

PRINTED: 07/05/2022
FORM APPROVED

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2022
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NAME OF PROVIDER OR SUPPLIER WHISPERING WILLOW ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 601 DAWN AVENUE FREDERICKSBURG, IA 50630
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A 000	<p>Initial Comments</p> <p>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.</p> <p>General Population Program Number of tenants without cognitive disorder: 11 Number of tenants with cognitive disorder: 1</p> <p>Memory Care Unit Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 10</p> <p>Total census of Assisted Living Program for People with Dementia: 22</p> <p>The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program for People with Dementia .</p>	A 000		
A 145	<p>481-69.22(3) Evaluation of Tenant</p> <p>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</p>	A 145		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *manager* (X5) DATE *7/14/2022*

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A 145	<p>Continued From page 1</p> <p>significant change.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to evaluate a tenant's functional, cognitive, and health status as warranted by a significant change of condition for 1 of 1 tenants reviewed with a change in health status (Tenant #1). Findings follow:</p> <p>Review of Tenant #1's Progress Notes on 6-23-22 revealed the following:</p> <ul style="list-style-type: none"> - On 5-2-22 the nurse notified the physician he had three falls in one day and was waiting on any new orders. - On 5-14-22 he set off the door alarms three times when he attempted to exit the dementia unit. - On 5-15-22 he walked out of the locked dementia unit. Staff heard the alarms and found him outside toward the front of the building. - On 5-16-22 he attempted to exit the dementia unit three times and set off the door alarm one time. - On 5-23-22 staff heard the door alarm and found him outside. He set off the door alarm an additional three times. - On 5-26-22 he set off the door alarm two times. - On 5-29-22 he attempted to exit the unit. - On 5-30-22 he attempted to exit the unit. - On 5-31-22 he made several attempts to exit the unit. - On 6-2-22 a Nurse Review revealed several attempts to exit the dementia unit since 5-26-22 and exhibited verbal aggression toward staff. Staff administered PRN medication for behaviors which was noted to be Inconsistently effective. - On 6-3-22 he attempted to exit the unit. 	A 145	<p>A 145</p> <p>Whispering Willow does complete evaluations annually and whenever there changes in condition.</p> <ol style="list-style-type: none"> 1. The Manager and Program Nurse will meet weekly to discuss tenants who have had changes in medical conditions or behavior(s) requiring modifications to the ISP, nurse reviews or significant changes in condition. The manager will review nurse reviews to ensure that if a significant change in condition is required, it has been completed. 2. Management to review all ISPs weekly to ensure significant changes have been made if needed. 3. Management will monitor all ISPs monthly. 4. Facility will ensure regulatory insufficiency corrected by 08/05/22. 	

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A 145	Continued From page 2 - On 6-4-22 he attempted to exit the unit. No functional, cognitive, or health evaluation for the significant change in conditions could be located. The Nurse Manager confirmed these findings on 6-23-22 at 12:56 p.m..	A 145		
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 as warranted to meet the identified needs for 1 of 3 tenants reviewed (Tenant #1). Findings follow: Review of Tenant #1's Progress Notes on 6-23-22 revealed the following: - On 5-2-22 the nurse notified the physician he had three falls in one day and was waiting on any new orders. - On 5-14-22 he set off the door alarms three times when he attempted to exit the dementia unit. - On 5-15-22 he walked out of the locked dementia unit. Staff heard the alarms and found him outside toward the front of the building. - On 5-16-22 he attempted to exit the dementia	A 350	A 350 Whispering Willow does develop a service plan to meet the specific service needs of the tenant and they are updated annually and whenever changes are needed. 1. The manager and program nurse will meet weekly to discuss tenants who have had changes in behavior(s) such as exit seeking. The manager will ensure that if a pattern of exit seeking behavior has been demonstrated, interventions have been addressed on the ISP. 2. Management to review all ISPs weekly to ensure all behaviors are reflected on ISP. 3. Management will monitor all ISPs monthly. 4. Facility will ensure regulatory insufficiency corrected by 08/05/22.	

