

✓ 10/14/21

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0370	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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NAME OF PROVIDER OR SUPPLIER WILLOW WINDS AL	STREET ADDRESS, CITY, STATE, ZIP CODE 121 BREMER AVENUE DENVER, IA 50622
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A 000	<p>Initial Comments</p> <p>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.</p> <p>Number of tenants without cognitive disorder: 13 Number of tenants with cognitive disorder: 4 Total census of Assisted Living Program: 17</p> <p>There were no regulatory insufficiencies cited during the onsite infection control survey completed from 7/26/21 to 7/28/21.</p> <p>The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:</p>	A 000		
A 415	<p>481-67.19(3)c Record Checks</p> <p>67.19(3)c If a person considered for employment has been convicted of a crime. If a person being considered for employment in a program has been convicted of a crime under a law of any state, the department of public safety shall notify the program that upon the request of the program the department of human services will perform an evaluation to determine whether the crime warrants prohibition of the person's employment in the program.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to request the Department of Human Services (DHS) complete an evaluation to determine if the crime warranted prohibition of the person's employment. This pertained to 1 of 2</p>	A 415	<p>Plan of Correct. is attached</p> 	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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A 415	<p>Continued From page 1</p> <p>staff reviewed that required further research on the criminal history background check (Staff D). Findings follow:</p> <p>Record review on 7-26-21 and 7-27-21 of Staff D's training documents revealed a hire date of 12-21-20. A Single Contact License & Background Check completed on 12-1-20 revealed no results for the Abuse Registries Background Check and revealed further research was required for the Criminal History Background Check. The Iowa Record Check Request Form S revealed a result was found dated 12-4-20. An evaluation by DHS to determine if employment was prohibited could not be located. Staff D had not worked in the Program since April 2021.</p> <p>When interviewed on 7-28-21 at 2:57 p.m. the RN Director confirmed the above finding.</p>	A 415		
A 059	<p>481-67.9(4)b Staffing</p> <p>481-67.9(231B,231C,231D) Staffing. 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following:</p> <p>b. Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s).</p> <p>This REQUIREMENT is not met as evidenced by:</p>	A 059		

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A 059	<p>Continued From page 2</p> <p>Based on interview and record review the Program failed to complete nurse delegated training within 30 days of employment for 1 of 1 staff reviewed hired after 5-1-21 (Staff C). Findings follow:</p> <p>Record review on 7-26-21 and 7-27-21 of Staff C's training records revealed a hire date of 5-26-21. Staff C was hired as a resident assistant and cook. Nurse delegated training was not completed within 30 days of Staff C's employment.</p> <p>When interviewed on 7-28-21 at 2:57 p.m. the RN Director confirmed the above finding. She said Staff C had just passed the test for the online medication manager that day and he had not provided personal cares to tenants without supervision.</p>	A 059		
A 063	<p>481-67.9(4)f Staffing</p> <p>481-67.9(231B,231C,231D) Staffing. 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: f. Services shall be provided to tenants in accordance with the training provided.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to provide services in accordance with training provided for 1 of 1 staff observed during a medication pass (Staff A).</p>	A 063		

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A 063	<p>Continued From page 3</p> <p>Findings follow:</p> <p>1. When observed on 7-26-21 at approximately 11:34 a.m. Staff A administered medications to Tenant #2 in her apartment. Staff A prepared Tenant #2's oral medications and gave the medications to the tenant to consume. Staff A signed off on the medication administration record (MAR) prior to Tenant #2's consuming the medication.</p> <p>Staff A prepared Tenant #2's supplies for supervision of self-administration of blood glucose monitoring and insulin administration. Tenant #2 completed the fingerstick and had a blood glucose reading of 135. Staff A did not prompt Tenant #2 to wipe her finger with an alcohol swab prior to the fingerstick. Staff prepared and dialed up the insulin and Tenant #2 administered the insulin into her abdomen. Staff A did not prompt Tenant #2 to wipe her abdomen with an alcohol swab prior to the insulin administration.</p> <p>Continued observation on 7-26-21 at approximately 1:15 p.m. revealed Staff A administered oral medications to three tenants (Tenant #4, #5 and #6). Staff A gave Tenant #4 medications from a pre-filled medication planner for him to consume. She signed off on the medication reminder on the MAR prior to Tenant #4 consuming the medication. Staff A donned gloves in Tenant #4's apartment but did not remove the gloves before leaving the apartment. The gloves were doffed by Staff A before entering Tenant #5's apartment. Staff A prepared Tenant #5's oral medication and gave the medication to the tenant to consume. Staff A signed the MAR prior to Tenant #5 taking the medication. Staff A prepared Tenant #6's oral medication and gave</p>	A 063		

