

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IAALP090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2023
NAME OF PROVIDER OR SUPPLIER KEYSTONE SENIOR SUITES		STREET ADDRESS, CITY, STATE, ZIP CODE 251 6TH ST KEYSTONE, IA 52249		
(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 345	Continued From Page 1 documents revealed a hire date of 5/18/22. Nurse delegated training was dated 8/22/22, which was greater than 30 days from Staff B's date of hire. 3. When interviewed on 8/30/23 at 3:51 p.m. the Nurse Manager confirmed Staff A and Staff B assisted with cares and administered medications. She also confirmed the nurse delegated training closest to the date of hire was provided for the staff listed above.	A 345	See Attached POC 8/30/23	8/30/23
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 complete an updated service plan within 30 days of taking occupancy. This pertained to 1 of 1 tenant reviewed admitted in 2023 (Tenant #2). Findings follow: 1. Record review on 8/30/23 of Tenant #2's file revealed an admission date of 6/14/23. An initial service plan was completed and signed by the all parties on 6/14/23, including the Administrator, Nurse Manager and Tenant #2's spouse. The service plan indicated Tenant #2 received assistance including with bathing, dressing, and medication set up. Continued record review revealed health, functional and cognitive evaluations were completed within 30 days dated 7/14/23; however, the service plan was not updated within 30 days of	A 360		8/30/23

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

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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: 11 Number of tenants with cognitive disorder: 0 TOTAL census of Assisted Living Program: 11 There following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program:	A 000		
A 345	481-67.9(4)b Staffing 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: b. Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s). This Requirement is not met as evidenced by: Based on interview and record review the Program failed to provide nurse delegated training within 30 days of staffs' employment. This pertained to 2 of 2 staff reviewed hired in 2022 (Staff A and Staff B). Findings follow: 1. Record review on 8/30/23 of Staff A's training documents revealed a hire date of 9/2/22. Nurse delegated training was dated 10/15/22, which was greater than 30 days from Staff A's date of hire. 2. Record review on 8/30/23 of Staff B's training	A 345		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 360	Continued From Page 2 taking occupancy. 2. When interviewed on 8/30/23 at 2:35 p.m. and 3:51 p.m. the Nurse Manager confirmed a 30 day service plan was not completed for Tenant #2.	A 360		8/30/23
<i>Handwritten signature: Nancy Robinson RN BSN Adult</i>				

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



10/30/2023 Please accept this as our plan of correction.

A 345 481-67.9(4)b Staffing

How we corrected the deficiency as it relates to the individual: Corrected on 8/30/2023 All Assisted Living new employee packets will now contain delegation and be done during the first two weeks of employment.

How we corrected the deficiency to protect residents in similar situations: All Assisted Living new employee packets will now contain delegation and be done during the first two weeks of employment.

How do you plan to monitor performance to make sure that solutions are permanent: Nurse manager and Administrator will both check of that this is done within two weeks.

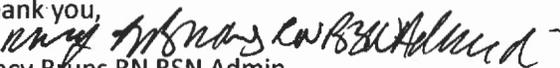
A 360 481-69.26(3) Service Plans

How we corrected the deficiency as it relates to the individual: Corrected on 8/30/2023 The service plan was done but not updated with the resident's signature at 30 days and therefore not complete. Every care plan will be signed by the tenant when anything is added and during each review process.

How we corrected the deficiency to protect residents in similar situations. Every resident care plan will be signed by the resident at each review and anytime anything is added to it.

How do you plan to monitor performance to make sur that solutions are permanent: Nurse manager and Administrator will both check off that this is done at each review and anytime anything is added.

Thank you,


Tracy Bruns RN BSN Admin