

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 05/16/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>49976</p> <p>Based on observations, policy review, and staff interviews the facility failed to keep the resident in clean clothes and with a clean face after every meal in order to maintain dignity for 1 of 3 resident reviewed (Res #51). The facility reported a census of 94 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) report dated 2/15/24 for Resident #51 documented deficits with short and long-term memory with severely impaired cognitive skills for daily decision making. It documented diagnoses including: progressive neurological conditions (mental deterioration), Alzheimer's disease, and type 2 diabetes mellitus. The MDS indicated staff must provide supervision or touching assistance for upper and lower body dressing, and partial/moderate assistance for personal hygiene.</p> <p>The Care Plan updated 2/09/24 instructed staff to provide limited assist of 1 for dressing and assist with setup and cueing for grooming. It documented the resident can reject cares and be physical when redirected. It instructed staff to stop and re-approach with a different staff if he is rejecting cares.</p> <p>In an observation on 5/13/24 at 12:17 PM observed the resident seated at the dining table in Memory Lane with wet-appearing stains down the front of his shirt. He was not wearing a clothing protector. At 3:52 PM observed the resident with the same shirt on in the common area. There was drool dripping out of his mouth and no staff offered to assist him.</p> <p>In an observation on 5/14/24 at 7:55 AM observed the resident seated in a chair in his room drinking water; crumbs present on his shirt. At 10:48 AM the resident remained in his room sleeping in the chair with the shirt unchanged and crumbs present. At 2:32 PM the resident sitting in the activity area with the same shirt on, new streaks of brown and wetness down the center of the chest and up the right shoulder present.</p> <p>In an observation on 5/15/24 at 9:37 AM observed the resident seated in a chair in his room; food spatters present on his pants and on the center abdominal area of his shirt. At 12:52 PM the resident was seated in the chair in his room after lunch. The resident had food matter on his chin and the food spatters remained on his shirt and pants.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/16/24 at 9:50 AM the Memory Lane Coordinator noted the resident is on behavior plan for being resistive to cares. They do cares in the morning and night as he gets physically combative with attempts. She reported all of his shirts are stained. At 10:59 AM she explained sometimes they have a good crew (staff) who will try and change him after meals and clean him up, and other times the staff won't even try because they know he will fight it.</p> <p>During an interview on 5/15/24 at 1:18 PM the Director of Nursing explained she expected staff to take the resident back to their room to wash their face and change clothes if they were found to have food matter on them.</p> <p>The facility document titled Resident Rights, revised 11/28/17 reported the facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality.</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48374</p> <p>Based on clinical record review, staff interviews, and policy review the facility failed to implement and modify interventions, and provide safety to 1 of 3 residents reviewed for falls (Resident #67) who fell repeatedly at the facility and sustained two (2) fractures. The facility reported a census of 94 residents.</p> <p>Findings included:</p> <p>The Minimum Data Set (MDS) dated [DATE] for Resident #67 documented a Brief Interview of Mental Status (BIMS) score of 4 indicating he has severely impaired cognition. The MDS documented he does not walk, stand, or use the toilet and he is dependent on staff for toilet hygiene, and changing positions from lying to sitting and for transfers. The MDS also documented his primary diagnosis of fractures and other multiple traumas, Alzheimer's, and hip fracture.</p> <p>1. Record review of a Progress Note dated 11/08/2023 at 4:14 PM for Resident #67 documented the kitchen chef walked down the hall and saw Resident #67 sitting on the floor in bathroom in front of his stool and notified staff. Resident #67 observed sitting with his back against the stool and facial grimacing with tears running down his cheeks. His right knee was bent out toward the wall. Resident #67 unable to straighten it due to pain, and he had an abrasion to the front of his knee. Resident #67 complaining of excruciating pain. Brief wet, changed. Vitals Signs taken and he was lifted to his bed using a mechanical lift. As needed, pain medication given and the resident sent to the local emergency room (ER).