STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALP406 HFD	A. BUILDING _____ B. WING _____	10/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEELSON HARBOUR SENIOR LIVING AL	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 are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive disorder: 53 Number of tenants with cognitive disorder: 5 TOTAL census of Assisted Living Program: 58 An onsite infection control survey and Complaint #99432-C were completed. The following regulatory insufficiency was cited.	A 000	POC attached 3/1/22	
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 consistently ensure tenants received appropriate and adequate services in a timely manner. This potentially affected 53 of 53 tenants (Tenants #1- #53). Finding follows: 1. When interviewed a tenant reported they waited 1 hour and 30 minutes for a staff to respond to the call on the personal emergency response system (PERS) and during this time they soiled themselves causing humilation.	A 160		

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 160	Continued From Page 1 2. Record review of pendant history records from 9/11/21 - 10/1/21 revealed 47 pendant calls that exceeded 20 minutes in the time period reviewed. Of those 47 pendant calls 21 pendant calls exceeded 30 minutes and six exceeded 50 minutes. Two calls exceeded 100 minutes, one for 133 minutes and another for 120 minutes. 3. When interviewed the Executive Director explained she had been working with staff to respond more timely. She said the expectation to respond would be within 20 minutes. She admitted she would not be surprised if there were times that showed staff had not responded within 30 minutes.	A 160		

Keelson Harbour

2810 Aurora Ave W. Spirit Lake, IA 51360

Date: 3/1/2022

Complaint Intake #: Complaint # 99432-C

Plan of Correction (POC) Submitted For:

- Investigation Date: 10/13/2021-10/26/2021
-

POC:

A. 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.

a. Regulatory Insufficiency: This Requirement is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure tenants received appropriate and adequate services in a timely manner.

Program POC:

1. Elements detailing how this was corrected for residents:
    a. Inservice completed with staff on 10/22/2021; Review of the pendant system, promptness of responding to pendants was completed.

2. Actions program taking to protect tenants in similar situations:
    a. Pendants are checked routinely to ensure they are working properly.

3. Measures taken to ensure problem does not recur:
    a. Monitoring pendant response time weekly, monthly, or as needed and providing staff education when these time expectations are not met.

4. Program plans to monitor performance to ensure compliance:
    a. Director and/or nurse will monitor pendant response times weekly, monthly, or as needed.