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 04/22/2024

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: 21 Total census: 21 The following regulatory insufficiencies were cited during the investigation of Complaints #116347-C, #116375-C and Incident #116656-I. There were no regulatory insufficiencies cited during the investigation of Complaint #116596-C.	A 000		
A 150	481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to follow established policy and procedure regarding incident reports affecting 1 of 3 former tenants reviewed (Tenant C-1). Findings include: Review of Tenant C-1's record on 4/16/24 revealed a note written by the physical therapist stating: "[Tenant C-1's] participation in therapy was limited today (10/10/23) due to reports of severe pain in the left thigh region, may be behavioral in nature. Patient able to complete full	A 150	The Plan of Correction is attached	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kelsey Meyer	Community Director	7/27/24

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A 150	Continued From page 1	A 150		

stand times 1 today despite numerous attempts. Limited due to her pain. Stands up to 9 seconds. Unable to safely complete stand pivot transfers due to lack of participation and weight bearing. PT discussed with CNA's who report that she fell 4 times this morning and is now falling daily. Also report has a doctor's appointment this afternoon." Further record review failed to locate incident reports for the falls as reported to physical therapy on 10/10/23.

On 4/16/24 at 1:50 p.m. review of the incident report policy revealed staff should notify the nurse or designee if a resident had fallen or any unusual event occurred. When an incident report was written, it was to be factual, to the point and must be signed, showing the time and date by the writer. Witnesses of the incident should also provide a factual statement. The incident report shall be turned into the nurse as soon as possible.

On 4/16/24 at 5:33 p.m. interview with the on-call nurse (Nurse J) confirmed not all incident reports had been completed by the staff. Nurse J reported staff could not keep up. She was asked if she had heard of Tenant C-1's four falls on the morning of 10/10/23 as staff had reported to the physical therapist. Nurse J reported she had not heard that.

On 4/17/24 at 12:03 p.m. interview with Staff N confirmed incident reports were not being completed. Staff N said they were told not to worry about it and they didn't need to do them.

On 4/18/24 at 10:22 a.m. interview with Staff I confirmed Nurse J had told them not to worry about filling out incident reports on Tenant C-1 as she would add the falls to the other incident

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A 150	Continued From page 2 reports. On 4/17/24 at 12:25 p.m. the Director confirmed these findings.	A 150		
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 interview and record review the program failed to provide adequate care and treatment for 1 of 3 former tenants reviewed (Tenant C-1) Findings include: Record review revealed Tenant C-1 had fallen on 9/27/23. On 9/28/23, the resident was unable to bear weight on her left leg. During a physical therapy session on 9/28/23 the therapist suggested she be seen by her PCP (primary care physician). An appointment was made with her PCP for an evaluation on 9/28/23. The resident was taken to the appointment by her son in a wheelchair. There were no fractures noted and the plan was to continue with therapy, ice as needed and return if pain gets worse. (An x-ray of the hip was not completed at this appointment; only an x-ray of the knee.) Review of a note written by the physical therapy	A 160		

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A 160	Continued From page 3	A 160		

aide on 10/09/23 documented the tenant walked with antalgic gait due to pain in left knee/adductor. Falls were reported in the last two weeks due to knee giving out. Pain seemed to be improving as sprain heals.

Tenant C-1 had gone to an appointment to her PCP on 10/10/23 with a note written by the Program Director. Tenant C-1 was unaccompanied by nursing staff or family at this appointment. The note read as follows:
- Resident was seen on 9/28/23 and negative for any fractures after a fall on 9/27/23.
- Resident has been working with physical therapy - minimal participation due to complaints of pain.
- Has had several falls in the last 72 hours.
- Resident has also had increased incontinence, specifically during the overnight hours. Wondering if this could be UTI or due to her not able to transfer? We added a 2 a.m. toileting for resident to try and help with incontinence.
- Today at lunch resident refused to eat due to pain in left leg.
- Prior to 9/27/23 fall the resident was independent with ambulation and able to take self to the bathroom. Family very concerned the resident could have a UTI and that's what is causing the incontinence. Resident was last tested on 9/22/23 and was clear at that time.

A review of PT notes revealed during a physical therapy session on 10/10/23 the resident was having severe pain in the left thigh. The severe left thigh pain was not included on the note sent with Tenant C-1 to the PCP appointment on 10/10/23.

The resident returned from the 10/10/23 appointment with orders for pain medication

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A 160	Continued From page 4	A 160		

changes and a UA (urinalysis) test. UA results came back on 10/12/23 with orders for cephalexin BID for 7 days. While at this appointment Tenant C-1 denied any new falls.

