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
	S0335	A. BUILDING: _____ B. WING _____	C 09/09/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR MANOR ALGONA	512 N FINN DRIVE ALGONA, IA 50511

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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: 31 Number of tenants with cognitive disorder: 1 Memory Care Unit Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 8 Total census : 41 The following regulatory insufficiencies were cited during the investigation of Complaint #93057-C. No regulatory insufficiencies were cited during the investigation of Complaint #91029-C. In addition to these investigations, an onsite infection control survey was conducted. No insufficiencies were cited during this survey.	A 000	V 11/17/20	
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.	A 083	Director of Health & Wellness was hired on 11/13/19. Due to COVID, she was unable to complete her Regulatory Training through IHCA until 8/31/20 where she gained additional knowledge of service plan requirements. All service plans were reviewed by the ED and DHW on 9/15/20 to add additional information on any resident regarding hx of falls, weight loss, supplement usage, resident preferences, mental health and interventions. Change of Condition ISPs will be used to record changes in health status, weight, or cognitive changes. (cont)	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

VOD 11/17/20

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A 083	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews the Program failed to address all assessed service needs within the service plan for 1 of 3 former tenants (Tenant C1) and 1 of 2 current tenants (Tenant #1) reviewed. Findings include: 1. Tenant C1 was admitted to the Program on 12/19/19 with diagnoses including hypothyroidism, Alzheimer's disease, hypertension, syndrome of inappropriate antidiuretic hormone secretion (SIADH), hypo-osmolality, and hyponatremia. Tenant C1 scored a Global Deterioration Scale (GDS score) of 5. Physician's orders dated 8/6/20 revealed an order for weekly weights. A review of the weekly weights from December of 2019 through the end of July 2020 revealed a gradual weight loss of 22 lbs. A review of June 2020 task sheets revealed staff provided an Ensure supplement drink to Tenant C1 for nutrition. On 9/8/20 at 11:49 AM, Staff C stated Tenant C1 was not a good eater and was very selective regarding food. Staff gave her an Ensure supplement at each meal and prompted her to drink it for added nutrition due to her selective eating. In addition, Tenant C1 had some anxiety when she first moved in but it had increased as time went on. The tenant often complained her skin hurt or there was feces in her mouth. In addition, the tenant had problems with the feel of some fabrics when her anxiety was high. Some days Tenant C1 wanted to stay in bed and keep her pajamas on because she liked the feel of them.	A 083	ISPs will be reviewed by the ED as completed to verify that all areas are addressed. Regional Corporate RN monthly reviews ISPs for quality. Weight sheets will be completed monthly, or at a higher frequency if the physician orders. Effective 9/9/20, all correspondence with physician will be included in written form with physician recommendations in the ISP binder. Weights will be monitored for monthly +/- and for change from admission weight. Weight sheets will be reviewed monthly by Regional Corporate RN. A COC was completed on Tenant #1 on 9/1/20, and the resident discharged on 9/4/20 to hospital with expected return; however, hospital recommended SNF care and family decided, due to continuing decline, to stay there permanently.	

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A 083	Continued From page 2 On 9/8/20 at 4:04 PM, Staff D stated Tenant C1 did not eat very well the last month she lived at the Program. Staff often had to prompt her to eat, and also offered bland foods. The tenant had anxiety regarding the smells and textures of things, including her food. She received a PRN (as needed) medication early in the day to help with anxiety. Staff D stated that Tenant C1 had good days when she was happy, got dressed, and ate well. The tenant acted differently when her anxiety was high. She believed there was something in her mouth, and did not get dressed or want to eat. On 9/3/20, a review of Tenant C1's task sheets revealed daily monitoring of fluids. The task sheet indicated Tenant C1 was to stay within 1000 cc a day. On 9/3/20, a review of Tenant C1's nurse's notes revealed treatments for urinary tract symptoms on 1/28/20, 3/14/20, 4/1/20 and 7/17/20. On 9/3/20 at 11:41 AM, the Healthcare Coordinator confirmed Tenant C1 had a history of urinary tract infections (UTIs). On 9/3/20 at 11:41 AM, the Healthcare Coordinator (HC) stated Tenant C1's weights were monitored, and confirmed the tenant had lost weight the last few months she resided at the Program. Staff offered an Ensure supplement at every meal but she generally only drank half of it. The HC stated Tenant C1 moved to the Program from a nursing facility and arrived with fluid restriction sheets. The Program continued to follow this monitoring of fluids upon admission due to her history and diagnosis. The HC described Tenant C1 as an anxious person which led to sleep problems. Symptoms of anxiety included being shaky and vague complaints of	A 083		

