IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 51749-C

June 8, 2015

Ms. Kimberly Stodgel, Director
Lakeside Village
2067 Hwy 4
Panora, IA 50216

RE: Final Complaint/Incident Investigation Report – Lakeside Village, Panora, IA

Dear Ms. Stodgel:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of May 11 - 14, 2015, completed by the Department of Inspections and Appeals ("DIA") in accordance with Iowa Code chapter 231C and Iowa Administrative Code ("IAC") chapters 481—67 and 481—69. Based on tenant file reviews, staff interviews, review of incident reports, review of staff schedules, observation of a medication pass and review of staff training on medication administration, the following areas were unsubstantiated:

Allegation: Service Plans
Findings – Unsubstantiated
Comments: Based on tenant file review, staff interview and incident report review, it could not be determined that a tenant with impaired decision making ability left the Program without staff supervision. Record review revealed on 1/28/15 a tenant left the memory unit. The alarms sounded and staff accompanied the tenant the entire time returning to the Program without further incident. Further review revealed the same tenant's whereabouts on the morning of 3/07/15 were temporarily unknown. Several staff interviews revealed the Tenant had been located inside the Program's building on the memory unit side. A former employee reported finding the tenant outside the Program. This same employee reported this to the police. This former employee's report could not be verified as it had not been documented and or collaborated with any of the other employees. Following the aforementioned episodes, this tenant's nurse review, evaluations and service plan had been updated to include the levels of supervision necessary in order to keep the tenant safe.

Allegation: Nurse Review
Findings: Unsubstantiated
Comments: Based on observation, tenant file review, tenant interviews and staff interviews, it could not be determined tenants' needs had not been met. Tenant file review revealed as a tenant's needs changed, nurse reviews were completed as necessary. These changes as noted in the documented nurse reviews were also reviewed with staff and tenants in interview. All interviews were consistent with the documented nurse's notes in that as changes occurred, tenants were encouraged to seek medical attention and did so. Evaluations were completed and the services plans updated. Staff felt the tenants' needs were handled appropriately by Administration.

Allegation: Staffing
Findings: Unsubstantiated
Comments: Based on observation, personnel record review and staff interview, it could not be determined that untrained staff were administering tenants' medications. Personnel record review and staff interviews revealed all staff responsible for the administration of tenants' medication had been adequately trained by the registered nurse. Staff and tenant interviews did confirm the use of another tenant's Ban-Aides on other tenants. This practice had been limited to one tenant and was not condoned by the Program. As a result, the Program agreed to retrain all staff responsible. Observation and staff interviews confirmed the availability of thermometers were readily accessible and not viewed as a problem by staff.

No Regulatory Insufficiencies were identified.

If you have any questions regarding the enclosed Report, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0264	A. BUILDING: _____ B. WING _____	C 05/14/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKESIDE VILLAGE	2067 HWY 4 PANORA, IA 50216

(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	481-67 Initial Comments 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 visit. General Population Program: Number of tenants without cognitive disorder: 27 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 27 Dementia-Specific Program by Dedication: Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 3 Total Population of Program at time of on-site: 3 TOTAL census of Assisted Living Program: 30 No regulatory insufficiencies were cited during the investigation of Complaint #51749-C.	A 000		

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