Further review of the therapy notes revealed on 10/13/23 the PT (physical therapist) noted Tenant C-1 was unable to stand safely. On 10/15/23 the PT noted the CNA reported Tenant C-1 fell again that morning. She required a Hoyer lift to get her off of the floor. CNAs report requiring 2-3 assist for transfers and toileting. Observation of Tenant C-1's thigh revealed significant bruising along the entire thigh. The PT expressed concern to staff with recommendation to alert their supervising nurse.

On 4/15/24 at 12:12 p.m. review of the emergency department notes dated 10/16/23 at 6:52 p.m. revealed the patient reportedly having multiple recent falls, presenting with back and hip pain with a shortened and externally rotated left leg with extensive bruising from her hip to her ankle. Presentation is concerning for pelvic/femur fracture, differential include hip dislocation and vascular injury, as well as other possible musculoskeletal injuries from multiple falls. Imaging shows displaced intertrochanteric left hip fracture with large displaced trochanteric avulsion fracture, age-indeterminate mild L1 compression fracture and left lung basilar opacity.

On 4/15/24 at 1:50 p.m. review of Tenant C-1's general exam dated 10/17/23 that included the review of x-rays from the emergency room on 10/16/23, revealed the doctor noted Tenant C-1's hip had an appearance of an older injury where the patient had likely been trying to ambulate on the fracture for some time.

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A 160	Continued From page 5 On 4/15/24 at 1:50 p.m. review of the hip surgeon's assessment and plan to address the closed left hip fracture dated 10/18/23 revealed the hip fracture appeared to be more chronic in nature versus acute. It is somewhat a subacute fracture as the patient has likely been ambulating on the intertrochanteric fracture which had resulted in significant displacement of the distal fragments and significant comminution of the remaining bone within the acetabulum. The left lower extremity demonstrates some significant ecchymosis and some swelling noted. Further review revealed Tenant C-1's imaging on 10/16/23 also revealed compression fractures at T10, T11 and T12. On 4/17/24 at 10:34 a.m. interview with Staff O revealed the photo taken and sent to the on-call nurse on 10/16/23 was later shared with the Director that same afternoon when she was working in the kitchen making supper. The photo was taken when transferring Tenant C-1 into bed. Staff O confirmed she did not hear back from the on-call nurse. On 4/17/24 at 12:03 p.m. interview with Staff N confirmed she had sent a photo of Tenant C-1's bruising to the on-call nurse on 10/12/23. Staff N said C-1's leg did not look right because of the bruising. She stated several staff went to on-call about C-1's leg, but she never responded back to the staff. Staff N reported Tenant C-1 went from ambulating and toileting independently to falling a lot and requiring the assistance of 2. She was not able to stand on her own but was able to help a little. One person had to help stand her while the other staff helped with her clothing. Staff N said she knew taking the photo wasn't right but hoped it might prompt nursing staff to check the leg.	A 160		

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A 160	Continued From page 6 On 4/17/24 at 3:44 p.m. interview with the PT revealed on 10/09/23 the physical therapy assistant had walked Tenant C-1 30 feet using contact guard for safety. The PT reported when she came to treat Tenant C-1 on 10/10/23 she was not able to walk and was able to stand for less than a minute. The PT said she never talked with a nurse, as the program was using on-call nursing at the time. She reported she talked with the direct care staff who stated they would let the on-call nurse know but she was not sure if they did. The PT reported she wanted the staff to let nursing know she recommended several times at the very least that Tenant C-1 was not appropriate for the program at that time given the amount of care necessary. She said she talked with the Director about Tenant C-1. She was unsure of the date but thought it was before the first set of X-rays completed on 9/28/23. She was under the impression the tenant had no fractures. On 4/18/24 at 9:55 a.m. interview with the Director revealed on 10/16/23 while she was in the kitchen cooking the evening meal, Staff O had reported to her that Tenant C-1's bruise was really bad. Staff O showed her the picture she had taken at approximately 4:00 pm. The Director reported the staff had sent the same photo earlier that same afternoon to the on-call nurse at 2:30 p.m. The Director reported the on-call nurse had both of the photos taken a week apart on her phone. One photo of bruising of the thigh taken on 10/12/23 and the second photo showing extensive bruising running from the hip to the toes taken on 10/16/23. The Director was unsure what the on-call nurse was going to do about it. After Staff O showed her the photo she called the corporate nurse and sent the photo to her. The Director reported Monday	A 160		

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A 160	Continued From page 7 10/16/23 was the first time seeing Tenant C-1's bruised leg. The Director reported called Tenant C-1's family. A Progress Note dated 10/16/23 at 7:05 pm (late entry) by the corporate nurse revealed she received a copy of a picture sent by the Director. The picture showed a change from a small area of bruising on the left medial aspect of the leg to bruising from thigh to toe. She immediately contacted the Director to initiate transportation to the ER which had already been done. She contacted the hospital to make sure they had all the information they needed and was informed the tenant was being admitted to the hospital. On 4/18/24 at 11:22 the Director confirmed these findings	A 160		
A 360	481-69.26(3) Service Plans 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to ensure service plans had been had been updated as needed with significant change in condition for 1 of 3 former tenants reviewed (Tenant C-1). Findings include:	A 360		

