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 01/09/2025

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: 19 Total census: 19 There were no regulatory insufficiencies cited during the investigation of Complaints 125811-C, 122319-C or 124790-C. The following regulatory insufficiency was cited during the investigation of Incident 123591-I.	A 000		
A 160	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the program failed to provide adequate care and services to 1 of 1 former tenants reviewed who had eloped (Tenant C1). Findings include:	A 160		

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A 160	Continued From page 1 On 1/07/25 at 2:50 p.m. a review of a summary of incident reports document revealed Tenant C1 eloped from the program on 9/17/24 at 1:24 p.m. On 1/07/25 at 1:40 p.m. the Administrator reported there were two staff who worked at the time of Tenant C1's elopement, Staff B and Staff C. Staff B no longer worked at the program. On 1/07/25 at 2:39 p.m. record review revealed Tenant C1 had a Global Deterioration Scale score of 6 (signifying severe cognitive decline) with a diagnosis of vascular dementia. Tenant C1 was admitted to the program on 1/11/24. Review of her service plan dated 8/15/24 revealed a history of occasional disorientation to person, place, time or situation even in familiar surroundings, and required supervision and oversight for safety. Tenant C1 was noted as independent with transfers and ambulation without the need for assistive devices. On 1/08/25 at 10:00 a.m. interview with former employee Staff B revealed on the day of Tenant C1's elopement, another tenant's visitors were leaving the secured program and needed to be let off the floor using a key pad to release the exit door's magnetic locking device. Staff B reported the male visitor was very unsteady on his feet and used a rolling walker. When she let the two aged visitors out the door her attention was focused on them as she was worried the male visitor would fall. She could not recall where Tenant C1 was standing at the time she unlocked the door. As the door shut, Staff B turned and walked away. Tenant C1 was able to catch the door before it latched shut. On 1/09/25 at 9:44 a.m. review of the video taken at the time of the incident revealed a female	A 160		

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A 160	Continued From page 2 visitor assist a male visitor wearing a black gait belt and using a rolling walker slowly exit the program's front door into the parking lot. As the door closed behind the two visitors, Tenant C1 caught the door and pushed it open to exit into the foyer area. Tenant C1 followed the visitors on out into the parking lot. Approximately 1½ minutes later Tenant C1 was returned back inside the building by the female visitor she had followed out the door. The tenant was appropriately dressed. There were no injuries noted. On 1/09/25 at 3:30 p.m. the Administrator confirmed these findings.	A 160		