</p> <p>Record review of a Progress Note dated 11/08/2023 at 5:10 PM documented Resident #67 left by ambulance, he became briefly unresponsive when transferred, then again complained of severe pain to his knee.</p> <p>Record review of a Progress Note dated 11/09/2023 at 10:42 AM revealed the facility notified by Resident #67 daughter that he broke his right tibia (also known as the shin bone, is one of the two bones that make up the lower leg).</p> <p>Record review of a Progress Note dated 11/15/2023 at 1:30 PM Resident #67 returned to the facility and is non-weight bearing to his right side and a cast in place.</p> <p>Record review of a Progress Note dated 11/17/2023 at 3:26 PM by the Medical Practitioner revealed Resident #67 has a right tibia fracture and no surgical intervention at this time.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>2. Record review of a Progress Note dated 1/08/2024 at 4:58 PM documented Resident #67 found sitting on the floor leaning on his wheelchair in the library with both legs out in front of him. Activity staff present and informed he slid to the floor with his left leg bent underneath him. Activity staff member tried to help him by slowing the fall and then sliding his left leg out from underneath him and to the front. During assessment when left leg was bent to assess Range of Motion (ROM) resident began to groan from pain and saying ow that hurts. Resident assisted back to his wheelchair using a mechanical lift with the nurse holding his left leg straight ahead per residents request. When placed in the wheelchair, the left leg appears to be rotated slightly outwards. Resident taken to his room and transferred into bed and transferred to the local ER.</p> <p>Record review of a Progress Note dated 1/16/2024 at 1:35 PM documented Resident #67 returned to the facility with a left femur fracture that had been surgically repaired.</p> <p>Record review of a Progress Note dated 1/17/2024 [Recorded as Late Entry on 01/24/2024 at 9:39] by Resident #67 Nurse Practitioner documented he was examined today and is on skilled services after hospitalization following another fall at the facility, this time with a left femur fracture. He has a new onset of decrease in strength, decrease in functional mobility, and reduced balance. The plan is to continue his comprehensive rehab program, strengthening and improving functional mobility.</p> <p>3. Record review of a Progress Note dated 5/03/2024 at 11:00 AM revealed he went to the local urgent care and has a closed displaced fracture of the shaft of the fifth metacarpal bone (pinky finger) of his right hand.</p> <p>During an interview on 05/15/24 at 03:45 PM with the Assistant Administrator revealed the facility would have completed medical incident reports when the resident would have a fall but the facility is not able to provide that documentation at this time. She informed the provider was notified and determined the falls are not a major injury but does not have documentation to show this for all three of Resident #67 falls.</p> <p>During an interview on 5/15/24 at 5:11 PM with the facilities MDS Coordinator, she stated after continuous falls with Resident #67 it has been hard, because sometimes he knows what he is doing and sometimes he does not. One minute he is clear and the next he isn't.</p> <p>Record review of Resident #67 Care Plan with a start date of 10/25/2023 identified a Focus Area of Falls related to weakness, limited mobility and use of antidepressant medication. The Care Plan included the following interventions with start dates:</p> <ul style="list-style-type: none"> a. Weight bearing as tolerated. 3/1/24 b. Activity staff either alert nursing when resident is done with an activity or take resident back to the common area near nursing. 1/30/24 c. Remind Resident #67 to call for assistance with cleaning up afternoon snacks. 1/19/24 d. Total assist of 2 staff with transfers using manual stand lift. 11/15/23 e. Remind Resident #67 to call and wait for assistance with transfers, ambulation and to. 11/10/23 <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37072</p> <p>Based on observations, clinical record review, staff interviews and policy review the facility failed to provide adequate incontinent cares for 3 out of 3 residents reviewed (Resident #49, #71 and #74). The facility identified a census of 92 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) dated [DATE] revealed Resident #74 had a Brief Interview for Mental Status (BIMS) score of 3 which indicates severe cognitive impairment. The MDS indicated frequently incontinent of bowel and bladder. Resident #74 requires moderate assistance with toileting hygiene. She has a diagnosis of Non-Alzheimer's Dementia.