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
	S0272	A. BUILDING: _____ B. WING _____	C 04/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR MANOR WEBSTER CITY	1401 WALL STREET WEBSTER CITY, IA 50595

(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 impairment: 36 Number of tenants with cognitive impairment: 10 Total census: 46 There were no regulatory insufficiencies cited during the investigation of Complaints #124376-C & #124378-C. The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification for an ALP/D.	A 000	The Plan of Correction is attached	
A 275	481-67.5(2)f(2) Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program: (2) Medications shall be kept in a locked place or container that is not accessible to persons other than employees responsible for the administration or storage of such medications. This REQUIREMENT is not met as evidenced by: Based on observation and interview the program failed to ensure medications were kept locked for	A 275		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

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A 275	Continued From page 1 2 of 2 tenants reviewed in the secured Gardens area (Tenant #1, Tenant #2). Findings include: 1. On 4/08/25 at 3:51 p.m. observation of Tenant #1's bathroom revealed a cupboard on the wall that was unlocked. Observation inside this cupboard revealed a 1.76 ounce tube of Valaren arthritis topical pain reliever, a .5 fluid ounce of nasal relief pump mist pray, a bottle of sleep aid soft gels pills, a bottle of 650 mg. tablets acetaminophen arthritis pain relief, a 1.75 ounce bottle of Icy Hot Max Lidocaine Cream pain relief. and a 2.5 Fl oz bottle of roll on pain relieving liquid. Staff B confirmed this finding and said the cupboard should be locked. Record review revealed Tenant #1 had a diagnosis of dementia. His GDS score was noted at a 5 on 12/29/24 that indicated moderate cognitive decline. The service plan dated 12/29/24 revealed the medication administration process was delegated to the Program. Further review revealed Tenant #1 had a noted history of choking. Review of Tenant #1's Medication Administration Record (MAR) for the month of April 2025 revealed none of the aforementioned medications were noted on the document. 2. On 4/08/25 at 4:05 p.m. observation revealed a 4 ounce tube of Calmoseptine ointment sitting on a shelf inside an unlocked cupboard in Tenant #2's bathroom. Staff B said the medication should not be in the tenant's room but should be in the medication cart. Record review revealed Tenant #2 had a diagnosis of dementia. Tenant #2's GDS score was 5 on 1/02/25 that indicated moderate cognitive decline. Tenant #2's service plan dated 1/02/25 revealed the medication administration	A 275		

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A 275	Continued From page 2 process was delegated to the Program. 3. On 4/08/25 a review of the medication policy revealed if a tenant required assistance with medications, they would be secured in the apartment in a locked drawer for staff to assist and guide the tenant with taking medicines as scheduled. 4. On 4/09/25 at 8:30 a.m. the Executive Director confirmed these findings.	A 275		

Plan of Correction

A275

1. On 4/9/2025, staff at Windsor Manor WC were verbally educated on proper storage of all medications, including ointments, eye drops etc. Medications will be stored in the designated cupboard, drawer or medication cart which are secured.
2. On 4/9/2025, A memorandum was placed in the staff break room stating that all medication cupboards, drawers and medication carts will be secured.
3. On 4/10/2025, all Windsor Manor WC staff were educated on the Windsor Manor PRN medication policy and medication order form. All medications administered by Windsor Manor staff must be physician ordered and secured in the locked medication cabinet, drawer or medication cart.
4. On 4/10/2025, resident families were educated on the medication policy. They were instructed to bring any medications for their family members to the Director of Health and Wellness or the Executive Director, so a physician order can be obtained to dispense the medication.
5. On 4/11/2025 the Director of Health and Wellness sent the prn medication order form to the physician to obtain orders for the requested medications/treatments. The medications were ordered, delivered and secured in the designated cabinet, drawer or medication cart.
6. Nursing Leadership are completing quality checks of all locked medication carts, drawers and cupboards in the Memory Care. This started on 4/10/25 and will be done daily for 30 days until 5/10/2025, then weekly for 6 weeks until June 21, 2025, then randomly thereafter.