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
	S0379	A. BUILDING: _____ B. WING _____	C 05/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWS OF MARSHALLTOWN MEMORY CAI	2315 CAMPBELL DRIVE MARSHALLTOWN, IA 50158

(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 population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive impairment: 2 Number of tenants with cognitive impairment: 28 Total census: 30 No regulatory insufficiencies were cited during the investigation of Incident #124235-I. The following regulatory insufficiencies were cited during the investigation of Incident #124236-I.	A 000		
A 160	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide adequate care, treatment, and services to 1 of 2 tenants reviewed (Tenant #1). Findings follow: Record review on 5/5/25 revealed the following:	A 160		

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A 160	Continued From page 1	A 160		

Staff to Nurse Communication documentation dated 10/19/24 noted Staff A heard Tenant #1 screaming in her room and found her on the floor next to her bed. She called Staff B for assistance and they transferred her to her chair and Tenant #1 yelled ouch. They contacted family and called 911.

Tenant #1's service plan dated 2/26/24 noted she used a walker and the assistance of one staff for ambulation due to a history of falls. Staff provided safety checks every hour and she used a chair and bed alarm in her room.

On 5/6/25 2:30 p.m. Staff A stated she heard Tenant #1 scream and found her on the floor in her room next to her bed on 10/19/24. She confirmed Tenant #1 required one staff with a gait belt for ambulation and would at times attempt to walk without staff due to her dementia. She would usually scream for attention to have someone help her stand. It was very unusual for her to stand on her own. She called Staff B for assistance to get her into her recliner. She said she did not hear the chair alarm while assisting her back to her chair.

On 5/6/25 at 3:14 p.m. Staff B said Tenant #1 exhibited increased behaviors that day and escorted her to her room to minimize disruption for the other tenants and to give her time to calm down. She reported she usually checked the chair alarm to ensure the switch was on but did not check to ensure the alarm itself was functioning. Staff B confirmed she did not remember hearing an alarm as they transferred Tenant #1 back into the recliner after being found on the floor. She stated she always looked at the alarm every shift but there was no place to document when she did this. There was a light on

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A 160	Continued From page 2 the switch box to show when it was on and if the batteries were still good. On 5/5/25 10:11 am the Healthcare Director confirmed Tenant #1 suffered a fractured pelvis as a result of the fall on 10/19/24. She stated the Program did not have any formal protocol in place to ensure chair alarms were properly functional at all times.	A 160	Starting on 6/1/2025 the facility will implement a protocol for the medication manager to check all bed/chair alarm pads and boxes to ensure they are in proper working order. This will occur during the first week of the month. It will be documented on a paper form and then stored electronically. If alarms are found not to be in working order, med manager will promptly report to nurse. Nurse will then troubleshoot and replace alarm as needed. The med manager will also check the date on the pad which indicates the date the pad was put into use. The instructions given to the med aide is to notify the nurse if the pad is coming close to needing replaced as they will expire after 1 year per manufacturer guidelines. -During assessments, nurse will determine the need for ongoing use of alarms.	