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A 360	Continued From page 8 On 4/09/24 at 4:26 p.m. interview with Staff E revealed she had noticed a lot of bruising in the hip area of Tenant C-1 and a decrease in her ability to stand since approximately the month of October 2023. Tenant C-1 went from ambulating to not being able to walk. Staff E said she reported this to the on-call nurse (Nurse J) who was the fill in nurse at the time because they didn't have one at the program. Reports to Nurse J were always verbal over the phone. Staff E stated when they had a nurse working in the building staff filled out nurse communication sheets and slid them under the nurses' door, but that no longer happened. Staff E said she had never seen Nurse J in the building except to do delegations. On 4/16/24 at 5:33 p.m. interview with Nurse J revealed she was on-call only. She was not responsible for doing nurse reviews or change of condition assessments. Nurse J said she would let the corporate nurses know via email or by phone if something like that needed to be done. She reported she had not heard from the program between the dates of 10/09/23 and 10/16/23. On 4/17/24 at 12:03 p.m. interview with Staff N confirmed she had sent a photo of Tenant C-1's bruising to the on-call nurse on 10/12/23. Staff N reported Tenant C-1 went from ambulating and toileting independently to maximum assistance of 2 and falling a lot. She was not able to stand on her own but was able to help a little. One person had to help stand her while the other staff helped with her clothing. Review of Tenant C-1's service plan signed on 7/21/23 revealed Tenant C-1 was noted as independent with ambulation.	A 360		

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A 360	Continued From page 9 On 4/18/24 at 10:45 a.m. the Director reported Nurse J had emailed the corporate nurse at 10:43 a.m. on 10/12/23 to report she had received notice from the RA staff that Tenant C-1 was having difficulty with transfers. On 4/22/24 at 11:33 a.m. the corporate nurse denied hearing from Nurse J concerning Tenant C-1. The nurse confirmed Tenant C-1's service plan still noted her as independent with ambulation. When in the building on 10/12/23 the corporate nurse confirmed she had not looked at Tenant C-1 and reported if she would have there would have been a nurses' note.	A 360		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: S0258	DATE SURVEY COMPLETED: **4.22.24**

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Tag #1	67.2(3) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: A 150 Based on interview and record review the program failed to follow established policy and procedure regarding incident reports affecting 1 of 3 former tenants reviewed (Tenant C-1).	**Tag #**	**What initial correction was made?** Education provided to all staff on incident reporting on 5/29/2024. On-call nurse educated on incident reporting policy and procedure. Tenant C-1 discharged on 10/16/2023.	**How will we ensure and maintain compliance going forward?** Education on incident reporting policy will be covered during initial orientation for all new hires.	**Implementation Date: 5/29/2024** **Completion Date:** 5/29/2024 **Responsible Party:** Director or Designee
Tag #2	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: A 160 Based on interview and record review the program failed to provide adequate care and treatment for 1 of 3 former tenants reviewed (Tenant C-1)	**Tag #**	**What initial correction was made?** Education provided to residents at Resident Council on 5/30/2024. Education provided to all staff related to tenant rights, service plans and services being provided to residents by 7/26/2024. Tenant C-1 discharged on 10/16/2023.	**How will we ensure and maintain compliance going forward?** Education on tenant rights, service plans and services during initial orientation for all new hires.	**Implementation Date:** 5/30/2024 **Completion Date: 7/26/2024** **Responsible Party:** Director 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.

Tag#3	481-69.26(3) Service Plans 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. This REQUIREMENT is not met as evidenced by: A 360 Based on interview and record review the program failed to ensure service plans had been had been updated as needed with significant change in condition for 1 of 3 former tenants reviewed (Tenant C-1)	**Tag #**	**What initial correction was made?** Upon Health Care Coordinator and Assistant Healthcare Coordinator hire, RNs were given specific training on assessments, COC, and ISP. Tenant C-1 discharged on 10/16/2023. Education provided to all staff related to tenant rights, service plans and services being provided to residents by 7/26/2024.	**How will we ensure and maintain compliance going forward?** Director or designee will audit resident service plans to ensure they updated and appropriate weekly x4 and then monthly x4 and as needed, as determined by the Director or designee.	**Implementation Date:** 4/8/2024 **Completion Date:** 7/26/24 **Responsible Party:** Director, Nurse, or Designee

Compliance Date:_7/26/2024_____

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