DEPARTMENT OF INSPECTIONS AND APPEALS

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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 09/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEELSON HARBOUR SENIOR LIVING MC	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 impairment: 0 Number of tenants with cognitive impairment: 23 Total census: 23 The following regulatory insufficiencies were cited during the investigation of Complaint #115538-C and the recertification visit conducted to determine compliance with certification of an Assisted Living Program for People with Dementia.	A 000	See Attached POC 9/27/23	
A 145	481-69.22(3) Evaluation of Tenant 69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change. This REQUIREMENT is not met as evidenced by:	A 145		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 145	Continued From page 1 Based on interview and record review the Program failed to evaluate the functional, cognitive and health status as warranted. This pertained to 2 of 4 tenants reviewed with a significant change in services and/or health status (Tenant #1 and Tenant #2). Findings follow: Record review of Tenant files on 9/18/23 revealed the following: 1. Tenant #1's Progress Notes dated 8/29/23, noted staff found him having intercourse with a female tenant and discussed instillation of an egress lock on his door. Further review of Progress Notes dated 9/11/23 documented an alarm installed on his apartment door to alert staff when it opened. Global Deterioration Scale (GDS) completed 8/8/23 noted a score of 6 and indicated severe cognitive decline. Service Plan updated 9/11/23 included the door alarm installed on his apartment door and hourly safety checks. Continued review revealed his history of enjoying the company of female residents and staff were provided education on sexuality with dementia training. No functional, cognitive and health assessments for the change in services to add a door alarm for safety could be located. 2. Tenant #2's Annual Comprehensive Assessment dated 12/5/22 documented she was continent of bowel and bladder. The Comprehensive Assessment and Service Plan completed 6/1/23 for starting therapy noted she was incontinent of bowel and bladder.	A 145		

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A 145	Continued From page 2 No functional, cognitive, and health assessments for the change in health status could be located. When interviewed on 9/20/23 at 12:35 p.m. the Director confirmed these findings.	A 145		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: S0258	DATE SURVEY COMPLETED: 09/21/2023

Tag #	SUMMARY STATEMENT OF DEFICIENTCIES (EACH DEFICIENCY SHOULD BE PRECEDE BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY	Identify what changes to the provider's systems and practices were made to ensure compliance with the specific statute(s). Include information about how the provider will maintain compliance in the future.	COMPLETION DATE
Tag #1	69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change.	**Tag#** **A145**	Resident MS: assessment, service plan and task were reviewed, all are consistent with cares being provided. COC completed for GK on 9/27/23.	Upon HCC hire, RN will receive training on assessments, COC, and ISP.	**Implementation Date:** 9/27/2023 **Completion Date:** 11/20/2023 **Responsible Party:** Director, Nurse or Designee

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 regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.