</p> <p>The Care Plan initiated 8/17/23 documented in the resident care information section that Resident #74 is incontinent of bladder and requires briefs. The Care Plan failed to have an intervention to direct staff to provide incontinent cares.</p> <p>Observation on 05/15/24 at 7:25 AM Staff J, Certified Nursing Assistant (CNA) provided incontinent cares to Resident #74. Observed the residents brief wet as she removed it. Staff J utilized disposable wipes and wiped center of the perineal area 3 times. Staff J rolled her to right side and used 2 wipes to center of buttocks. Staff J wiped in a front to back motion and changed the surface of cloth with each wipe. She failed to cleanse the groin, abdominal folds, buttocks or hips to bilateral sides of resident. Strong urine odor present in the room.</p> <p>During an interview on 05/16/24 at 9:44 AM with the Director of Nursing (DON) she stated she would expect them to wash the front of the perineal area including the abdominal folds and then wash their bottom they should also wash the buttocks and hips.</p> <p>2. The MDS dated [DATE] revealed Resident #49 had a BIMS score of 12 which indicates mild cognitive impairment. The MDS indicated the resident always incontinent of bowel and bladder and totally dependent with toileting hygiene. She has a diagnosis of Non-Alzheimer's Dementia.</p> <p>The Care Plan dated 4/13/21 directed staff to provide extensive assist of one with toileting/incontinent cares.</p> <p>On 05/15/24 at 10:44 AM observed Staff K, CNA and Staff L, CNA provide incontinent cares to Resident #49. They provided correct incontinent cares to the perineal area and then rolled Resident #49 on her side after removing a wet brief. Staff L cleansed the buttock area. Staff L failed to provide any incontinent cares to the left or the right hip.</p> <p>34821</p> <p>3. The MDS for Resident #71 dated 4/30/24, included diagnoses of dementia and high blood pressure. The BIMS reflected a score of 13, intact cognition. The MDS revealed the resident always incontinent of bladder.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Care Plan for Resident #71 dated 4/22/23, lacked direction to provide incontinent care after each incontinent episode.</p> <p>On 5/15/24 at 10:44 AM, Staff H CNA, and Staff I CNA, transferred Resident #71 to the toilet. Staff I reported the resident pants felt wet from urine. Staff H and Staff I stood the resident up from the toilet, Staff H washed the resident's buttocks. Both of the CNA's pulled up the resident's pants and placed him in his wheelchair. Staff H failed to wash Resident #71's front peri area.</p> <p>On 5/15/24 at 10:53 AM, the Assistant Director of Nursing (ADON) reported she expected the staff to wash the front peri area after incontinence episodes.</p> <p>On 5/15/24 at 10:55 AM, Staff H confirmed she needed to wash his front peri area.</p> <p>On 5/16/24 at 9:18 AM, the Assistant Administrator reported she expected resident cares after incontinent episodes.</p> <p>On 5/16/24 at 9:46 AM, the Director of Nursing, (DON) reported she expected the staff to wash areas that were soiled.</p> <p>The facility provided a policy titled Incontinence Care dated 2/4, directed at point # 7 wash all soiled skin areas and dry very well, especially between skin folds</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>49976</p> <p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observations, policy review, and staff interview the facility failed to bring foods to the correct temperature prior to serving residents and keep it at the correct temperature throughout meal service to serve food and drink that is palatable, attractive, and at a safe and appetizing temperature. The facility reported a census of 94 residents.</p> <p>Findings include:</p> <p>During a continuous observation of the noon meal preparation and serving on 5/14/24 from 11:38 AM to 12:35 PM, the following items did not meet the correct cold temperature of 41 degrees Fahrenheit (F) or less prior to serving:</p> <ul style="list-style-type: none"> a. [NAME] milk: 52.5 F b. Chocolate milk: 50.0 F c. Fortified milk: 50.1 F d. Half-and-Half creamer: 73.2 F e. Potato salad (main dining): 48.2 F f. Potato salad (Memory Lane): 45.3 F <p>Observation revealed drinks not served on ice during the meal.