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A 063	<p>Continued From page 4</p> <p>them to the tenant to consume. Staff A signed off the medication on the MAR and left the medication for Tenant #6 to take later.</p> <p>2. Record review on 7-26-21 and 7-27-21 of Staff A's training documents revealed Staff A had nurse delegated training completed on 6-5-21 and passed the Medication Managers On-line Course dated 4-1-21.</p> <p>3. The Oral Medication Administration checklist included to observe the tenant take the medication and ensure the tenant had swallowed the medication completely, dispose of the medication cup and complete hand hygiene. The checklist then indicated to sign off the medication that was administered on the MAR. The Blood Sugar Monitoring/Fingerstick checklist indicated to wipe the finger to be tested with an alcohol wipe and allow to dry prior to the fingerstick with the lancet. The Insulin Pen Administration/Supervision procedure indicated to cleanse the injection site with an alcohol pad and allow to dry prior to the administration of insulin. The Disposable Gloves-Non Latex policy indicated gloves were to be removed before leaving a tenant apartment.</p> <p>4. On 7-28-21 at 2:57 p.m. the RN Director confirmed staff were to initial the medications on the MAR after administration was complete. Regarding Tenant #2, staff should encourage her to use an alcohol swab prior to the fingerstick and insulin administration but it was not required. She also confirmed staff should doff gloves prior to the leaving a tenant apartment. The RN Director confirmed the above training was provided to staff, including Staff A.</p>	A 063		

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A 395 A 395	<p>Continued From page 5</p> <p>481-69.26(4)a Service Plans</p> <p>69.26(4) The service plan shall be individualized and shall indicate, at a minimum:</p> <p>a. The tenant's identified needs and preferences for assistance</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to develop service plans that reflected the identified needs of 3 of 3 tenants reviewed (Tenants #1, #2 and #3). Findings follow:</p> <p>1. Review of Tenant #1's file on 7-27-21 revealed diagnoses included Parkinson's disease, history of hematuria, dermatitis, cellulitis and skin cancer. New orders were received dated 5-26-21 to start hot compresses, twice daily to both eyes (five minutes), continue artificial tears, four to five times daily and continue erythromycin 0.5% eye ointment to both eyes at bedtime. New orders were received noted on 5-26-21 (following a biopsy) to leave the initial bandage in place for 24 hours, then complete the following daily: remove the old band-aid and discard, cleanse the wound with water, pat dry and apply Vaseline to the area, place a new band-aid on the wound and repeat until the biopsy site was healed (one to two weeks).</p> <p>A PRN Nurse review document dated 7-19-21 reflected Tenant #1 complained of blurry vision and it resolved after using a warm compress on his eyes. Tenant #1 had an eye ointment at night that contributed to his blurry vision in the mornings.</p>	A 395 A 395		

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A 395	<p>Continued From page 6</p> <p>A Provider Communication Sheet dated 7-20-21 reflected Tenant #1's family called regarding a simple saline rinse without disinfectant. A new order was received for B & L Sensitive Eye, use product to rinse eyes twice daily or as needed.</p> <p>The June 2021 medication administration records (MARs) reflected erythromycin eye ointment was to be applied to both eyes once daily at bedtime. There was only entry on 6-23-21 that reflected the ointment was applied. The remaining entries had staff initials and were circled indicating the tenant refused the treatment.</p> <p>The tenant's service plan most recently signed on 5-14-21 did not reflect Tenant #1's treatments for his eyes, blurry vision or refusals of the eye ointment. The service plan also did not reflect the biopsy after care treatment that was completed.</p> <p>2. Review of Tenant #2's file on 7-27-21 revealed diagnoses included type 2 diabetes mellitus. Tenant #2 was staged at a four on the Global Deterioration Scale, which indicated moderate cognitive decline.</p> <p>A PRN Nurse review dated 7-1-21 reflected Tenant #2 had been sleeping later and missed breakfast. Family requested morning cares added to her service plan to ensure morning blood glucose checks were completed, she was up for the day and she was encouraged by staff to eat breakfast.</p> <p>A PRN Nurse Review dated 7-15-21 reflected a palliative care nurse came to see Tenant #2 and suggested medication changes.</p> <p>A PRN Nurse Review dated 7-16-21 reflected</p>	A 395		

