

CAC # 8/1/17
8/4/17

PRINTED: 07/19/2017
FORM APPROVED

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0264	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/06/2017
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NAME OF PROVIDER OR SUPPLIER LAKESIDE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2067 HWY 4 PANORA, IA 50216
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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
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A 000 481-67 Initial Comments A 000

Amended on 7/19/17 following Infomal Conference

Assisted Living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site.

General Population Program

Number of tenants without cognitive disorder: 30
Number of tenants with cognitive disorder: 2
Total Population of Program at time of on-site: 32

Dementia-Specific Program by Dedication

Number of tenants without cognitive disorder: 0
Number of tenants with cognitive disorder: 5
Total Population of Program at time of on-site: 5

TOTAL census of Assisted Living Program: 37

The following regulatory insufficiencies were cited during the investigation of Complaint #66703-C and Incident 67011-I:

A 013 481-67.3(2) Tenant Rights A 013

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:

See attached

POC
3/22/17
HEALTH FACILITIES

JUL 9 1 2017

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 013	<p>Continued From page 1</p> <p>Based on observation, interview and record review the Program failed to provide care, treatment and adequate/appropriate services as directed by service plans. This affected 1 of 1 tenant (Tenant #1) reviewed as a result of investigation #67011-I. Finding follows:</p> <p>Record review on 3/29/17 revealed a progress note for Tenant #1 documented Staff A called the nurse at 10:22 a.m. on 3/2/17 to notify that staff found Tenant #1 in between two doors located on the Southwest corner of the building. According to staff, she heard knocking on the door. Staff A notified the manager and nurse clinician of the incident. The nurse arrived and completed a head to toe assessment. Further review revealed Staff B, who worked on the memory care unit, assisted another tenant in the shower and did not hear or feel her pager; but when she came out to the dining room area she heard the alarm sound. She notified Staff A, who worked in the general population Assisted Living. Staff A escorted Tenant #1 back to the memory care unit.</p> <p>When interviewed on 3/29/17 the Manager stated the Program conducted an investigation and concluded Tenant #1 likely rode the elevator down to first floor and left the building via the North door, walked along a sidewalk to the South door where the tenant attempted to re-enter the building at a locked door. Staff A heard the tenant knocking and escorted Tenant #1 back to the memory care unit.</p> <p>When interviewed on 3/29/17 Staff B recalled she saw Tenant #1 at approximately 9:45 a.m. before going to assist another tenant with a shower. Tenant #1 sat at the dining room table in the common area of the memory care unit. She said when she returned to the common area she did</p>	A 013		
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A 013	<p>Continued From page 2</p> <p>not see Tenant #1 and heard the door alarm. She confirmed she did not hear the door alarm on her pager while she showered another tenant.</p> <p>When interviewed on 3/29/17 Staff A reported she worked in the general population part of the building and after administering a tenant's medication she heard someone knocking. She went to the door and found Tenant #1. At the same time, Staff B attempted to contact her on the walkie talkie. When she answered, Staff B told her that she could not find Tenant #1.</p> <p>Observations revealed the Program was located on Highway 4 in a 55 mile an hour speed zone and near Lake Panorama. Observations of the route Tenant #1 likely took revealed a sidewalk near a wooded area with steep hills and the lake approximately 3/4 to 1 mile of a mile cross country. The distance from the North to South door measured approximately 100 yards. According to the state climatologist the closest weather stations were located at the airports in Audubon and Perry. The temperature measured 50 degrees Fahrenheit (F) at the Audubon airport and 56 degrees at the Perry airport. Staff interviews confirmed Tenant #1 wore jeans, long sleeved shirt, jacket, shoes and socks.</p> <p>Tenant #1 resided on the memory care unit and had a Global Deterioration Scale (GDS) of 4 which indicated moderate cognitive decline. At the time of the incident Tenant #1's service plan directed staff to provide 24 hour supervision and hourly visual checks in memory care, initiated on 7/20/16. Tenant #1 wore a Wanderguard bracelet.</p> <p>When interviewed on 3/29/17 Staff A and B said Tenant #1's service plan required hourly checks.</p>	A 013		
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A 138	<p>481-69.32(2) Life Safety</p> <p>481-69.32(231C) Life safety-emergency policies and procedures and structural safety requirements.</p> <p>69.32(2) An operating alarm system shall be connected to each exit door in a dementia-specific program.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record review the Program failed to ensure each exit door for the dementia-specific setting had an operating alarm system attached. This potentially affected 5 of 5 tenants (Tenants #1-5). Finding follows:</p> <p>Observations on 3/29/17 at 12:30 p.m. revealed the alarm on the exit door of the dementia specific part of the building did not function. According to staff present the alarm only sounded when tenants wearing bracelets were close to the door. The Manager pointed out an alarm placed on the door after the elopement incident on 3/20/17. The alarm was unengaged.</p> <p>Record review on 3/29/17 revealed a progress note for Tenant #1 which said Staff A called the nurse at 10:22 a.m. on 3/2/17 to notify that staff found Tenant #1 in between two doors located on the Southwest corner of the building. According to staff she heard knocking on the door. Staff A notified the manager and nurse clinician of the incident. The nurse arrived and completed a head to toe assessment. Further review revealed Staff B, who worked on the memory care unit, assisted another tenant in the shower and did not hear or feel her pager, but when she came out to</p>	A 138		
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A 138 Continued From page 4

A 138

the dining room area heard the alarm sounding. She notified Staff A, who worked in the general population Assisted Living. Staff A escorted Tenant #1 back to the memory care unit.

