementia-specific education and training. 1. Upon hire, management will schedule 1-2 days in the first 2 weeks of employment to complete dementia-specific education. 2. All new staff to complete education within the 30-day time frame; facility scheduling 2 days in the first 2 weeks. 3. Management will monitor all employees training on a weekly basis. 4. Facility corrected regulatory insufficiency by 02-06-18. Staff A completed 12/28/17. Staff B completed 12/29/17. Staff C completed 12/18/17. Staff D completed 12/29/17.	
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 ensure all identified needs were addressed in the service plan for 1 of 2 tenants reviewed (Tenant #1). Findings include: Review of an Incident Report dated 8-13-17 revealed a door alarm went off at 2:35 p.m. A search of the building revealed Tenant #1 was not in his/her apartment. Staff notified law	A 089		

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A 089	Continued From page 4 enforcement, family, and the nurse. Tenant #1 was found within 5 minutes of the alarm sounding. Record review revealed Tenant #1 was admitted to the general population area of the Program on 8-11-17 with diagnoses including vascular dementia with behavioral disturbances, anxiety, malignant neoplasm of skin, cardiac pacemaker, migraines, and hypertension. An addendum to the tenant's Occupancy Agreement dated 8-11-17 revealed the Program had knowledge the tenant had attempted to elope and exhibited wandering behaviors while at a previous placement. The spouse, a family member, and the Administrator signed the agreement that outlined the specific accommodations and limitations of the Program. The document specified that if Tenant #1 left the building a message would be sent on the pager system regarding the door exited. However, due to the care needs of other tenants, the exit door might not always be able to be checked immediately by staff. As a result the tenant might be able to elope from the building. The spouse, also a tenant, agreed to alert staff if Tenant #1 exhibited wandering behaviors or attempts to leave the building. If that occurred Tenant #1 was to be allowed to spend time in the secured Memory Wing in order to deescalate. During an interview on 12-27-17 at 4:18 p.m. the Manager confirmed Tenant #1 was confused at times. The expectation was if Tenant #1 exhibited wandering behaviors, his/her spouse would notify staff so he/she could be taken to the memory care wing for supervision Review of Tenant #1's Individualized Service	A 089		

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A 089	Continued From page 5 Plan (ISP) dated 8-11-17 revealed identified behaviors of wandering or exit seeking were not addressed. When interviewed on 12-28-17 at 11:01 a.m. the Nurse Manager confirmed Tenant #1 had been known to exit seek at a previous facility. Tenant #1 was admitted to the Program with the expectation of going into the memory care wing when an opening occurred. The Nurse Manager stated that he/she had hourly checks in place but was unable to find the documentation to show it was being completed. She did not know why the ISP did not reflect the need for hourly checks or the increased supervision.	A 089		
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 record review the Program failed to ensure staff received a minimum of eight hours of dementia-specific education and training within 30 days of employment. This pertained to 4 out of 8 staff reviewed (Staff A, Staff B, Staff C,and Staff D). Findings follow:	A 121		

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A 121	Continued From page 6 Record review revealed the following: 1. Staff A was hired on 7-3-17 and had not completed any dementia training. 2. Staff B was hired on 2-8-17. Review of CE Solutions Certificate of Completion revealed she had completed 6 hours of dementia training by 5-19-17. 3. Staff C was hired on 9-28-17. Review of CE Solutions Certificate of Completion revealed he had completed 8 hours of dementia training by 12-18-17. 4. Staff D was hired on 11-14-17. Review of CE Solutions Certificate of Completion revealed she had completed 2.5 hours of dementia training by 12-26-17. During an interview on 12-27-17 at 2:34 p.m. the Manager confirmed this finding.	A 121		