ok

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
	S0264	A. BUILDING: _____ B. WING _____	C 04/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKESIDE VILLAGE	2067 HWY 4 PANORA, IA 50216

(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 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: 53 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 53 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 13 Total Population of Program at time of on-site: 14 TOTAL census of Assisted Living Program: 67 The following regulatory insufficiency was cited during the investigation of Complaint #105627-C.	A 000	See Attached POC 6/12/23	
A 380	481-69.26(3)c 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. c. If a significant change relates to a recurring or chronic condition, a previous evaluation and service plan of the recurring condition may be utilized without new signatures being obtained. For example, with chronic exacerbation of a urinary tract infection, nurse review is adequate to institute the previously written evaluation and service plan.	A 380		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Marla J Kammer — TITLE: Director — (X6) DATE: 6-7-23

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
	S0264	A. BUILDING: _____ B. WING _____	C 04/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKESIDE VILLAGE	2067 HWY 4 PANORA, IA 50216

(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 380	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to ensure a nurse review had been completed following a significant change in a tenant's condition related to a chronic condition on 1 of 4 tenants reviewed (Tenant C-1). Findings include: On 4/04/23 at 10:45 a.m. record review revealed Tenant C-1 was a 68 year old female born on 2/25/1954 who admitted to the Program on 8/31/2021 with a diagnosis of Bipolar Disorder, Gastro-Esophageal Reflux Disease (GERD), Pulmonary Mycobacterial infection and Chronic Obstructive Pulmonary Disease (COPD) and Pedal Non-pitting Edema. On 4/27/22 Tenant C-1's Comprehensive Assessment noted a GDS score of 2. Review of Tenant C-1's 4/27/22 Service Plan revealed a history of edema in the lower extremities, use of Lasix with need for increased does at times for a diagnosis of chronic heart failed (CHF) and to encourage her to elevate legs when sitting. Further review revealed Tenant C-1 had gone to the emergency room on 6/10/22 and was given 40 milligrams (mg) of Lasix intravenously with orders to follow up with her primary care provider within 10 days. On 6/23/22 Tenant C-1 returned to her primary care provider as ordered for the same reoccurring issue of lower leg edema. The doctor added 500mg of Cephalexin four times a day for seven days and to elevate the leg as much as possible. She needed to be seen again if her symptoms worsened in the next 48 hours. Apply leg compression when able and if the redness was not better by Monday, they were to	A 380		

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
	S0264	A. BUILDING: _____ B. WING _____	C 04/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKESIDE VILLAGE	2067 HWY 4 PANORA, IA 50216

(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 380	Continued From page 2 call. On 6/27/22 Tenant C-1 returned to her doctor and received orders to continue taking the listed medications that included the 500mg of Cephalexin four times a day for seven days and 60 mg of furosemide (Lasix) daily. Review of the Tenant C-1's nurses notes for June 2022 revealed a nurse review was not completed concerning the change in the Tenant C-1's condition related to the chronic condition of edema. The 90 day nurse review dated 7/03/2022 noted no new recommendations at this time and failed to review the emergency room visit and the doctors' appointments on 6/23/22 and 6/27/22. On 4/05/23 at 11:46 a.m. the Clinical Care Specialist/Staff A confirmed these findings.	A 380		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: S0264	DATE SURVEY COMPLETED: 4/5/23

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	**Regulation and Reg Number** 481-69.26(3)c 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. c. If a significant change relates to a recurring or chronic condition, a previous evaluation and service plan of the recurring condition may be utilized without new signatures being obtained. For example, with chronic exacerbation of a urinary tract infection, nurse review is adequate to institute the previously written evaluation and service plan. This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to ensure a nurse review had been completed following a significant change in a tenant's condition related to a chronic condition. on 1 of 4 tenants reviewed (Tenant C-1).	Tag # A380	What initial correction was made? C-1 Resident was discharged from The Lakeside Village on 11/26/2022 RN completed a review of all current residents; no further Change of Condition Assessments were indicated.	How will we ensure and maintain compliance going forward? Nurse or designee will monitor residents for any significant change of condition and complete change of condition assessments as indicated. Upon Admission residents will be educated on the process of sharing information from doctor visits and notifying the nurse of any order changes. Director /nurse will complete a weekly, monthly, as needed, as determined by the director or designee.	Implementation Date: 4/5/2023 Completion Date: Ongoing Responsible Party: Director/Designee

Compliance date: 6/12/2023

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.