

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0338	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/17/2022
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WINDING CREEK MEADOWS

**1044 9TH STREET
JESUP, IA 50648**

(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: 17 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 17 The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program.	A 000		
A 150	481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to follow its medication policy for 1 of 2 tenants reviewed (Tenant #1). Findings follow: On 11/17/22 review of Tenant #1's Medication Administration Record dated October 2022 revealed an order for 5 milligrams of Eliquis two times daily. The Procedure for Administering Medications included the following: medications ordered for a particular resident may not be administered to another resident unless permitted by state law and facility policy. On 11/17/22 at 10:17 a.m. the Registered Nurse	A 150		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

TITLE

(X6) DATE

DEPARTMENT OF INSPECTIONS AND APPEALS

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NAME OF PROVIDER OR SUPPLIER WINDING CREEK MEADOWS		STREET ADDRESS, CITY, STATE, ZIP CODE 1044 9TH STREET JESUP, IA 50648		
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A 150	Continued From page 1 confirmed she took leftover Eliquis from a tenant who had recently passed away (with permission of the family) and put them in Tenant #1's supply for administration. She acknowledged it was against policy to do this but wanted to save Tenant #1 money as it was an expensive medication.	A 150	A-150- RN was immediately corrected on policy and additional policy training was performed same day to all nursing staff relating to A 150- Procedure for administering- medications ordered for a particular resident may not be administered to another resident unless permitted by state law and facility policy. Program administration will ensure compliance to this rule.	