IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 57017-C

February 23, 2016

Ms. 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, IA

Dear Ms. Warburton:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of February 16 & 17, 2016, 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. The following allegations were investigated in regards to complaint intake #57017-C.

1. Allegation: Level of Care/Nurse Review
   Comments: Review of records and interviews confirmed the tenant received Hospice services which included a visit from a Nurse two times a week and an aide one time a week for assistance with personal cares for a month before the tenant's death. Interviews confirmed no other tenants currently residing in the Program exceeded level of care. Nurse reviews were completed as needed.
   Finding: unsubstantiated

2. Medication Management
   Comments: There was no evidence a tenant mentioned was given the wrong medication. Review of Incident reports and interviews with staff could not confirm the medication error. The tenant with as needed medications did have a service plan that clearly addressed the use of the as needed medications. Staff was not responsible to assess and/or administer the as needed medications. There are no rules in assisted living prohibiting a tenant's daughter who is also a physician from prescribing medications. Interviews with staff could not confirm the missing medications as alleged.
   Finding: unsubstantiated

3. Tenant Rights
   Comments: Observations revealed kind and considerate interactions amongst staff and tenants. Interviews with staff did not confirm tenants were awoken early for bathing/showering assistance. Review of the documentation regarding showers did not confirm this allegation.
   Finding: unsubstantiated

4. Administration
   Comments: Interviews did not confirm this occurred. Assisted Living programs do not have rules to govern interactions between employers and employees.
   Finding: unsubstantiated

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
	S0258	A. BUILDING _____ B. WING _____	C 02/17/2016

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	481-67 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. General Population Program Number of tenants without cognitive disorder: 47 Number of tenants with cognitive disorder: 3 Total Population of Program at time of on-site: 50 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 20 Total Population of Program at time of on-site: 20 TOTAL census of Assisted Living Program: 70 No regulatory insufficiencies were cited during the investigation of Complaint #57017-C	A 000		

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