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 07/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLY SPIRIT RETIREMENT HOME	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: 3 Number of tenants with cognitive impairment: 10 Total census: 13 The following regulatory insufficiencies were cited during the investigation of Complaint #129092-C and the recertification visit conducted to determine compliance with certification of an Assisted Living Program for People with Dementia.	A 000	See attached POC 8/5/25	
A 340	481-69.25(2) Tenant Documents 69.25(2) The program records relating to a tenant shall be retained for a minimum of three years after the transfer or death of the tenant. This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to consistently ensure tenant records were retained for three years. This pertained to 1 of 3 current and 1 of 4 former tenants reviewed (Tenant 3 and Tenant C4). Findings follow: Record review on 7/8/25 revealed Tenant 3 was admitted to the program 6/10/19. While service plans were on file for 2024 and 2025, no signed/dated service plans could be located for Tenant 3 prior to 2023. Tenant C4 was admitted to the program 1/20/22. While signed/dated service plans were located dated 3/13/23 and	A 340		

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

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 07/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLY SPIRIT RETIREMENT HOME	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 340	Continued From page 1 9/25/23, no service plans could be located for Tenant C4 prior to 2023. When interviewed on 7/9/25 at 10:05 am, the Assisted Living Manager stated the program could not locate further service plans for either Tenant 3 or Tenant C4. She stated it was possible the former director had thrown the service plans and other potential documents away such as, but not limited to, medication records, activities of daily living task documentation, and safety/visual/welfare checks. On 7/9/25 at 11:15am, the Assisted Living Manager confirmed the above findings and acknowledged the incomplete record keeping to potentially affect other current and former tenants of the program.	A 340		

ok
8/4/25

A 340

The facility will ensure resident records are retained for at least three years.

The program coordinator and RN were educated on record retention policies.

Program coordinator/designee to monitor for compliance monthly x 3 months.

Date of completion: 8/5/2025