</p> <p>During an observation of the post-meal temperatures at 12:27 PM, the following items did not meet the correct holding temperature of 41 F or below:</p> <ul style="list-style-type: none"> a. Chocolate milk: 56.5 F b. Fortified milk: 55.7 F c. Half-and-Half creamer: 56.5 F d. Potato salad (main dining): 45.1 F e. Potato salad (Memory Lane): 42.8 F <p>During an interview on 5/15/24 at 10:49 AM the Food Service Supervisor explained he expected all cooked foods to be 178-180 F and cold foods to be 34-35 F. He expected foods should not be lower than 165 F by the end of food service. Cold items, including beverages, should be on ice and remain at 34-35 F throughout service.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility policy titled Meal Service Procedure adopted 11/14/22 instructed staff to return food items to the kitchen if cold food is above 41 F. Cold food should remain in the refrigerator or on ice during meal service.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>49976</p> <p>Based on observations, policy review, and staff interviews the facility failed to keep the kitchen free of flies, keep garbage cans covered, keep bare hands off the drinking surface of the glass, keep the kitchen surfaces clean, store food items at the correct temperatures, keep stored foods dated and closed, keep bare hands off of food, and use gloves correctly during food preparation. The facility reported a census of 94 residents.</p> <p>Findings include:</p> <p>During the initial tour of the kitchen on 5/13/24 at 10:29 AM the following items were found soiled:</p> <ul style="list-style-type: none"> a. Food and paper particles on the floor; sticky substance on the floor. b. Orange appearing leak pooled and dripping onto the surface under the juice machine. c. Milk splatters inside the front refrigerator. d. Splatters and food matter on the range and grill, oven door handle and front. e. Food debris and cabbage leaves on food prep counter and shelf below which housed clean dishes. f. Cracked raw egg splatter on and around the freezer fan . g. Dust on and around refrigerator fans. h. Food spatters on the back-refrigerator door. i. Steam table wells with food matter caked onto the sides, brown sludge-like liquid in the fourth well. <p>The following items were found open and undated:</p> <ul style="list-style-type: none"> a. Lunch meat in an unlabeled bag. b. Cheddar broccoli soup, unlabeled. c. Tomato juice. d. Dry spaghetti, fettuccini, elbow, rigatoni noodle bags, untied. e. Cheerios. f. [NAME] cracker crumbs, not covered. <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>g. 6 hash brown boxes, not covered.</p> <p>h. Cake mix, bag untied.</p> <p>i. [NAME] sugar, bag untied.</p> <p>j. Flour and sugar containers with scoops placed inside, unlabeled.</p> <p>k. Sliced meat, unlabeled.</p> <p>l. Sauce bag, unlabeled.</p> <p>m. Ground frozen meat, bag untied.</p> <p>Two flies were observed in the kitchen landing on food preparation surfaces. Staff observed and did not clean surfaces after the flies landed or try to remove them. The garbage can left open and full near the stove. The front refrigerator measured 46 degrees Fahrenheit (F).</p> <p>During an observation of the noon meal on 5/13/24 from 11:47 AM to 12:08 PM Staff A, Dietary Assistant served three glasses to three residents with bare fingers touching the drinking rim surface of the glass. Staff B, Dietary Assistant served three glasses to two residents with bare fingers touching the drinking rim surface of the glass. Staff C, Dietary Assistant served five glasses to four residents with bare fingers touching the drinking rim surface of the glass and the inside surface of the glass.</p> <p>During a continuous observation on 5/14/24 of the noon meal preparation and serving from 11:27 AM to 12:35 PM observed the following:</p> <p>a. Three flies landed on food preparation surfaces, staff, and the uncovered garbage next to the food preparation table.</p> <p>b. Staff D, Head [NAME] wore gloves, took bread out of the bag, plated the bread and placed it in microwave. Staff D failed to change gloves and touched the bread to rearrange it on a plate.</p> <p>c. Staff D wore gloves and opened the sandwich bun bag, opened the bun, scooped out ground beef from the pan, and failed to change gloves before he closed the bun by hand and grabbed two new plates. He then failed to change gloves and plated two sets of buns, touched the scoop for the meat, failed to change gloves again and placed the bun on top of it, touched the scoop for potato salad and its container, grabbed another plate, and failed to change gloves and grabbed another bun, opened it by hand and plated it. This process was observed an additional 41 times. Staff E, [NAME] did this 3 times as well.