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
	S0038	A. BUILDING: _____ B. WING _____	C 01/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLY SPIRIT	1701 W 25TH ST SIOUX CITY, IA 51103

(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: 25 Number of tenants with cognitive impairment: 14 Total census: 39 The following regulatory insufficiencies were cited during the investigation of Complaints #122237-C, 122877-C, 125779-C and the revisit from Complaint #121682-C (10/23/24):	A 000		
A 115	481-69.21(2)a,b,c,d,e,f Occupancy Agreement 69.21(2) In addition to the requirements of Iowa Code section 231C.5, the written occupancy agreement shall include, but not be limited to, the following information in the body of the agreement or in the supporting documents and attachments: a. The telephone number for filing a complaint with the department. b. The telephone number for the office of long-term care ombudsman. c. The telephone number for reporting dependent adult abuse. d. A copy of the program ' s statement on tenants' rights. e. A statement that the tenant landlord law applies to assisted living programs. f. A statement that the program will notify the tenant at least 90 days in advance of any planned program cessation, which includes voluntary decertification, except in cases of emergency.	A 115		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 115	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure the Occupancy Agreements (OA) included all required information. This pertained to 2 of 2 new occupants reviewed (Tenants #1 and #2). Findings follow: Record review on 1/13/25 revealed the Program's OA for Tenants #1 and #2 failed to include the correct telephone number for the long-term care ombudsman. Further review revealed the OAs failed to clearly state Dependent Adult Abuse should be reported to the Department of Inspections, Appeals and Licensing (DIAL). The OA included DIAL's telephone number to report/file complaints but did not clearly explain Dependent Adult Abuse allegations should be reported to DIAL at the same telephone number. In addition, the Program failed to include a statement that tenant landlord law applied to assisted living programs. During the exit on 12/15/25 at 1:40 p.m. the administrative team confirmed the Program failed to include all required information in the OA.	A 115		
A 130	481-69.21(5) Occupancy Agreement 69.21(5) A copy of the most current occupancy agreement shall be made available to the general public upon request. The basic marketing material shall include a statement that a copy of the occupancy agreement is available to all	A 130		

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A 130	Continued From page 2 persons upon request This REQUIREMENT is not met as evidenced by: Based on observations, interview and record review the Program failed to ensure marketing materials included a statement informing the public/prospective tenants that a copy of the occupancy agreement available was upon request. Observations on 1/13/25 revealed a brochure from the office area of the Program. The Program Director provided an additional brochure on 1/14/25. Review of both brochures revealed the Program failed to include the statement that a copy of the occupancy agreement was available to all persons upon request. When interviewed on 1/15/25 at 10:20 a.m. the Program Director confirmed the Program failed to include the statement in basic marketing materials available to the public.	A 130		
A 135	481-69.22(1) Evaluation of Tenant 69.22(1) Evaluation prior to occupancy. A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale (GDS) shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to	A 135		

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A 135	Continued From page 3 the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete evaluations as required, prior to signing the occupancy agreement. This pertained to 1 of 2 new occupants reviewed (Tenant #1). Finding follows: Record review on 1/13/25 revealed the Program completed Tenant #1's evaluations on 1/9/25. Further review revealed Tenant #1 signed her Occupancy Agreement (OA) on 1/8/25. During the exit on 1/15/25 at 1:40 p.m. the administrative team confirmed the Program failed to complete evaluations prior to Tenant #1 signing the OA.	A 135		
A 330	481-69.25(1)q Tenant Documents 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: q. When the tenant is unable to advocate on the tenant's own behalf or the tenant has multiple service providers, including hospice care providers, accurate documentation of the completion of routine personal or health-related care is required on task sheets. If tasks are doctor-ordered, the tasks shall be part of the medication administration records (MARs) This REQUIREMENT is not met as evidenced by: Based on interview and record review the	A 330		

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A 330	Continued From page 4 Program failed to consistently maintain accurate documentation of the completion of personal and/or health-related care (task sheets). This pertained to 1 of 1 current tenants (Tenant #2) and 1 of 2 former tenants (Tenant C7) reviewed who were unable to advocate on their own behalf. Findings follow: Record review on 1/13/25 revealed Tenant C7's service plan dated 2/7/24 included staff assistance with bathing. Tenant C7's Global Deterioration Scale (GDS) dated 2/7/24 measured a score of five indicating moderately severe cognitive decline. Further review revealed no task sheets/documentation of baths provided to Tenant C7. Record review on 1/15/25 revealed Tenant #2's service plan signed and dated 11/14/24 included direction for staff to perform frequent safety checks. Tenant #2's GDS score was four indicating moderate cognitive decline. Further review revealed no task sheets/documentation of frequent visual checks for Tenant #2. During the exit on 1/15/25 at 1:15 p.m. the Program Director confirmed the Program failed to document personal care for tenants' who could not advocate for themselves.	A 330		
A 355	481-69.26(2) Service Plans 69.26(2) Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if	A 355		

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A 355	Continued From page 5 applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently develop service plans prior to signing the occupancy agreement. This pertained to 1 of 2 new occupants/tenants reviewed (Tenant #1). Finding follows: Record review on 1/13/25 revealed Tenant #1 signed the service plan on 1/9/25. Further review revealed the tenant signed the occupancy agreement on 1/8/25. During the exit on 1/15/25 at 1:30 p.m. the Program Director confirmed the service plan was developed and signed by Tenant #1 prior to the tenant signing the occupancy agreement.	A 355		