IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-4115 Phone
(515) 242-5022 Fax

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

**Complaint/Incident Intake #:**
**53787-C**

September 29, 2015

Jessie Warburton, Executive Director
Keelson Harbour Assisted Living
2810 Aurora Avenue
Spirit Lake, IA 51360

**RE: Final Complaint/Incident Investigation Report, Keelson Harbour Assisted Living, Spirit Lake, Iowa**

Dear Ms. Warburton:

Enclosed is the **Final Complaint/Incident Investigation Report** 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, following an investigation by DIA on **September 21 & 22, 2015.** The following areas were investigated during the investigation of complaint 53787-C:

Allegation: Service Plans
Comments: Based on review of tenant records no issues were identified in the area of service plans.
Findings: Not substantiated

Allegation: Admission/Discharge
Comments: Based on interviews and review of documentation the Program did not provide a written notice of discharge when a tenant had a significant change in condition. This portion of the complaint was substantiated.

The Report notes a Regulatory Insufficiency in the area(s) of: Involuntary Transfer from Program.

Each Regulatory Insufficiency requires that the Program submit a written Plan of Correction (POC).

In preparing the POC, please use the tenant identifiers from the Report, i.e. Tenant #1, when reference is made to specific tenants. If your response includes a specific tenant's assessment or service plan, it is the Program's responsibility to conceal the tenant's name in order to maintain the tenant's anonymity. Your response shall include the following:

1. Elements detailing how the Program will correct each regulatory insufficiency.
2. What measures will be taken to ensure the problem does not recur.
3. How the Program plans to monitor performance to ensure compliance.
4. The date by which the regulatory insufficiency will be corrected.

Please note that all regulatory insufficiencies must be **corrected within 30 days of the date of the exit conference**; however, there may be situations where the timeframe may be shortened or lengthened, at the discretion of the department.

**The POC must be submitted/emailed to DIA to my attention within ten (10) working days of receipt of this letter.** It may be necessary for DIA to revisit the Program to confirm progress in fulfilling the POC's corrective measures.

As provided by IAC rule 481-67.14, you are afforded one opportunity to refute cited regulatory insufficiencies through the informal conference process. A request for an informal conference must be made within 20 working days of the notice or service of this letter and the final report. Please refer to rule 67.14 for more information.

If you have any questions in regard to 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 |
|---|---|---|---|
| | S0258 | A BUILDING: _____ B WING _____ | C 09/22/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| KEELSON HARBOUR ASSISTED LIVING | 2810 AURORA AVENUE SPIRIT LAKE, IA 51360 |

| (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 | 481-69 Initial Comments<br><br>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.<br><br>General Population Program<br><br>Number of tenants without cognitive disorder: 43<br>Number of tenants with cognitive disorder: 1<br>Total Population of Program at time of on-site: 44<br><br>Dementia-Specific Program by Dedication<br><br>Number of tenants without cognitive disorder: 0<br>Number of tenants with cognitive disorder: 17<br>Total Population of Program at time of on-site: 17<br><br>TOTAL census of Assisted Living Program: 61<br><br>The following regulatory insufficiency was cited during the investigation of Complaint 53787-C: | A 000 | | |
| A 050 | 481-69.24(1)a Involuntary Transfer from Program<br><br>481-69.24(231C) Involuntary transfer from the program.<br>69.24(1) Program initiation of transfer. If a program initiates the involuntary transfer of a tenant and the action is not the result of a monitoring, including a complaint investigation or program-reported incident investigation, by the department and if the tenant or tenant ' s legal representative contests the transfer, the following procedures shall apply:<br>a. The program shall notify the tenant or tenant ' s legal representative, in accordance with the occupancy agreement, of the need to transfer | A 050 | | |