When interviewed on 3/29/17 the Manager said the Program conducted an investigation and concluded Tenant #1 likely rode the elevator down to first floor and left the building via the North door, walked along a sidewalk to the South door where the tenant attempted to re-enter the building at a locked door. Staff A heard the tenant knocking and escorted Tenant #1 back to the memory care unit.

When interviewed on 3/29/17 Staff B said saw Tenant #1 at approximately 9:45 a.m. before going to assist another tenant with a shower. Tenant #1 sat at the dining room table in the common area of the memory care unit. She said when she returned to the common area she did not see Tenant #1 and heard the door alarm. She confirmed she did not hear the door alarm on her pager while she showered another tenant.

When interviewed on 3/29/17 Staff A said she worked in the general population part of the building and, after administering a tenant's medication, she heard someone knocking. She went to the door and found Tenant #1. At the same time Staff B attempted to contact her on the walkie talkie. When she answered, Staff B told her that she could not find Tenant #1.

Observations revealed the Program was located on Highway 4 in a 55 mile an hour speed zone and near Lake Panorama. Observations of the route Tenant #1 likely took revealed a sidewalk near a wooded area with steep hills and the lake approximately 3/4 to 1 mile of a mile cross

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A 138	Continued From page 5	A 138		
	<p>country. The distance from the North to South door measured approximately 100 yards. According to the state climatologist the closest weather stations were located at the airports in Audubon and Perry. The temperature measured 50 degrees Fahrenheit (f) at the Audubon airport and 56 degrees at the Perry airport. Staff interviews confirmed Tenant #1 wore jeans, long sleeved shirt, jacket, shoes and socks.</p> <p>Tenant #1 resided on the memory care unit and had a Global Deterioration Scale (GDS) of 4 which indicated moderate cognitive decline. At the time of the incident Tenant #1's service plan directed staff to provide 24 hour supervision and hourly visual checks in memory care, initiated on 7/20/16. Tenant #1 wore a Wanderguard bracelet.</p>			

The
Lakeside
VILLAGE
The Lakeside Village
2067 Highway 4
Panora, Iowa 50216-8696

YL
8/7/17

CAC
8/4/17

Date: 5/10/2017 & 7/13/2017

Investigation Intake #: 67011-I

Plan of Correction (POC) Submitted For:

- Investigation Date: 3/29/2016-4/6/2017
- Monitors: Jana Smith

POC:

A. **481-67.3 Tenant rights. All Tenants have the following rights: 67.32(2) To receive care, treatment and services which are adequate and appropriate:**

i. **Program POC:**

1. **Elements detailing how insufficiency was corrected for residents:**

- a. Staff A received re-education regarding the use of pagers, to assure that the alerts are felt or heard while working and appropriate response to these alarms, 3/19/2017.

2. **Actions the program is taking to protect tenants in similar situations:**

- a. An additional alarm was placed on the memory care door for an additional notification to staff that the memory care door has been opened 3/20/2017.
- b. Staff re-education was provided on door alarm response on 3/22/2017.
- c. Staff re-education was provided on pager use on 3/22/2017.

3. **Measures taken to ensure problem does not recur:**

- a. Staff education provided on Resident Tenant #1 Change of Condition assessment which was completed and ISP changes that were made on 3/19/2017.
- b. Visual checks for Tenant #1 were increased from every 1 hour to every 15 minutes after the incident on 3/19/2017.

4. **Program plans to monitor performance to ensure compliance:**



- a. Manager and/or designee will monitor pager use of employees on random days and times to assure proper use beginning 3/22/2017.
- b. Manager and/or designee will monitor responses to door alarms at random days and times to assure appropriate responses beginning 3/22/2017.
- c. Manager and/or designee will provide training on the elopement policy, door alarm responses, and pager use to all new employees upon hire, yearly, and as needed.

B. 481-69.32(231C) Life Safety-emergency policies and procedures and structural safety requirements 69.32(2) An operating alarm system shall be connected to each exit door in a dementia-specific program:

i. Program POC:

- 1. Elements detailing how insufficiency was corrected for residents:**
 - a. Change of condition assessment including ISP revisions were completed for Tenant #1 on 3/19/2017
- 2. Actions the program is taking to protect tenants in similar situations:**
 - a. Wide Gap magnetic alarm applied to the memory care door on 4/3/2017, which replaced the pull pin alarm so that it cannot be disengaged.
- 3. Measures taken to ensure problem does not recur:**
 - a. Staff re-education was provided on the elopement policy 3/22/2017.
 - b. Staff re-education was provided on door alarm response 3/22/2017.
 - c. Staff re-education was provided on pager use 3/22/2017.
- 4. Program plans to monitor performance to ensure compliance:**
 - a. Manager and/or designee will monitor pager use of employees at random days and times to assure proper use, beginning on 3/22/2017.
 - b. Manager and/or designee will monitor responses to door alarms at random days and times to assure appropriate responses beginning on 3/22/2017.
 - c. Manager and/or designee will provide training on the elopement policy, door alarm responses, and pager use to all new employees upon hire, yearly, and as needed.