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A 395	<p>Continued From page 7</p> <p>Tenant #2 was found on her bathroom floor and was assisted up. Tenant #2 did not have her walker and was not wearing her pendant. Tenant #2 did not have any complaints of pain.</p> <p>A PRN Nurse Review dated 7-23-21 reflected staff reported Tenant #2 had a fall and she had also fallen that morning. Tenant #2 did not voice any complaints of pain.</p> <p>The tenant's Blood Sugar Flow Sheet for July (1-27) reflected 16 entries when the morning blood glucose check was not completed due to Tenant #2 sleeping. The Blood Sugar Flow Sheet for July also reflected 4 other entries (noon and evening) when the blood glucose check was not completed due to Tenant #2 sleeping. The July 2021 MARs reflected an order for Humalog 100 units/milliliter (4 units at breakfast, 2 units at lunch and 6 units at supper - hold if Tenant #2 did not eat). The MARs reflected over 15 entries when the insulin was not administered due to Tenant #2 sleeping or not eating a meal.</p> <p>Tenant #2's service plan was most recently signed on 7-9-21. The service plan did not reflect palliative care services or Tenant #2's falls with interventions. The service plan did not reflect the frequent missed blood glucose checks and insulin administration due to sleeping or missed meals.</p> <p>3. Review of Tenant #3's file on 7-27-21 revealed diagnoses included nocturia, slowing of the urinary stream and benign prostatic hyperplasia without lower urinary tract symptoms. The Admission Record reflected Tenant #3's allergies to peanuts and peanut oil.</p> <p>A PRN Nurse Review dated 5-11-21 reflected Tenant #3 had a virtual visit with his primary care</p>	A 395		
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A 395	<p>Continued From page 8</p> <p>provider (PCP). Tenant #3 was tearful and said he had "nothing to live for." A low dose anti-depressant was discussed and the PCP said he would send an order for Lexapro to the pharmacy.</p> <p>A PRN Nurse Review dated 5-13-21 reflected Tenant #3 reported he fell outside while walking. He had abrasions to the bilateral palms and knuckles of the right hand and abrasions on the right side of his face and lip. Saline was used to cleanse the wounds. Tenant #3 did not voice any complaints of pain.</p> <p>A PRN Nurse Review dated 6-15-21 reflected Tenant #3 went to the emergency department on Friday for abdominal pain. He said the pain would come and go and was a possible hernia. He reported weakness and two falls or the weekend. It was noted Tenant #3 was shuffling more than usual. He said his problem was his inability to get out of his chair and not feeling safe. A lift chair was discussed and that he needed a walker. Tenant #3 had a walker and would have family bring it in.</p> <p>A PRN Nurse Review document dated 7-14-21 reflected Tenant #3 reported he had blood in his urine. A urinalysis was completed and was positive for a urinary tract infection (UTI). An order was received for Nitrofurantoin 100 milligram capsule, twice daily for 7 days.</p> <p>A Provider Communication Sheet dated 7-7-21 reflected Tenant #3 had been taking one capful polyethylene glycol nightly independently to help with constipation. An order was received for Tenant #3 to take the medication independently.</p> <p>The tenant's service plan was most recently</p>	A 395		

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A 395	Continued From page 9 signed on 5-4-21. The service plan did not reflect Tenant #3's UTI with antibiotic therapy, the use of an assistive device, lift chair and falls, the comment made regarding not having anything to live for and interventions, Tenant #3's peanut/peanut oil allergy or the polyethylene glycol that was administered independently by Tenant #3. 4. On 7-28-21 at 2:57 p.m. and at the time of the exit meeting, the RN Director confirmed the above findings.	A 395		
A 465	481-69.28(5) Food Service 69.28(5) Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have annual in-service training on food protection. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed ensure an orientation on sanitation and safe food handling was completed prior to handling food for 2 of 2 staff observed serving meals (Staff A, C), and failed to ensure an annual inservice training was completed by 1 of 2 staff reviewed employed longer than a year (Staff E). Findings follow: 1. On 7-26-21 at approximatley 12:05 p.m. Staff A was observed serving lunch. She brought plated food from the kitchen to the tenants seated at the dining room tables.	A 465		

