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 #:
59441-C

June 29, 2016

Ms. Jessie Warburton, Manager
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 **June 14, 2016.** The Report notes a Regulatory Insufficiency in the area(s) of: Tenant Rights.

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,

Linda Kellen, Bureau Chief

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 06/14/2016

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: 46 Number of tenants with cognitive disorder: 3 Total Population of Program at time of on-site: 49 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 19 Total Population of Program at time of on-site: 19 TOTAL census of Assisted Living Program: 68 The following regulatory insufficiency was cited during the investigation of Complaint #59441-C:	A 000		
A 014	481-67.3(3) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(3) To receive respect and privacy in the tenant ' s medical care program. Personal and medical records shall be confidential, and the written consent of the tenant shall be obtained for the records ' release to any individual, including family members, except as needed in case of the tenant ' s transfer to a health care facility or as required by law or a third-party payment contract.	A 014		

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

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 06/14/2016

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 014	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observations and interviews, staff did not ensure privacy of tenants' personal and/or medical information. This potentially affected all tenants who received services. Observations on 6-14-16 at 2:15 revealed a medication cart on the second floor the the Program. A face down iPad lay on top of the medication cart. When turned over, tenants' names were visible. The staff person responsible for the cart was not in the immediate area. The Administrator paged the staff who was in an apartment administering medications. When interviewed, Staff A said she was told during training that she could just turn the iPad over to maintain confidentiality. Review of training records for Staff A confirmed she had been trained to close the medication administration record. When interviewed on 6-14-16, the Administrator confirmed Staff A should have ensured the the iPad locked before she walked away.	A 014		

VISTAPRAIRIE AT
KEELSON HARBOUR
SENIOR LIVING COMMUNITY

2810 Aurora Avenue
Spirit Lake, IA 51360
Phone: 712.336.4501
Fax: 712.336.4509

July 8, 2016

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

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 June 29, 2016. 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.

Tenant Rights

1. Elements detailing how the Program will correct each regulatory insufficiency.
   - The Executive Director or designee will review the staff use of the tenants' personal and/or medical information in other circumstances and will address any potential concern regarding tenants' privacy of personal and/or medical information.

2. What measures will be taken to ensure the problem does not recur.
   - The Executive Director or designee will assure that all staff are re-educated on the need to ensure tenants' privacy of personal and/or medical information. Specific examples such as closing the iPad when not in use will be reviewed.

3. How the Program plans to monitor performance to ensure compliance.
   - The Executive Director or designee will conduct weekly audits of work areas and the use of tenants' personal and/or medical information. On the spot staff training will be conducted as needed if a deficient practice is noted. All staff will be advised of audit results.

4. The date by which the regulatory insufficiency will be corrected.
   - Keelson Harbour will be in compliance by July 22, 2016.

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

Sincerely,
Jessie Warburton
Executive Director