

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0199	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/17/2021
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NAME OF PROVIDER OR SUPPLIER

WINDSOR MANOR INDIANOLA

STREET ADDRESS, CITY, STATE, ZIP CODE

**608 SOUTH 15TH STREET
INDIANOLA, IA 50125**

(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 type of population served. The census numbers were provided by the Program at the time of the on-site. General Population Program Number of tenants without cognitive disorder: 18 Number of tenants with cognitive disorder: 0 Memory Care Unit Number of tenants without cognitive disorder: 5 Number of tenants with cognitive disorder: 12 Total census of Assisted Living Program for People with Dementia: 35 No regulatory insufficiencies were cited during the onsite infection control survey. The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program.	A 000	✓ 6/4/21	
A 400	481-67.19(3) 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. This REQUIREMENT is not met as evidenced by:	A 400	481-67.19(3) Record Checks 1) Windsor Manor of Indianola will do background checks prior to hiring all new employees. Effective 5/24/21. 2) The Business Office Manager will run the background checks and they will be reviewed by the Executive Director prior to offering a position. 3) The Executive Director of Windsor Manor will initial each background check to confirm completion for the next year. 4) A complete QA was done on WMI background check files on 5/24/21.	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

TITLE

(X6) DATE

PDH
6/2/21

DEPARTMENT OF INSPECTIONS AND APPEALS

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NAME OF PROVIDER OR SUPPLIER WINDSOR MANOR INDIANOLA			STREET ADDRESS, CITY, STATE, ZIP CODE 608 SOUTH 15TH STREET INDIANOLA, IA 50125		
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A 400	Continued From page 1 Based on interview and record review the Program failed to complete criminal, child, and dependent adult abuse background checks prior to employment for 1 of 8 staff reviewed (Staff A). Findings follow: Record review of Staff A's file on 3-17-21 revealed a hire date of 7-4-19. A Single Contact License and Background Check was not completed until 7-9-19. The Administrator confirmed these findings on 3-17-21 at 12:27 p.m.	A 400			