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 10/31/2024

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 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: 26 Number of tenants with cognitive impairment: 9 Total census: 35 There were no regulatory insufficiencies cited during the investigation of Incidents 121601-I and 122624-I or Complaints124371-C and 121275-C. The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program for People with Dementia.	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 observation, interview and record review the program failed to ensure the door alarm response policy was followed at all times. On 10/28/24 at 2:44 p.m. observation revealed a sign posted at the key code box in the main breezeway to the program that read a door code was not needed for entry. Once inside the	A 150	The Plan of Correction is attached	

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A 150	Continued From page 1 breezeway a second door needed to be pulled open to enter the building. When that interior door was opened, a magnet dropped from the door's ARIAL alarm system located at the top of the door. When the magnet dropped it activated the alarm that rang into the IPADS carried by staff to alert them that an alarm had been tripped. The alarm consisted of one ping on the IPADs with a screen display showing which door the alarm was at. On 10/28/24 at 4:40 p.m. the Administrator reported the audible ping heard on the IPADS alerted staff that someone had opened the door to enter or exit the building. Staff were to respond to the door and reset the magnet manually. Without resetting the alarm, residents and visitors could enter or exit the building without alerting staff on the IPADS. The ARIAL system could not send additional alerts to the IPADS showing the door had been opened again until it had been reset. This made the alarm inoperable for periods of time until reset by the staff. On 10/29/24 at 8:35 a.m. a visitor entered through the main door to the program. The ARIAL system's magnet dropped. No staff were observed responding to the door alarm. Seven minutes later at 8:42 a.m. the Maintenance Coordinator reset the alarm. The Maintenance Coordinator did not look inside or outside of the door to know who last utilized the door before resetting the door alarm. On 10/30/24 review of the Door Alarm Response policy revealed when a staff received a notification on their IPAD that a door had been breached or opened, they were to immediately go to that door. Staff were to observe inside and outside the door to determine who last used the	A 150		

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A 150	Continued From page 2 door. After determining who last used the door, they were to reset the door. On 10/31/24 at 2:37 p.m. interview with the Maintenance Coordinator confirmed the ARIAL system sent an alert every 2 minutes to the IPADS used by staff when an alarm had not been reset. The IPAD sounded one ping and showed the door where the alarm was disconnected until it had been reset manually by placing the magnet of the ARIAL door alarm back into position. On 10/31/24 at 2:38 p.m. interview with Staff D revealed she carried her IPAD with her at all times. She said when the ARIAL system sends an alert to the IPAD that means a door has been opened and she tries to respond as soon as she can to get there. Staff D said the IPAD will ping again until the magnet is put back on the door to reset it. The building has four floors with tenants living on each floor. Staff D said residents come and go as they please on the general population side of the program. If the IPAD showed it was a Memory Care unit door that alarmed, staff run to that unit to ensure no one eloped. On 10/31/24 at 2:43 p.m. interview with Staff E revealed the main entry door was not a memory care door. The tenants who lived in that area of the building were free to come and go as they pleased. If the alarm showed it is an alarm in the Memory Care unit, staff jumped to check the door. She confirmed at times she couldn't get to the main entry door to reset it when the alarm indicated that door had been opened. She believed it would be helpful to have a key pad on each side of the door. Staff E demonstrated the Memory Care door beeped once on the IPAD which sounded just like beep if the main entrance door opened or if a tenant pressed their pendant	A 150		

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A 150	Continued From page 3 requesting help. On 10/31/24 at 4:10 p.m. the Administrator confirmed these findings.	A 150		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: S0264	DATE SURVEY COMPLETED: 10/31/2024

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Tag #1	**Regulation and Reg Number** 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 observation, interview and record review the program failed to ensure the door alarm response policy was followed at all times.	**Tag #** A 150	**What initial correction was made?** The Arial system alerts staff via their I-Pads when the door is opened (when the magnet detaches), the alerts continue every 2 minutes until the alarm has been reset (when the magnet is re-attached). Maintenance Coordinator-Education Provided related to door alarm and policy and procedure for clearing alarms by 1/10/2025. Re-Delegation of all staff on the Door Alarm Policy and Procedure will be completed by 1/15/2025 by the RN, Health Care Coordinator.	**How will we ensure and maintain compliance going forward?** Upon hire, all staff will receive education related to door alarm policy and procedures during the delegation process. Daily, Weekly, Monthly, as needed, as determined by the director or designee audits of the door alarm response times and compliance with Community policy will be completed to ensure compliance.	**Implementation Date: 10/31/2024** **Completion Date:** Ongoing **Responsible Party:** Director or Designee

Compliance Date:___1/15/2025_____

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.