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>d. Staff E wore gloves and grabbed cheese, then touched the stove dial, touched a pan, and failed to change gloves before he touched the cheese sandwich and placed it in a pan. He grabbed another pan, turned the stove dial, and failed to change gloves before he grabbed bread and cheese, assembled the sandwich and placed it in the pan, rewrapped cheese and placed it in a container, touched the refrigerator handle and put the container in the refrigerator. He then threw away the bread bag, touched the stove dial and a spatula, and failed to change gloves before he used his hand to help flip the sandwich in the pan. This occurred for an additional sandwich with no glove change.</p> <p>e. Staff A used bare hands to cut the grilled cheese. No hand hygiene was observed.</p> <p>f. Staff F, [NAME] did not perform hand hygiene and used his bare hands to grab bread out of a bag, spread jelly on the bread with the food directly on the counter, and cut and plate the sandwich.</p> <p>g. Staff F did not perform hand hygiene and used bare hands to grab cheese and bread, assemble the sandwich, and placed it in a pan.</p> <p>During an observation on 5/14/24 at 2:56 PM the refrigerator in the kitchenette of Memory Lane left open with milk and drinks exposed. The temperature gauge on inside of the refrigerator read 70 F.</p> <p>During an interview on 5/14/24 at 12:00 PM Staff G, [NAME] noted he asked maintenance to fix the open window a week ago and it is still open so they have flies.</p> <p>During an interview on 5/14/24 at 12:33 PM Staff D reported staff use fly swatters to kill the flies but they just keep coming back in. He explained he's broken two fly swatters already trying to kill them. He reported there is no cleaning protocol or special chemicals used to clean where they have landed. He noted he's been here for two years and the window has been broken about a year and a half.</p> <p>During an interview on 5/15/24 at 10:49 AM the Food Service Supervisor (FSS) explained he expected staff to follow the rules and regulations for handling cups and glasses. Hands are to be underneath the plate and on the lower part of the cup, not near the top. He reported the kitchen has monthly, weekly, and daily cleaning duties. He gave the example: staff are to clean out the microwave and under shelves where pans are daily; weekly they must clean the food prep area; monthly they must wash the walls in dish room. Floor cleaning is to be done at shift change. He expected staff to clean anything they see dirty when they see it, including in the refrigerators and freezers. He expected staff not to wear gloves when preparing food other than getting bread out of bags. They should only be using them when cleaning. Staff have utensils and should be using them for preparation, assembly, cooking, and serving of all foods. He noted the garbage must be emptied after every meal, and the can must be cleaned before another bag is placed in it. He reported the kitchen has a window that won't go all the way up and he talked to maintenance about it. He expected staff to keep food covered due to the flies. There is no extra cleaning at this time. He noted he expected the freezer to be kept at around -3 F and all refrigerators in the building should be 34-35 F. He expected staff to date all items taken out of the shipment box. If a package is opened he expected staff to close it, date it, and then put it on the shelf. If staff are cooking they must put the food in a bag with a label and date.</p> <p>(continued on next page)</p>		

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 05/16/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The facility policy titled Sanitation and Safety, revised 9/10 instructed staff to prepare all foods with the least possible manual contact, with suitable utensils, and on surfaces that have been cleaned and sanitized prior to use. Garbage cans and their lids are to be scrubbed thoroughly inside and outside. All shelves are to be wiped with detergent solution and air-dried. Stove tops must be cleaned daily and monthly. The sides, back plate, and splatter shall be cleaned with detergent solution, rinsed, and wiped dry. Refrigerators and freezers are to be cleaned on the assigned schedule. Food shall be covered and labeled with the name, date, and time of refrigeration. Steam tables are to be cleaned with detergent and degreaser if needed. All counter tops are to be wiped with detergent solution and sanitized. Floors are to be swept and mopped daily. The cleaning schedule must be developed and posted by the FSS and employees assigned tasks.