

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 04/17/2025
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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48374</p> <p>Based on clinical record review, facility policy review and staff interviews, the facility failed to re-submit a Pre-Admission Screening and Resident Review (PASARR) for a stay longer than 60 days for 1 of 3 residents reviewed. The facility reported a census of 88 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) dated [DATE] for Resident #66 documented diagnosis of anxiety disorder, bipolar disorder and delusional disorders.</p> <p>Review of a PASARR, dated 10/22/2024 revealed results which included, in part: You may be admitted to a Medicaid certified nursing facility for up to 60 calendar days. You are expected to discharge within 60 days. If your stay goes beyond 60 calendar days, a NF (nursing facility) representative must submit a Status Change Level 1 to [company redacted].</p> <p>During an interview on 4/16/25 at 2:19 PM, the Social Services Director (SSD) stated on of her is to process the PASRR. The SSD stated she had been in this position for over two years. She was not aware that time-limited PASARR 's had to be resubmitted if the resident was not discharged or circumstances changed. The SSD stated she did not know PASARR's needed to be updated when there is a time limit specified or a new mental health diagnosis.</p> <p>During an interview on 4/17/25 at 1:47 PM, the Administrator stated it is her expectation that all PASARR's are completed timely.</p> <p>Review of the facility policy, titled Preadmission Screening and Resident Review (PASARR) dated 02/17/2025, for Short Term Approvals directed:</p> <ol style="list-style-type: none"> Residents who are approved for admission on a short term basis will be assigned a PASARR designated, Approved - ST (short term). If the resident is still in the facility upon completion of the Short Term approval time frame, the Social Service/Admissions Director or designee shall resubmit the PASARR.

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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