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
	S0328	A. BUILDING: _____ B. WING _____	C 07/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR MANOR SHENANDOAH	601 HARRISON STREET SHENANDOAH, IA 51601

(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: 0 Number of tenants with cognitive disorder: 34 Memory Care Unit Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 9 Total census: 43 No regulatory insufficiencies were cited regarding the infection control survey. The following regulatory insufficiency was cited as result of investigation 98609-C.	A 000		
A 285	481-67.5(2)f(4) 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: (4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant. This REQUIREMENT is not met as evidenced by: Based on observations, interview and record	A 285	Plan of Correction is 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 285	Continued From page 1 review the Program failed to medications were administered as ordered for 1 of 3 tenants reviewed (Tenant #1). Finding follows: Observations on 7/19/21 revealed Staff A assisted Tenant #1 to check his blood sugar, determined the necessary dosage and administered insulin via an insulin pen. Record review on 7/20/21 revealed Tenant #1's service plan stated staff will assist with checking blood sugar and administering insulin. Further review revealed Physician's Report/Orders for Tenant #1 dated 4/19/21. A notation by the ARNP (Advanced Registered Nurse Practitioner) directed to "increase the four units to 5 on insulin and then sliding scale." In addition the tenant was prescribed 22 units of Basaglar 100U/1 ML to be injected subcutaneously at bedtime. Review of Tenant #1's Blood Sugar Log for June 2021 revealed on 6/1/21 staff noted there were no needles. Staff recorded the following blood sugars for 6/1/21: 197 at 8:00 a.m. 217 at noon 285 at 4:00 p.m. 315 at 8 p.m. Staff administered 2 units of Novolog FlexPen 100 u/ml at 8:00 a.m. Additional documentation revealed a fax form to Hy Vee pharmacy dated 6/1/21 requesting Novolog, Basaglar insulins and insulin pens. Review of Tenant #1's Medication Administration Record for June 2021 revealed the following notations on 6/1/21 noon - Novolog - no needle tips - not given. 4:00 p.m. - Novolog - no needle tips - not given.	A 285		

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A 285	Continued From page 2 7:45 p.m. - Novolog - no needle tips- not given 8:00 p.m. - Basaglar - no needle tips -not given. Record review on 7/20/21 revealed the Program's Medication Management Agreement (no date) stated medications would be delivered in a timely and accurate manner. The Program required staff who administered medications to sign this agreement. Further record review revealed the Program's Assistance with Medication and Treatment Policy (no date) stated, "Medications and treatments shall be administered as prescribed by the resident's physician, advanced registered nurse practitioner or physician assistant." When interviewed on 7/20/21 at 10:00 a.m. the Registered Nurse (RN) confirmed Tenant #1 had not received his medications as prescribed.	A 285		

09/09/2021

Windsor Manor Shenandoah has taken the following steps to ensure resident safety and that policy and procedures are followed by all staff.

Staff was trained and delegated according to our policy and procedure. The Director of Health and Wellness and Executive Director are available 24/7 to direct all concerns.

- On 06/01/2021 staff was issued a verbal communication by Health Care Director on prompt communication regarding medication refills.
- On 07/14/2021 Extra stock needles were purchased for future use is needed.
- On 07/20/2021 an all staff in service was held. A complete review of policy and procedure including resident medication reordering and proper administration of medications.
- On 07/21/2021 a nurse delegation was reinforced by using "MED ON TIME" guidelines for medication staff.
- Windsor Manor Shenandoah will continue to be diligent in providing exceptional care to all residents.

9/28/21

9/24/21