7/24/19

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
	S0224	A. BUILDING: _____ B. WING _____	C 06/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR MANOR GRINNELL	229 PEARL STREET GRINNELL, IA 50112

(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: 4 Memory Care Unit Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 8 Total Census of Assisted Living Program for People with Dementia: 36 The following regulatory insufficiency was cited during the investigation of Complaint #83389-C.	A 000		
A 063	481-67.9(4)f Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: f. Services shall be provided to tenants in accordance with the training provided. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to provide services to tenants in accordance with the training provided.	A 063	See attached	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

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A 063	Continued From page 1 This pertained to 2 of 2 staff observed administering medications (Staff A and Staff B). Findings follow: 1. Observation of a medication pass on 6-20-19 at 4:20 p.m. revealed Staff A administered eye drops to a tenant and failed to wear gloves. Nurse Delegation for eye drop administration dated 6-20-19 revealed she was trained to don gloves for eye drop administration. 2. Observation of a medication pass on 6-24-19 at 9:14 a.m. revealed Staff B administered a nebulizer treatment to a tenant. She failed to have the Medication Administration Record (MAR) available and failed to wash her hands prior to administration. At 9:28 a.m. Staff B administered a facial ointment to another tenant and failed to wash her hands after assisting a different tenant. She failed to have the MAR available prior to administration and failed to document administration of medications on the MAR afterwards. Review of Nurse Delegation revealed she was delegated on 4-15-19 for Medication Management that required staff to wash hands, read the MAR to ensure the right resident, drug, dose, time, route, and documentation of medications administered. On 6-24-19 at 11:55 a.m. the Executive Direction confirmed she provided the training to Staff A and Staff B and expected them to administer medications as delegated.	A 063	See attached	

✓ 7/24/19

A 063	481.67.9 (4) Staffing 481.67(231B, 231C, 231D) Staffing. 67.9 (4) Nurse delegation procedures. The programs' registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: f. Services shall be provided to tenants in accordance with the training provided. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the Program failed to provide services to tenants in accordance with the training provided. This pertained to 2 of 2 staff observed administering medications (Staff A and Staff B). Findings follow: 1. Observation of medication pass on 6/20/19 at 4:20 P.M. reveals Staff A administered eye drops to	A 063	Corrective Measure: 1. Staff A was re-trained, and re-delegated her on eye drop administration. 2. Staff B has chosen to not pursue medication delegation/responsibilities at this time. I retrained, and redelegated her on hand washing.	07/8/19 7/8/19

Laurie Fletcher RN
Executive Director

DD 7/17/19

	a tenant and failed to wear gloves. Nurse Delegation for eye drop administration dated 6/2/19 revealed she was trained to don gloves for eye drop administration. 2. Observation of medication pass on 6/24/19 at 9:14am revealed Staff B administered a nebulizer treatment to a tenant. She failed to have the MAR available and failed to wash her hands prior to aministration. At 9:28A.M.,, Staff B administered a facial ointment to another tenant and failed to wash her hands after assisting a different tenant. She failed to have the AMR available prior to administration and failed to document administration of medications on the MAR afterwards. Review of Nurse Delegation revealed she was delegated on 4/15/19 for Medication		3. Delegating Nurse will hold an all-staff inservice, and will re-educate and delegate staff on protocol. 4. Nurse will make random skill checks to assure delegation process is being followed.	8/01/19 Immediate and ongoing

Laurie Stevens RN
Executive Director

	Management that required staff to wash hands read the MAR to ensure the right resident, drug, dose, time, route, and documentation of medications administered. On 6/24/19 at 11:55a, the Executive Direction confirmed she provided the training to Staff A and Staff B and expected them to administer medications as delegated.			

Laurel Hutchens RN
Executive Director