✓ 8/16/18

PRINTED: 07/13/2018
FORM APPROVED

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
	S0370	A. BUILDING: _____ B. WING _____	07/03/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW WINDS AL	121 BREMER AVENUE DENVER, IA 50622

(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: 14 Number of tenants with cognitive disorder: 0 Total census of Assisted Living Program: 14 The following regulatory insufficiency was cited during the initial certification visit conducted to determine compliance with certification rules for an Assisted Living Program:	A 000		
A 096	481-69.27(1)c Nurse Review 481-69.27(231C) Nurse review. If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation: 69.27(1)c To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status;	A 096	Immediate: The RN Director is implementing system to trigger nurse review completion. RN Director will complete a nurse review on any observed significant change in tenant's condition. A nurse review will be completed to assess the health status of each tenant to make recommendations and referrals, to monitor progress, and whenever there are changes in their health status. Training/Education: RN Director will follow established policy re: nurse review. RN Director will complete Assisted Living Nurse Regulatory class in August 2018. RN Director will complete Assisted Living Manager course in November 2018 (within 6 months of hire).	

DD - 8/15/18

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A 096	Continued From page 1 This REQUIREMENT Is not met as evidenced by: Based on interview and record review the Program failed to complete nurse reviews as needed for 2 of 3 tenants reviewed (Tenants #1, #2). Findings follow: 1. Review of Tenant #1's file on 7-3-18 revealed the service plan dated 4-26-18 was updated to reflect the following: a. On 5-7-18 Mepilex was to be applied to the right buttocks and changed every three days and as needed. b. On 6-27-18 Tenant #1 requested assistance with placement and removal of a left knee brace during a.m. and p.m. cares. Continued record review revealed a Physician's Communication Sheet dated 5-4-18 indicating Tenant #1 had a small lesion on the right inner buttocks. The center of the wound was granulated tissue and the outer tissue was raised. An order was received for Mepilex border dressing. The dressing was to be changed every three days and as needed. This order was noted on 5-7-18. No nurse review regarding the wound to the right buttocks or treatment could be located. In addition, a nurse review could not be located for the minor discretionary change made to the service plan regarding the left knee brace on 6-27-18. 2. Record review of Medication Error Reports on 7-2-18 and 7-3-18 revealed the following: a. On 5-14-18 Tenant #2 had 8 units remaining of Lantus Solostar. Staff administered the 8 units of Lantus and then 11 units of Basaglar for a total of 19 units. The Medication Error Report indicated the type of variance was a wrong dose	A 096	Prevention/Auditing: Senior Director of Clinical Compliance or RN Director will audit 2 charts per month to ensure nurse reviews completed and documented per policy.	

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A 096	Continued From page 2 and it was clinically insignificant. b. On 7-1-18 Tenant #2's evening doses of Metoprolol and Metformin were not given. The Medication Error Report indicated the type of variance was a missed dose and it was clinically insignificant. Continued review of Tenant #2's file on 7-3-18 revealed diagnoses including diabetes mellitus type 2 and hypertension. An untitled pharmacy document reflected an order change from Lantus Solostar 100 units (inject 19 units subcutaneous daily) to Basaglar (inject 19 units subcutaneous daily). The order was noted on 5-10-18. The last entry in the PRN Nurse's Notes was 2-12-18. Nurse reviews could not be located with the order change for the insulin on 5-10-18 or when the medication errors occurred on 5-14-18 and 7-1-18. 3. When interviewed on 7-3-18 at 2:15 p.m. the Senior Director of Clinical Compliance and the Director of Assisted Living confirmed nurse reviews were not completed related to the issues identified above.	A 096		