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A 083	Continued From page 3 aching. Tenant C1 had an anxiety medication she took daily and a PRN anxiety medication she took frequently. Tenant C-1's most recent service plan dated 1/15/20 indicated the tenant had a good appetite and loved to interact with others at meal time. The service plan failed to address the need areas of weekly weight monitoring, poor nutrition, and daily monitoring of fluids. The tenant's anxiety issues, including signs and symptoms, were also not included in the plan. The plan mentioned the tenant had rare instances of incontinence when being treated for a UTI, but failed to mention the history of UTIs or what signs/symptoms of an infection staff were to look for. 2. Review of Tenant #1's nurse's notes revealed a history of falls on 3/27/20, 5/2/20, 5/22/20, 5/30/20, 6/21/20, 7/27/20, 8/4/20, 8/14/20 and 8/21/20. Nurse's notes on 7/27/20 indicated a motion sensor was ordered for Tenant #1's bed for safety. On 9/9/20 at 12:30 PM, the Executive Director confirmed the sensor alarm was purchased and worked well for Tenant #1. Tenant #1's most recent service plan dated 2/25/20 was not updated to include the history of falls or the use of the motion sensor on the bed for safety. 3. The Executive Director confirmed the above findings on 9/9/20 at 1:00 PM.	A 083		
A 096	481-69.27(1)c 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	A 096	On 9/15/20, all Quarterly nurse reviews were reviewed by the ED and DHW to ensure that each contained information related to weight changes, health and personal care changes, observations and (cont)	

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A 096	Continued From page 4 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 or a licensed practical nurse via nurse delegation: 69.27(1)c To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status; This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to assess all health needs at least every 90 days for 1 of 3 former tenants reviewed (Tenant C1). Findings include: Tenant C1 was admitted on 12/19/19 with a diagnosis of hypothyroidism, Alzheimer's disease, hypertension, syndrome of inappropriate antidurietic hormone secretion (SIADH), hypo-osmolality, and hyponatremia. Tenant C1 scored a Global Deterioration Scale (GDS score) of 5. Physician's orders dated 8/6/20 revealed an order for weekly weights for Tenant C1. A review of the weekly weights from December of 2019 through the end of July 2020, revealed a gradual but total weight loss of 22 lbs. On 4/14/20 a nurse review was completed for Tenant C1. As of 4/14/20, Tenant C1 had lost 7.6 lbs according to the weight documentation on the medication administration records. The 4/14/20 nurse review did not address weight loss or the	A 096	new interventions. Updates were made to any plans where these items were not previously noted. Quarterly nurse reviews will be reviewed by the ED and DHW as they are completed or as change of condition is noted. Regional Corporate RN will review all ISPs and Quarterly reviews on her visit to the facility or on-line.	

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A 096	Continued From page 5 monitoring of weight. On 7/13/20, a nurse review was completed for Tenant C1. Between the April 2020 nurse review and the 7/13/20 nurse review, Tenant C1 lost an additional 8.4 lbs. The 7/13/20 nurse review indicated the tenant's physical health had remained the past quarter. The nurse review did not address weight loss or the monitoring of weight. On 9/9/20 at 1:00 PM, the Executive Director confirmed the above findings.	A 096		