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A 465	<p>Continued From page 10</p> <p>2. On 7-28-21 at approximately 12:00 p.m. Staff C was observed serving lunch. He brought plated food from the kitchen to the tenants seated at the dining room tables.</p> <p>3. Review of Staff A's training documents revealed a hire date of 3-9-21. Staff A did not have an orientation on sanitation and safe food handling completed prior to serving food.</p> <p>4. Review of Staff C's training documents revealed a hire date of 5-26-21. Staff C was listed a Resident Assistant and Cook on the staff list provided. Staff C did not have an orientation on sanitation and safe food handling completed prior to serving food.</p> <p>5. Review of Staff E's training documents revealed a hire date of 3-11-20. An annual food safety and sanitation training was not completed for Staff E.</p> <p>6. On 7-28-21 at 2:57 p.m. the RN Director confirmed these findings.</p>	A 465		

Plan of Correction for Willow Winds Assisted Living
Denver, Iowa
Survey Date: 07/28/2021

✓ 10/14/21

Regarding Tag A 415

The program will require DHS to complete an evaluation to determine if the crime was severe enough to deter employment for future employees if needed. The program will keep all necessary documentation regarding the crime in the employee's personnel file. This RN Director immediately notified WesternHome Human Resources of what was needed and what was missing. Everyone involved in the hiring process was updated as to the need of these documents on 07/28/21 after it was found that this staff member was missing documentation regarding her employment after needing more information for the Criminal History Background Check.

Date POC to take effect: 9/20/21 Human Resources at The WesternHome was notified of what was needed should an employee fail a background check. Chart audits done as well.

The Nurse/Director of the program will ensure compliance by auditing 3 charts per month to make sure all necessary paperwork is done regarding background checks.

Regarding Tag A 059

The RN Director is now aware that delegation of a new hire can happen before the RA has completed the medication management course. From this point forward all new hires will have the appropriate tasks delegated within 30 days. This was implemented as soon as the RN Director was made aware of the delegation timeline for new hires.

Date POC took effect: 7/26/2021 This nurse was notified of the process of new hires and delegation. The following week of August 2nd, audits were done of employee charts who were new hires since this nurse/director started. Any employees who needed delegation were called in and delegation was done.

The Nurse/Director of the program will audit the employee list with the delegation list monthly to ensure all new hires have delegation done within 30 days of hire.

Regarding Tag A 063

Education provided to RAs regarding proper medication administration which includes observing the tenant take the medication unless otherwise specified on the service plan and signed off by the doctor. Re-education provided regarding medication administration and the policy at Willow Winds. Audits will be done 3 times a week and monthly thereafter until full compliance is noted.

Date POC took effect: 9/13/2021

✓ 10/18/21

The Nurse/Director will ensure compliance by doing audits 3 times a week and monthly thereafter until compliance is noted.

Education was provided to RAs regarding monitoring tenant's checking their blood glucose and then self-administering insulin. The policy was reviewed and highlighted to ensure understanding to encourage the tenant to clean the area prior to checking of blood sugar or administration of insulin. The program currently does not have any one requiring insulin or blood glucose monitoring. When the program receives a new tenant who requires insulin administration or glucose check, audits will be done weekly to ensure compliance. The service plan will also reflect the steps needed to check blood glucose and insulin administration.

Date POC took effect: 9/13/2021

Compliance will be monitored by this nurse/director by watching the RAs assist with blood glucose check and insulin administration. We currently do not have a tenant who needs this, but once a tenant moves in who needs this assistance, the RA will watch this weekly until compliance by all staff is noted.

Education regarding donning and doffing gloves provided to RAs to ensure gloves were doffed inside tenant apartment and hand hygiene performed after leaving tenant apartment before going into different tenant apartment. Audits of hand hygiene and glove donning and doffing will be done three times a week and then monthly until compliance is noted.

Date POC took effect: 9/13/2021

Compliance will be monitored by this nurse/director by observing staff members during donning and doffing gloves and performing hand hygiene. This will be done 3 times a week and then monthly until compliance is noted.