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
	S0144	A. BUILDING: _____ B. WING _____	C 06/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR PLACE SENIOR LIVING CAMPUS	810 SOUTH STONE STREET SIGOURNEY, IA 52591

(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 are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive disorder: 36 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 37 No regulatory insufficiencies were cited during the investigation of Complaint #109146-C. The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program.	A 000	The Plan of Correction is attached	
A 145	481-69.22(3) Evaluation of Tenant 69.22(3) Evaluation annually and with significant change. A program shall 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 human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change.	A 145		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Dan Donohue	Administrator	6/23/23

ok

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A 145	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to evaluate tenant's functional, cognitive, and health status at least annually and as needed with a significant change in health status for 2 of 2 tenants reviewed (Tenant #1 and Tenant #2). Findings follow: Record review of tenant files on 6/6/23 revealed the following: 1. Tenant #1 was admitted on 3/31/22. A cognitive assessment was completed 3/20/23 but no annual functional or health status assessments could be located. 2. Tenant #2's file included discharge instructions from the long term care facility on 2/20/23. No functional, cognitive, or health assessments completed after he returned to the assisted living could be located. The Director of Nursing confirmed these findings on 6/6/23 at 11:20 a.m.	A 145		
A 340	481-69.25(2) Tenant Documents 69.25(2) The program records relating to a tenant shall be retained for a minimum of three years after the transfer or death of the tenant. This REQUIREMENT is not met as evidenced by: Based on interview the Program failed to maintain tenant records for at least three years for 2 of 2 discharged tenants reviewed (Tenant C1 and Tenant C2). Findings follow:	A 340		

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A 340	Continued From page 2 On 6/6/23 at 2:47 p.m. the Business Office Manager confirmed she could not locate any of the requested assessments, service plans or progress notes for the discharged tenants.	A 340		
A 350	481-69.26(1) 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 update service plans based on needs and evaluations, or at least annually, for 2 of 2 tenants reviewed (Tenant #1 and Tenant #2). Findings follow: Record review of tenant files on 6/6/23 revealed the following: 1. Tenant #1 was admitted on 3/31/22 and had a service plan dated 4/26/22. A service plan updated at least annually could not be located. 2. Tenant #2's Progress Notes from the month of March 2023 revealed he routinely refused his accu-checks, insulin injections, and other medications. He had a diagnosis of Type 2 Diabetes. His file included discharge instructions from the long term care facility on 2/20/23. No	A 350		

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A 350	Continued From page 3 functional, cognitive, or health assessments completed after he returned to the assisted living could be located. The service plan failed to be based on the required assessments and his specific needs to address his history of refusing medications. The Director of Nursing confirmed these findings on 6/6/23 at 11:20 a.m.	A 350		
A 430	481-69.27(1)c Nurse Review 69.27(1) 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: 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 and document the health status as warranted for 1 of 1 tenants reviewed with health related services (Tenant #2). Findings follow: Record review of Tenant #2's on 6/6/23 revealed the following: Progress Notes from the month of March 2023 documented he routinely refused his	A 430		

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A 430	Continued From page 4 accu-checks, insulin injections, and other medications several days. He had a diagnosis of Type 2 Diabetes. Continued review revealed discharge instructions from the long term care facility on 2/20/23. No nurse reviews monitoring these changes in health status at least every 90 days could be located. The Director of Nursing confirmed these findings on 6/6/23 at 11:20 a.m.	A 430		
A 465	481-69.28(5) Food Service 69.28(5) Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have annual in-service training on food protection. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide training on food safety and sanitation prior to handling food to 5 of 5 staff reviewed that prepared or served food to tenants (Staff A, Staff B, Staff C, Staff D, and Staff E). Findings follow: Record review on 6/5/23 revealed the following: 1. Staff A was hired 4/21/23. No orientation on sanitation and safe food handling could be located. 2. Staff B was hired 9/6/22. No orientation on sanitation and safe food handling could be located.	A 465		

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A 465	Continued From page 5 3. Staff C was hired 12/2/22. No orientation on sanitation and safe food handling could be located. 4. Staff D was hired 6/23/22. No orientation on sanitation and safe food handling could be located. 5. Staff E was hired 9/2/2020. No orientation on sanitation and safe food handling could be located. The Director of Nursing confirmed these findings on 6/6/23 at 11:20 a.m.	A 465		

Plan of Correction

Windsor Place Senior Living

A 145 **Evaluation of Tenant**

Tenant's #1 and #2 have had their Annual Functional Assessment and health status assessments completed.

All tenants have had their Annual Functional Assessment and Health Assessment updated to evaluate any changes to service needs.

Our process has been updated to include an audit tool for our Program Director to ensure compliance. The Program Director or designee will evaluate annually and with significant changes each tenant functional, cognitive and health status to ensure each tenants continued eligibility for the program and to determine any changes to services needed.

The Program Director or designee will perform semi-monthly audits for 8 weeks and monthly audits for 3 months and as needed to ensure compliance.

Date of Compliance: 7/15/2023

A340 **Tenant Documents**

The facility will retain records relating to its tenants for a minimum of three years after transfer or death of a tenant.

The facility process has been updated and staff have been educated regarding record retention. Going forward all discharged tenant records will be kept and stored in the facility medical records room for a minimum of three years.

An audit tool has been created for the Program Director to ensure compliance.

The Administrator or Program Director will perform audits monthly for 6 months to ensure compliance.

Compliance Date: 7/15/2023

A350 **Service Plans**

The facility will ensure tenant service plans are developed for each tenant based on evaluations to meet the specific service needs of each individual tenant.

Tenants #1 and #2 have had their service plans updated as well as all other tenants.

Our facility process has been updated to include an audit tool for the Program Director to ensure compliance.

The Program Director will perform weekly audits for 6 weeks, semi-monthly audits for 4 weeks and monthly audits each month thereafter to ensure compliance.

Compliance Date: 7/15/2023

A430 **Nurse Review**

The facility will ensure tenants that do not receive personal or health related services, but have a significant change have a nurse review those changes.

Tenant #2 has had a nurse review their significant change and adjusted their plan as needed.

All residents have had a nurse review completed by the Program Director. The Program Director will review each tenant at least every 90 days to ensure compliance.

Our facility process has been updated to include an audit tool for our Program Director to ensure compliance.

The Program Director will perform audits daily for 2 weeks, weekly audits for 4 weeks and monthly audits for 6 weeks and as needed going forward.

Compliance Date: 7/15/2023

A 465 **Food Service**

The facility will ensure that all employees who are responsible for food preparation or service will have an orientation on sanitation and safe food

handling prior to handling food and have annual training on food preparation and handling.

All staff will have training on food handling on 7/8/2023 and annual training going forward.

All new staff will receive training on food handling thru the facility orientation program.

The facility Business Office Manager will be responsible for ensuring all new staff receive the proper training during orientation. Audits will be performed monthly for 6 months by the Business Office Manager to ensure compliance.

Compliance Date: 7/15/2023