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 _____	05/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEELSON HARBOUR SENIOR LIVING ALP/D	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	Initial Comments Assisted Living Programs for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 18 TOTAL Census of Assisted Living Program for People with Dementia: 18 The following regulatory insufficiency was cited during the recertification conducted to determine compliance with certification for an Assisted Living Program:	A 000	See attached POC 7/15/19	
A 057	481-67.9(3) Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(3) Training documentation. The program shall have training records and staffing schedules on file and shall maintain documentation of training received by program staff, including training of certified and noncertified staff on nurse-delegated procedures. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to maintain documentation of training of nurse delegated procedures for 3 of 3 direct care staff reviewed (Staff A, B, and C). Finding follows: Record review on 5/21/19 revealed no	A 057		

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

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A 057	Continued From page 1 documentation of delegation training for Staff A, B, and C. When interviewed on 5/21/19 at 3:00 p.m. the Director of Health Services, the Executive Director and Nurse Consultant explained the Program had held a skills fair on 5/31/18 but they could not locate the documentation of the nurse delegations for the three staff.	A 057		

OK 7/9/19

KEELSON HARBOUR

✓ 7/11/19

Simplified Living *Assisted Living* *Memory Care*

Tag A 057 Staffing

- Elements detailing how the Program will correct each Regulatory Insufficiency
    - When/if a new Director of Health Services is hired the site will re-complete testing with all of the current staff who are employed at the time a new Director is hired.
- What measures will be taken to ensure the problem does not recur:
    - The requirement to complete this training and the required supporting documentation has been added to the employee orientation checklist and the Director of Health Services Orientation.
    - Forms to record this competency testing are included in the employee orientation checklist
- How the Program plans to monitor performance to ensure compliance
    - The Resident Services Coordinator, who is responsible for follow-up on completion of training materials and documentation, will audit each employee training record at completion of new employee orientation to ensure compliance.
- The date by which the regulatory insufficiency will be corrected
    - July 15, 2019