

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165545	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/18/2025
NAME OF PROVIDER OR SUPPLIER Windmill Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 2332 Liberty Drive Coralville, IA 52241	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>25854</p> <p>Based on clinical record review, resident interview and facility policy review the facility failed to implement care plans for two (2) of three (3) residents reviewed (Resident #2 and #3). The facility reported a census of 101 residents.</p> <p>Findings include:</p> <p>1. Review of Resident #3 Care Plan indicated the following Problem area which included the following Approach as dated:</p> <p>a. The Resident had Depression and Anxiety. Start Date 11/2/2024.</p> <p>1. Staff to have administered Clonazepam (for a panic disorder) one (1) milligram (mg) by mouth (po) three (3) times a day (TID). Start Date 11/2/2024.</p> <p>According to a Medication Error Report form dated 12/9/24 the facility staff failed to follow Physician orders for Clonazepam 1 mg TID on 12/8/24 and 12/9/24 which caused increased anxiety for the resident and transferred to the emergency room (ER).</p> <p>During an interview 3/18/25 at 10:21 a.m. Resident #3 confirmed staff failed to have administered her Clonazepam in December.</p> <p>2. According to a Medication Error Report form for Resident #2 dated 9/27/24 at 9:00 p.m. the facility staff administered Lyrica (for nerve pain) 150 milligrams (mgs) versus the 100 mgs ordered. effects.</p> <p>Review of Resident #2 Care Plan indicated the Resident had the following Problem area with included the following Approach as dated:</p> <p>a. The Resident suffered from acute and chronic pain related to chronic back pain with a recent traumatic fracture of his T10 (thoracic, which is in the middle of the spine) vertebrae after a fall that required surgical repair and resulted in an infection to his spinal fixation device. Start Date 3/21/24.</p> <p>1. Staff to have administered pain medication as ordered. Start Date 3/21/24.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facilities Care Plan Policy revised 6/1/2022 included the following:</p> <p>The policy of the facility included the development and implementation of a Base Line Care Plan, a Comprehensive Person-Centered Care Plan and conduct Care Plan Meetings as appropriate for each resident, consistent with resident rights, that included measurable objectives and time frames to have met a resident's medical, nursing, and mental and psychosocial needs identified in the resident's comprehensive assessment.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25854</p> <p>Based on observation, clinical record review, facility policy review, provider, resident and staff interviews, staff interview the facility failed to follow physician orders for three (3) of three (3) residents reviewed (Resident #1, #2 and #3). The facility identified a census of 101 residents.</p> <p>Findings include:</p> <p>1. Review of Minimum Data Set Assessment (MDS), dated [DATE] indicated Resident #3 diagnoses list included anxiety, depression, bipolar disorder, delusional disorders and alcohol dependence. A Brief Interview for Mental Status (BIMS) score of 15 out of 15 indicated intact cognition.</p> <p>Review of the Care Plan indicated Resident #3 had the following Problem area with included the following Approach as dated:</p> <p>a. The resident had depression and anxiety. Start Date 11/2/24.</p> <p>1. Staff to have administered Clonazepam one (1) milligram (mg) by mouth (po) three (3) times a day (TID). Start Date 11/2/24.</p> <p>According to a Medication Error Report form dated 12.9.24 the facility staff failed to follow Physician orders for Clonazepam 1 mg TID on 12.8.24 and 12.9.24 which caused increased anxiety for the resident which resulted in an emergency room (ER) transfer.</p> <p>During an interview 3.18.25 at 10:21 a.m. Resident #3 confirmed staff failed to have administered her Clonazepam in December.</p> <p>2. According to a Medication Error Report form for Resident #2, dated 9/27/24 at 9:00 p.m. the facility staff administered Lyrica 150 milligrams (mgs) versus the 100 mgs ordered which caused no side effects.</p> <p>A Care Plan indicated the resident had the following Problem area with included the following Approach as dated:</p> <p>a. The resident suffered from acute and chronic pain related to chronic back pain with a recent traumatic fracture of his T10 (thoracic - middle of spine) vertebrae after a fall that required surgical repair and resulted in an infection to his spinal fixation device. Start Date 3/21/24.</p> <p>1. Staff to have administered pain medication as ordered. Start Date 3/21/24.</p> <p>3. According to a Medication Error Report form for Resident #1 dated 11/20/24 the facility staff administered Atorvastatin (for high cholesterol) 80 mgs, Senna (constipation) 8.6 mgs and Tamsulosin (for an enlarged prostate) 0.4 mgs to the resident at 7:38 p.m. which had been prescribed for another resident with no side effects documented.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/18/25 at 3:52 p.m. the Interim Administrator confirmed she expected the facility staff to have followed Physician orders as written.</p> <p>During an interview on 3/18/25 at 3:57 p.m. the resident's provider confirmed he expected staff to have followed his orders as written as a matter of safety for the residents.</p> <p>A Pharmaceutical Procedures policy revised 1/5/23 included the following: All such orders should of had the signature of the Physician and administered as prescribed.</p>		