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
	S0319	A. BUILDING: _____ B. WING _____	C 07/26/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR MANOR NEVADA	1642 SOUTH G AVENUE NEVADA, IA 50201

(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: 20 Number of tenants with cognitive disorder: 4 Memory Care Unit Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 7 Total census of Assisted Living Program for People with Dementia: 31 No regulatory insufficiencies were cited during the investigation of Complaint #100155-C and #106168-C. The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program.	A 000	See attached POC	
A 145	481-69.22(3) Evaluation of Tenant 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	A 145		

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A 145	Continued From page 1 tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change. 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 at least annually for 1 of 2 tenants reviewed in placement over a year (Tenant #1). Findings follow: Review of Tenant #1's file on 7-26-22 revealed a functional, cognitive, and health assessment completed 2-18-21. No further functional, cognitive, and health evaluation could be located. The Registered Nurse confirmed these findings on 7-26-22 at 3:09 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 on an annual basis for 1 of 2 tenants reviewed in placement over a year (Tenant #1). Findings follow:	A 350		

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A 350	Continued From page 2 Review of Tenant #1's file on 7-26-22 revealed a service plan dated 2-18-21. No service plan completed in February 2022 could be located. The Registered Nurse confirmed these findings on 7-26-22 at 3:09 p.m.	A 350		
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 2 of 8 staff reviewed (Staff A and Staff B). Findings follow: Record review of staff files on 7-25-22 revealed the following: 1. Staff A was hired 1-19-21. No dementia training within 30 days of employment could be located. 2. Staff B was hired 1-18-21. No dementia training within 30 days of employment could be located. On 7-25-22 at 1:18 p.m. the Executive Director confirmed these findings.	A 545		

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A145 – Evaluation of Tenant

Elements detailing how the Program will correct the regulatory insufficiency

The Program recognizes that a 90-day nurse review was conducted for Tenant #1 instead of the Annual Assessment that was required. Current RN Director of Health and Wellness did complete the full Annual Assessment on Tenant #1 on July 26, 2022, and assessment tracker tool updated.

Measures taken to ensure the problem does not recur

A full audit of all resident charts was conducted on 8-24-22 to cross check the current assessment tracker tool and ensured all charts were in compliance with required assessments. ED or designee will conduct random compliance audits and report to the QA team.

Program's plan to monitor performance to ensure compliance

Compliance will be reviewed/discussed by the QA team at weekly QA meetings and any concerns immediately addressed/corrected as needed.

Date the regulatory insufficiency was corrected

8/24/22

A350 – Service Plans

Elements detailing how the Program will correct the regulatory insufficiency

The Program recognizes that the Service Plan for Tenant #1 was not updated at the expected time of the annual assessment. Current RN Director of Health and Wellness updated service plan for Tenant #1 at the time of the performed annual assessment on 7-26-22.

Measures taken to ensure the problem does not recur

A full audit of all resident charts was conducted on 8-24-22 to cross check that all service plans were updated. ED or designee will conduct random compliance audits and report to the QA team.

Program's plan to monitor performance to ensure compliance

Compliance will be reviewed/discussed by the QA team at weekly QA meetings and any concerns immediately addressed/corrected as needed.

Date the regulatory insufficiency was corrected

8/24/22

A545 – Dementia Specific Education for Personnel

Elements detailing how the Program will correct the regulatory insufficiency

The Program recognizes that initial Dementia training was not completed within 30 days of hire for Staff A hired 1-19-21 and Staff B hired 1-18-21. Initial dementia training was completed by 3-25-21 for Staff A and by 3-24-21 for Staff B, and then annually again on 3-30-22 for both Staff A and Staff B. New ED hired in July of 2021 conducted a full employee file audit on 9-20-21 and had self-identified this insufficiency, presented the self-identification at the time of the survey, and had already had new master training lists in place and all employees were up to date at the time of the survey.

Measures taken to ensure the problem does not recur

Former Business Office Manager was educated during new management's self-audit on 9-20-21, and an employee file checklist was put into place at that time. This Business Office Manager is no longer in the position. New Business Office Manager was educated on use of this checklist upon hire and continues to utilize to ensure compliance, with no further concerns.

Program's plan to monitor performance to ensure compliance

Program continues to utilize checklist to ensure timely compliance. QA team have continued to review/discuss training progress/compliance weekly at weekly QA meetings.

Date the regulatory insufficiency was corrected

8/24/22

Ok 9/6/22