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NAME OF PROVIDER OR SUPPLIER
WHISPERING WILLOW ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
**601 DAWN AVENUE
FREDERICKSBURG, IA 50630**

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A 350	<p>Continued From page 3</p> <p>unit three times and set off the door alarm one time.</p> <ul style="list-style-type: none"> - On 5-23-22 staff heard the door alarm and found him outside. He set off the door alarm an additional three times. - On 5-26-22 he set off the door alarm two times. - On 5-29-22 he attempted to exit the unit. - On 5-30-22 he attempted to exit the unit. - On 5-31-22 he made several attempts to exit the unit. - On 6-2-22 a Nurse Review revealed several attempts to exit the dementia unit since 5-26-22 and exhibited verbal aggression toward staff. Staff administered PRN medication for behaviors which was noted to be inconsistently effective. - On 6-3-22 he attempted to exit the unit. - On 6-4-22 he attempted to exit the unit. <p>The most recent service plan dated 3-15-22 was not updated to address his exit seeking behaviors.</p> <p>The Nurse Manager confirmed these findings on 6-23-22 at 12:56 p.m.</p>	A 350		
A 410	<p>481-69.26(4)d Service Plans</p> <p>69.26(4) The service plan shall be individualized and shall indicate, at a minimum:</p> <p>d. For tenants who are unable to plan their own activities, including tenants with dementia, a list of person-centered planned and spontaneous activities based on the tenant's abilities and personal interests.</p> <p>This REQUIREMENT is not met as evidenced</p>	A 410		

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A 410	<p>Continued From page 4</p> <p>by: Based on interview and record review the Program failed to reflect person-centered planned and spontaneous activities on the service plans for 3 of 3 tenants reviewed unable to plan their own activities (Tenant #1, Tenant #2, and Tenant #3). Findings follow:</p> <p>Record review of tenant files on 6-23-2 revealed the following:</p> <ol style="list-style-type: none"> 1. Tenant #1 resided in the locked dementia unit and was staged at a six on the global deterioration scale (GDS), which reflected severe cognitive decline. The service plan dated 3-15-22 reflected the staff provided spontaneous and one to one activities daily based on interests and referred to a Life History Questionnaire in the lifestyle section of his file. The service plan did not reflect specific planned and spontaneous activities. 2. Tenant #2 resided in the locked dementia unit and was staged at a six on the global deterioration scale (GDS), which reflected severe cognitive decline. The service plan dated 3-15-22 reflected the staff provided spontaneous and one to one activities daily based on interests and referred to a Life History Questionnaire in the lifestyle section of his file. The service plan did not reflect specific planned and spontaneous activities. 3. Tenant #3 resided in the locked dementia unit and was staged at a six on the global deterioration scale (GDS), which reflected severe cognitive decline. The service plan dated 1-3-22 reflected the staff provided spontaneous and one to one activities daily based on interests and referred to a Life History Questionnaire in the 	A 410	<p>A 410 Whispering Willow does develop a service plan to meet the specific needs of the tenant, including activities.</p> <ol style="list-style-type: none"> 1. Management, Nurse Manager, Staff, and Family will be included in a 1-on-1 activity list decision making for each tenant in our Memory Wing. Family is given a form to complete on their family member's history, likes, and dislikes. Nurse Manager will then add a list of person-centered planned and spontaneous activities based on the tenant's abilities and personal interests to their service plans. 2. Management will monitor to make sure staff and family will complete forms and added to their service plan when they have a change in condition or a new admit. 3. Management will monitor 1-on-1 activity list monthly. 4. Facility will ensure regulatory Insufficiency corrected by 08/05/22. 	

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A 410	Continued From page 5 lifestyle section of his file. The service plan did not reflect specific planned and spontaneous activities. The Nurse Manager confirmed these findings on 6-23-22 at 1:26 p.m.	A 410		
A 545	481-69.30(1) Dementia Specific Education for Personnel 69.30(1) All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide 8 hours of dementia training within 30 days of employment for 3 of 6 staff reviewed (Staff A, Staff B, and Staff C). Findings follow: Record review of staff files on 6-23-22 revealed the following: 1. Staff A was hired 5-28-2020. Only six hours of dementia training completed within 30 days of employment could be located. 2. Staff B was hired 3-9-2020. Five hours of dementia training was completed on 7-30-2020. No further dementia training within 30 days of employment could be located. 3. Staff C was hired 4-5-21. Five hours of	A 545	A 545 Whispering Willow does require Dementia-specific training to all employees upon hire and annually. <ol style="list-style-type: none">1. Upon hire, management will schedule 1-2 days in the first 2 weeks of employment to complete dementia-specific education.2. All new staff to complete education within the 30-day time frame; facility scheduling 2 days in the first 2 weeks.3. Management will monitor all employees training on a weekly basis.4. Facility corrected regulatory insufficiency on 07/12/22.	

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A 545	<p>Continued From page 6</p> <p>dementia training was completed on 5-1-21. No further dementia training within 30 days of employment could be located.</p> <p>The Manager confirmed these findings on 6-23-22 at 10:42 a.m.</p>	A 545		
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