

✓ 3/2/18

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S0258</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>02/01/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VISTA PRAIRIE AT KEELSON HARBOUR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2810 AURORA AVENUE SPIRIT LAKE, IA 51360</b>
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(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	<p><b>Initial Comments</b></p> <p>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.</p> <p><b>General Population</b> Number of tenants without cognitive disorder: 55 Number of tenants with cognitive disorder: 4</p> <p><b>Memory Care Unit</b> Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 21</p> <p><b>TOTAL Census of Assisted Living Program for People with Dementia: 80</b></p> <p>The following regulatory insufficiency was cited during the investigation of complaint 73174-A.</p>	A 000	<p><b>HEALTH FACILITIES</b></p> <p><b>MAR 06 2018</b></p> <p><i>Plan of Correcti is attached,</i></p> <p><i>DD - 3/1/18</i></p>	
D103	<p><b>481--52.2(2)a Reporting Suspected Dependent Adult Abuse</b></p> <p>52.2(2) Reporting suspected dependent adult abuse in facilities or programs. a. If a staff member or employee is required to make a report pursuant to this rule, the staff member or employee shall immediately notify the person in charge or the person's designated agent who shall then notify the department within 24 hours of such notification or the next business day.</p> <p>This Statute is not met as evidenced by: Based on interview and record review the Program failed to report an allegation of</p>	D103		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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D103	<p>Continued From page 1</p> <p>suspected dependent adult abuse to the Department within 24 hours or the next business day as required regarding 1 of 1 tenants reviewed (Tenant #1). Finding follows:</p> <p>Record review on 1/9/18 revealed a written statement dated 9/18/17 from Staff A describing an interaction between Staff B and Tenant #1. The statement was part of a Staff Grievance investigation. According to the written statement Staff A observed Staff B attempt to administer medications to Tenant #1. Tenant #1 said "no" and tipped over the meds sending some medication on the floor and table. Staff B grabbed Tenant #1's chair and forcefully "ripped" it backwards with a "terrible screeching" noise. Other tenants in the dining room said "oh my goodness" as if scared or alarmed.</p> <p>When interviewed on 1/9/18 at 11:40 a.m. the Executive Director and Director of Nursing confirmed the Program failed to report the allegation of suspected dependent adult abuse to the Department as required.</p>	D103			

## Plan of Correction

### 52.2(2) Reporting suspected dependent adult abuse in facilities or programs.

a. If a staff member or employee is required to make a report pursuant to this rule, the staff member or employee shall immediately notify the person in charge or the person's designated agent who shall then notify the department within 24 hours of such notification or the next business day.

- Elements detailing how the Program will correct each regulatory insufficiency.
  - In the future, if we observe or are informed of any mistreatment, neglect, or abuse, we will complete the Incident\_Mandatory Report form and submit to DIA within 24 hours. We will also complete investigations and provide those in writing to DIA within 5 days.
- What measures will be taken to ensure the problem does not recur.
  - Policy for reporting Dependent Adult Abuse was reviewed and updated
  - Staff (Executive Director and Director of Health Services) training conducted on January 31, 2018
  - All staff training conducted on or prior to March 2, 2018
- How the Program plans to monitor performance to ensure compliance.
  - Audit staff knowledge on the process to report a Dependent Adult Abuse event.
- The date by which the regulatory insufficiency will be corrected.
  - March 2, 2018

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