✓OK 5/1/18

PRINTED 04/25/2018
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
	S0328	A. BUILDING _____ B. WING _____	04/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR MANOR SHENANDOAH	601 HARRISON STREET SHENANDOAH, IA 51601

(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: 32 Number of tenants with cognitive disorder. 0 Memory Care Unit Number of tenants without cognitive disorder: 8 Number of tenants with cognitive disorder: 0 Total Census of Assisted Living Program for People with Dementia: 40 The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program for People with Dementia.	A 000		
A 125	481-67.19(5) Record Checks 481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks 67.19(5) Employment prohibition. A person who has committed a crime or has a record of founded child or dependent adult abuse shall not be employed in a program unless an evaluation has been performed by the department of human services. This REQUIREMENT is not met as evidenced	A 125	1. Windsor Manor of Shenandoah will do background checks in their entirety. This was started on 4-26-18 2. The Executive Director will run the background checks and they will be reviewed by the management office staff 3. The Regional Director of Foster Senior Living will complete random checks quarterly for the next year. 4. A complete QA was done on WMS background check files on 6-29-17.	4-27-18

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Lee Anna Davis	Executive Director	4/30/18

STATE FORM 6899 G59U11 If continuation sheet 1 of 2

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A 125	Continued From page 1	A 125		

by:
Based on interview and record review the Program failed to ensure a Department of Human Services (DHS) evaluation was completed prior to employment for 1 of 1 staff reviewed with a history of founded child abuse (Staff A). Findings follow:

Review of Staff A's file revealed a hire date of 7-6-16. The Single Contact License and Background Check (SING) was completed 6-28-16. The SING documented the facility was to initiate a record check evaluation with DHS regarding a history of child abuse. No record of this evaluation could be located.

A second SING check was completed on 6-29-17. The SING documented the facility was to initiate a record check evaluation with DHS regarding a history of child abuse. No record of this evaluation could be located.

A third SING check was completed on 1-2-18 The SING documented the facility was to initiate a record check evaluation with DHS regarding a history of child abuse. The evaluation process was completed and approval to work for Staff A was received from DHS on 1-5-18.

When interviewed on 4-11-18 at 11:17 a.m. the Regional Director confirmed this finding and stated the previous Director failed to submit the evaluation requests to DHS.