

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0319	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/27/2018
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WINDSOR MANOR NEVADA

**1642 SOUTH G AVENUE
NEVADA, IA 50201**

(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: 29 Number of tenants with cognitive disorder: 0 Memory Care Unit Number of tenants without cognitive disorder: 3 Number of tenants with cognitive disorder: 7 Total Census of Assisted Living Program for People with Dementia: 39 The following regulatory insufficiencies were cited during the investigation of Complaint #77779-C:	A 000		
A 008	481-67.2(1)e Program Policies and Procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse. 67.2(1) The program's policies and procedures on incident reports, at a minimum,	A 008		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 008	Continued From page 1 shall include the following: e. All accidents or unusual occurrences within the program's building or on the premises that affect tenants shall be reported as incidents. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure all incidents or unusual occurrences affecting 1 of 2 tenants reviewed tenants were reported per Program policy (Tenant #2). Finding follows: Record review on 8/19/18 revealed a Nurse's Note for Tenant #2 dated 7/9/18. According to the note Tenant #2 bumped his elbow and was advised to have the elbow further evaluated at the Emergency Room (ER). Further record review on 8/19/18 revealed no incident report regarding Tenant #2's injury and ER visit. When interviewed on 8/19/18 at 1:30 p.m. the Healthcare Coordinator (HC) confirmed no incident report existed for the injury and subsequent ER visit.	A 008		
A 036	481-67.5(6)a 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: a. The administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced registered nurse practitioner registered in Iowa or by certified and	A 036		

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A 036	Continued From page 2 noncertified staff in accordance with subrule 67.9(4) or a physician assistant (PA) in accordance with 645-Chapter 327. Injectable medications shall be administered as permitted by Iowa law by a registered nurse, licensed practical nurse, advanced registered nurse practitioner, physician, pharmacist, or physician assistant (PA). This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure staff administered injections correctly for 1 of 2 tenants reviewed (Tenant #1). Findings include: Record review on 9/19/18 of Tenant #1's Nurses' Notes revealed an entry dated 3/31/17 documenting the Nurse received a call from Tenant #1's son concerning an injection given to his mother. According to the note Tenant #1 received an injection of Lovenox 90 mg. When interviewed on 9/19/18 at 1:30 p.m. the Healthcare Coordinator (HC) explained that Universal Worker (UW) A who had been delegated to administer insulin injections had given Tenant #1 another tenant's Lovenox by mistake. The HC stated the Program had not been aware UW A had administered the Lovenox until she received the phone call from Tenant #1's son. Record review on 9/19/18 confirmed the HC notified Tenant #1's Primary Care Physician and Cardiologist to inform them of Luvenox injection. New orders included holding Tenant #1's	A 036		

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NAME OF PROVIDER OR SUPPLIER WINDSOR MANOR NEVADA			STREET ADDRESS, CITY, STATE, ZIP CODE 1642 SOUTH G AVENUE NEVADA, IA 50201		
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A 036	Continued From page 3 Pradaxa for one dose. An additional Nurse's Note dated 4/3/17 said Tenant #1 continued to have no adverse reaction to the Luvenox injection given by mistake. Further record review revealed an Incident Report (IR) dated 3/31/17 for Tenant #1. The IR indicated a medication error. Description of the incident stated Tenant #1 was given an injection in error. When interviewed on 9/19/18 at 1:30 p.m. the HC confirmed the Luvenox injection had been stored with tenant medications which were accessible to staff. Staff had been delegated to provide insulin injections but no other types of injections. Staff A administered Luvenox to Tenant #1 although the medication was ordered for another tenant who resided across the hall from Tenant #1.	A 036			