5/29/18

PRINTED: 04/24/2018
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
	S0352	A. BUILDING: _____ B. WING _____	04/05/2018

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	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: 24 Number of tenants with cognitive disorder: 2 Memory Care Unit Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 6 TOTAL Census of Assisted Living Program for People with Dementia: 33 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program for People with Dementia.	A 000		
A 118	481-67.19(3) Record Checks 481-67.19(135C,231B,231C,231D) Criminal, dependent adult abuse, and child abuse record checks. 67.19(3) Requirements for employer prior to employing an individual. Prior to employment of a person in a program, the program shall request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the person in this state.	A 118	Plan of Correction is attached DJ 5/29/18	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

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A 036	Continued From page 3 a scored cognitive screening tool. The evaluation shall be conducted by a health care professional or human service professional. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete the required evaluations prior to occupancy for 1 of 3 tenants reviewed (Tenant #2). Findings follow: Review of Tenant #2's file revealed an admission date of 4-6-17. Review of the tenant's Resident Comprehensive Assessment dated 3-30-17 revealed the functional status portion of the document was not completed When interviewed on 4-5-18 at 10:22 a.m. the Director stated she completed the admission assessments while Tenant #1 was in the hospital but did not complete the functional portion due to the medicated state of the tenant.	A 036		
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	A 037		

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A 037	Continued From page 4 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 the required evaluations within 30 days of occupancy or with significant change for 2 of 3 tenants reviewed (Tenant #1, Tenant #2). Findings follow: 1. Review of Tenant #1's file revealed he/she was admitted on 9-2-16 to the general population area of the Program. A document in the file titled Notice to Bookkeeper noted there was a change in financial information regarding the tenant when he/she moved to the memory care unit on 4-6-17. No evaluation for this significant change of moving to the memory care unit could be located. When interviewed on 4-5-18 at 10:22 a.m. the Director confirmed an evaluation was not completed. 2. Review of Tenant #2's file revealed an admission date of 4-6-17. The required 30 day functional, cognitive, and health evaluations could not be located. When interviewed on 4-5-18 at 10:22 a.m. the Director stated she remembered completing the required assessments but could not find the documentation. In addition the file revealed a Clinical Transfer	A 037		

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A 037	Continued From page 5 Report from an inpatient mental health program indicating Tenant #2 was admitted for treatment on 2-12-18 due to unmanageable behaviors. A Discharge Summary dated 2-17-18 revealed medications were adjusted and considered effective. Instructions included walking to reduce anxiety and use of as needed (PRN) medications if interventions failed and behaviors escalated. No evaluations following this significant change were completed. The Director confirmed this finding on 4-5-18 at 10:22 a.m.	A 037		
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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop service plans based on evaluations for 2 of 3 tenants reviewed (Tenant #1 and Tenant #2). Findings follow: Review of Tenant #1's file revealed a Resident Comprehensive Assessment completed on 11-20-17 documented the tenant required assistance with dressing but was independent	A 083		

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A 083	Continued From page 6 with grooming. However, the tenant's ISP dated 11-20-17 indicated the tenant required assistance with grooming. During an interview on 4-5-18 at 10:22 a.m. the Director stated the previous nurse failed to ensure the ISP matched the assessments. Review of Tenant #2's file revealed he/she was admitted 4-6-17. The tenant's Resident Comprehensive Assessment dated 3-30-17 revealed the functional portion was not completed. The ISP dated 4-2-17 revealed he/she required assistance with bathing, grooming, dressing, medications, and activities. The ISP was not based on the required assessments. When interviewed on 4-5-18 at 10:22 a.m. the Director stated she completed the admission assessments while Tenant #1 was in the hospital but did complete the functional portion due to his/her medicated state.	A 083		
A 085	481-69.26(3) Service Plans 481-69.26(231C) Service plans. 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update the service plan for 2 of 2 tenants reviewed with a significant change (Tenant #1, Tenant #2). Findings follow:	A 085		

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A 085	Continued From page 7 Review of Tenant #1's file revealed he/she was admitted to the general population area of the Program on 9-2-16. Individualized Service Plans (ISP) dated 9-2-16 and 1-12-17 revealed he/she was independent with medications and his/her family set up his/her med planner. Staff checked the medication planner daily to ensure medications had been taken. An ISP dated 11-20-17 indicated the tenant required the Program to administer medications. A document in the file titled Notice to Bookkeeper noted there was a change in financial information regarding the tenant because he/she moved to the memory care unit on 4-6-17. The tenant's service plan was not updated in April 2017 to reflect the move to the memory care unit and the subsequent need for Program administered medications. Review of Tenant #2's file revealed he/she was admitted 4-6-17 to the memory care unit. Incident Reports dated 1-20-18 to 3-21-18 revealed he/she had fallen 8 times. A Clinical Transfer Report from an inpatient mental health program indicated the tenant was admitted on 2-12-18 due to unmanageable behaviors. A Discharge Summary dated 2-17-18 from the mental health program revealed medications had been adjusted and considered effective. Instructions included walking to reduce anxiety and the use of as needed (PRN) medications if interventions failed and behaviors escalated. The Program failed to update the tenant's ISP (dated 4-2-17) to include interventions to minimize falls and reduce behaviors including anxiety. When interviewed on 4-5-18 at 10:22 a.m. the Director confirmed these findings.	A 085		