</p> <p>The facility policy titled Food Storage and Labeling Procedure, revised 9/22 instructed staff to keep open bags of food such as pasta, cake mix, gelatin mix closed with tape or a rubber band or in a large re-sealable bag. It instructed staff not to store any utensil in a container of food. Refrigerated food must be labeled with the product name, date placed in the refrigerator, discard date, and staff initials. Food items left in the original container must be marked with the date it was opened. Non-perishable food removed from the original container must be marked with the name of the product and the date opened. It instructed staff to keep the refrigerator at 41 F or below.</p> <p>The facility policy titled Fly Prevention Policy, adopted 8/19 instructed staff to check for holes or cuts in window screens and repair if needed. Staff must make sure the kitchen is clean and free of food debris on counters, racks, equipment and floors. A cleaning schedule must be developed and staff cleaning must be monitored on a daily basis. Staff must clean under reach-in refrigerators/freezers, large equipment, counters and shelves. They must also make sure all food in storeroom is sealed. Staff are to use containers with tight fitting lids or resealable bags to store food out of original containers. To eliminate fly breeding grounds staff must prevent sources of moisture such as leaking pipes or dirty, clogged drains. They must work with Maintenance to make repairs as soon as possible.</p>		

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 05/16/2024
NAME OF PROVIDER OR SUPPLIER Windmill Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 2332 Liberty Drive Coralville, IA 52241	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0865</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>34821</p> <p>Based on staff interviews, facility record review and facility policy review the facility failed to ensure an effective Quality Assurance Performance Improvement (QAPI) process to address previously identified quality deficiencies, resulting in repeated deficiencies cited on the current survey and cited in previous surveys. The facility reported a census of 94 residents.</p> <p>Findings include:</p> <p>The Centers for Medicare and Medicaid Services (CMS) 2567 form dated 2/7/2023, reflected deficiencies identified for Reporting Alleged Violations, Accidents and Hazards, and Food Procurement, and Store/Prep/Serve-Sanitary.</p> <p>During the current recertification, complaint and survey dated 5/16/23, the team identified same deficiency for Reporting Alleged Violations, Accidents and Hazards, and Food Procurement, and Store/Prep/Serve-Sanitary.</p> <p>On 5/16/24 at 2:00 PM, the Administrator reported the facility monitors and audits the deficiency from the prior surveys with QAPI.</p> <p>The facility provided the QAPI Pan dated 6/28/23, that included feedback, data systems, and monitoring that stated the facility will put into place systems to monitor care and utilize data from various sources. It directed it will include tracking, investigating, and monitoring adverse events every time they occur, and actions implemented through the Plan, Do, Study, Act (PDSA) cycle of improvement to prevent recurrence.</p> <p>The QAPI Plan dated 6/28/2023, directed Overall Performance Improvement Projects (PIP) Plan; Performance Improvement Projects will be a concentrated effort on a particular problem in one area of the nursing center or on a facility-wide basis. They will involve gathering information systematically to clarify issues or problems and intervening for improvements. the nursing center will conduct PIPs to examine and improve care or services in areas that the nursing center identifies as needing in PIPs.</p> <p>Recognizing Problems and Improvement Opportunities: The facility will use a through an highly organized structured root cause analysis approach (e.g. Failure Mode and Effects Analysis, Flow Charting, Five Whys, Fishbone Diagram etc.) to determine and how identified problems may be caused or exacerbated by the way care and services are organized or delivered. This systematic approach will help determine when in-depth analysis is needed to fully understand the problem it's causes, and implications of a change. Theses systematic actions will comprehensively across all involved systems to prevent future events and promote sustained improvement, The focus will be on continues learning and improvement.</p>		