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 |
|---|---|---|---|
| | S0258 | A. BUILDING _____ B. WING _____ | C 09/22/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| KEELSON HARBOUR ASSISTED LIVING | 2810 AURORA AVENUE SPIRIT LAKE, IA 51360 |

| (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 050 | Continued From page 1<br>the tenant and of the reason for the transfer and shall include the contact information for the tenant advocate.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on review of a tenant files, Program documents and a staff interview the Program failed to notify the tenant's legal representative of the need and reason for discharge as specified in the Occupancy Agreement.<br><br>1. Tenant #2, an 87 year old, was admitted on 10-1-13 and diagnoses included: memory loss. Tenant #2 was staged at a six on the Global Deterioration Scale (GDS), which indicated severe cognitive decline. Tenant #2 resided in the dementia unit.<br><br>According to a resident note regarding Tenant #2 and written by the Registered Nurse (RN) on 6-22-15, Tenant #2's family took the tenant to the hospital for evaluation of an injury after a fall. The Tenant was diagnosed with a broken clavicle that would require a sling. The RN documented the following, "I told them we wouldn't be able to take (Tenant #2) back due to level of care and (Tenant #2's) safety. The notation included a statement from Tenant #2's legal representative offering to pay more if Tenant #2 could return to the program. The RN explained it wasn't about money but more about Tenant #2's safety.<br><br>The Occupancy Agreement (OA) signed by Tenant #2's legal representative on 8-24-14 included the following statement: "Under certain circumstances, a significant change in a Tenant's condition may result in the need for the provision | A 050 | | |

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 |
|---|---|---|---|
| | S0258 | A. BUILDING: _____ B. WING _____ | C 09/22/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| KEELSON HARBOUR ASSISTED LIVING | 2810 AURORA AVENUE SPIRIT LAKE, IA 51360 |

| (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 050 | Continued From page 2<br>of services that exceed the type or level of services (i) allowed by law in an assisted living program or (ii) permitted pursuant to the Occupancy Agreement. In those circumstances, Program will provide written notice to Tenant of the need for discharge, the reasons for discharge....."<br><br>During an interview on 9-21-15 the RN and Executive Director confirmed the Program had not provided the legal representative a written notice, that included the need and reason for discharge, as specified in the OA. | A 050 | | |

VISTAPRAIRIE AT
KEELSON HARBOUR
SENIOR LIVING COMMUNITY

2810 Aurora Avenue
Spirit Lake, IA 51360
712.336.4501
vistaprairie.org/keelsonharbour

October 5, 2015

Department of Inspections and Appeals
Attn: Rose Boccella
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319

HEALTH FACILITIES
OCT 13 2015

Dear Ms. Boccella:

On behalf of Keelson Harbour Assisted Living, I respectfully submit our Plan of Correction for your approval. Our response is specific to the Complaint/Incident Investigation Report dated September 29, 2015. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of insufficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Iowa law.

**Involuntary Transfer from Program**

1. Elements detailing how the Program will correct each regulatory insufficiency.
    - Tenant #2 no longer resides at Keelson Harbour.
    - The Executive Director and RN will be re-educated on regulatory requirements related to discharge from an assisted living program.

2. What measures will be taken to ensure the problem does not recur.
    - The Executive Director and RN will be re-educated on regulatory requirements related to discharge from an assisted living program. This process will include a review of the applicable language in the occupancy agreement and regulatory requirements for an involuntary transfer.
    - The Executive Director and RN will review all potential discharges. Tenant and/or legal representative, as applicable, will be made aware of the options available to them. Tenants/legal representative will receive appropriate notice per occupancy agreement, tenant landlord law and assisted living regulation.

3. How the Program plans to monitor performance to ensure compliance.
    - A review of processes will be evaluated at least annually by the Executive Director or Designee at least annually.

4. The date by which the regulatory insufficiency will be corrected.
    - Keelson Harbour will be in compliance by October 31, 2015.

Please contact me at 712-336-4501 with any questions you have. Thank you.

Sincerely,

Jessie Warburton
Executive Director