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A 094	Continued From page 8	A 094		
A 094	481-69.27(1)a Nurse Review 481-69.27(231C) Nurse review. If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse: 69.27(1)a To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who receives program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete nurse reviews every 90 days or after a significant change for 2 of 3 tenants reviewed (Tenant #1, Tenant #3). Findings follow: 1. Tenant #1 was admitted 9-2-16. The tenant's Resident Comprehensive Assessment and Individual Service Plan (ISP) completed on 10-2-16 revealed he/she received assistance with bathing. A Quarterly Nursing Summary was completed on 12-27-16. No subsequent nurse reviews were documented until the annual update completed on 11-20-17.	A 094		

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A 094	Continued From page 9 Review of the file revealed a document titled Patient Visit Information dated 12-21-17. The document noted Tenant #1 was treated for a urinary tract infection and bronchitis, and was prescribed an antibiotic and breathing treatments. A Week End Walk-in Clinic document dated 2-3-18 revealed the tenant was prescribed Levaquin to treat an infection. Nurse's Notes dated 2-5-18 revealed an order for the Levaquin and to increase oral intake. A Quarterly Nursing Summary dated 2-16-18 failed to include a review of medications and health concerns that occurred during the review period. 2. Tenant #2 was admitted on 1-15-16. An ISP dated 4-2-17 documented the tenant received Program administered medications. No quarterly nurse reviews between the dates of 7-19-17 through 3-26-18 could be located. The Director confirmed these findings on 4-5-18 at 10:22 a.m.	A 094		

5/25/18

481-67.19 Criminal, dependent adult abuse and child abuse record checks

Program failed to ensure required record checks were completed prior to employment.

- Windsor Manor Business Office Manager will complete all background checks prior to offer of employment with Windsor Manor utilizing SING.
    - Business Office Manager will complete all background checks prior to hire. This includes completing the evaluation with DHS if indicated necessary.
    - Executive Director will ensure background check is completed prior to offering any employment to potential employees at Windsor Manor.
    - A documented training was provided to the Business Office Manager and the Executive Director with policy review on 3/29/18.
    - Regional Director of Foster Senior Living will complete quarterly random background check quality assurance checks to ensure 100% compliance.
    - All background checks at Windsor Manor were checked for Quality compliance by the Regional Director at Foster Senior Living. 3/14/18.
    - This task has already been implemented by Windsor Manor. 4/27/18
- 481-69.22 (1) Evaluation of tenant
    - Windsor Manor RN will complete all tenant evaluations in their entirety. This includes an evaluation of the tenants functional, cognitive and health status. This will be completed prior to occupancy and prior to signing the Occupancy Agreement on all tenants.
    - A documented training was provided to the Executive Director and the Director of Health and Wellness by the Regional Director of Operations on 3/29/18.
    - A complete documented chart audit with findings will be completed by 5/10/18 by the Director of Health and Wellness.
    - All tenant evaluations completed will be uploaded to Foster Senior Living's L Drive and will be reviewed for accuracy and completion by the Corporate Nurse. This will be effective 4/27/18 and will be ongoing.
- 481-69.22(2) Evaluation of tenant
    - Windsor Manor RN will complete all tenant evaluations in their entirety. This includes evaluation of the tenants functional, cognitive and health status within 30 days of occupancy and with all significant change in condition.
    - A documented training was provided to the Executive Director and the Director of Health and Wellness by the Regional Director of Operations on 3/29/18.
    - A complete documented chart audit with findings will be completed by 5/10/18 by the Director of Health and Wellness.
    - All tenant evaluations completed will be uploaded to Foster Senior Living's L Drive and will be reviewed for accuracy and completion, both after 30 days and after a significant change in condition by the Corporate Nurse. This will be effective 4/27/18 and will be ongoing.
- 481-69.26(1) Service Plans
    - The service plans developed by the RN at Windsor Manor will be based on the evaluation completed. The RN will ensure the ISP meets the needs identified in the evaluation.

5/25/18

- A documented training was provided to the Executive Director and the Director of Health and Wellness by the Regional Director of Operations on 3/29/18.
- A complete documented chart audit with findings will be completed by 5/10/18 by the Director of Health and Wellness.
- Upon completion of the ISP (service plan) the RN will upload all ISP's to the L Drive and the Corporate RN will compare them with the evaluations to ensure all resident needs are being met. This will be effective 4/27/18 and will be ongoing.

- 481-69(2) Service Plans
  - The RN at Windsor Manor will complete a service plan update on all tenants requiring personal or health related care within 30 days of the tenant's occupancy and as needed, but not less than annually.
  - The Windsor Manor RN will utilize the ISP tracker to ensure plans are updated within 30 days and as needed.
  - A documented training was provided to the Executive Director and the Director of Health and Wellness by the Regional Director of Operations on 3/29/18.
  - A complete documented chart audit with findings will be completed by 5/10/18 by the Director of Health and Wellness.
  - The Windsor Manor RN will upload all service plans and they will be reviewed by the Corporate nurse for accuracy. This will be effective 4/27/18 and will be ongoing.
- 481-69.27(1) Nurse Review
  - The RN at Windsor Manor will complete nurse reviews on tenants who receive personal or health related care and tenants who have had a significant change. Nurse reviews will be completed at least every 90 days.
  - A documented training was provided to the Executive Director and the Director of Health and Wellness by the Regional Director of Operations on 3/29/18.
  - A complete documented chart audit with findings will be completed by 5/10/18 by the Director of Health and Wellness.
  - The Windsor Manor RN will document all significant changes on the ISP tracker and will upload all nurse reviews to the L drive. The corporate nurse will review the nurse reviews for accuracy. This will be effective 4/27/18 and will be ongoing.