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 04/21/2026

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. Tenants without cognitive impairment: 4 Tenants with cognitive impairment: 11 Total census: 15 No regulatory insufficiencies were cited during the investigation of Incidents #130887-I, 130999-I, and Complaint 130969-C. The following regulatory insufficiencies were cited during the investigation of Complaint 131244-C and 131701-I .	A 000	see attached poc 5/21/26	
A 152	481-67.5(2)e(3) Medications 481-67.5(231B,231C,231D) Medications. 67.5(2)?Each program shall follow its own written medication policy, including the following: e. When medications are administered traditionally by the program: (3) Medications and treatments will be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or PA. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently administer medications as ordered and according to the Program's policy. This pertained to 1 of 3 former	A 152		

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A 152	Continued From page 1	A 152		

tenants (Tenant C1). Finding follows:

Record review on 4/14/26 revealed a form entitled Holy Spirit Coaching for Success for an infraction of policy. The form described Staff A administered Tenant C1's medications one and half hours early. Staff A indicated she administered medications at 6:15 /6:20 p.m. Review of camera footage showed Staff A administered the medications at 5:30 p.m. and signed for the medications at 7:00 p.m. The disciplinary form confirmed this information. Further review revealed a fax to Tenant C1's physician. The fax noted the staff administered the following medications one and a half hours early; Metoprolol ER 50 milligram (mg) one tablet, Olanzapine 2.5 mg one tablet and Warfarin 2 mg one tablet.

Review of Tenant C1's Medication Administration Record (MAR) for January 2026 revealed the MAR directed staff to administer Tenant C1's Metoprolol ER 50 mg one tablet, Olanzapine 2.5 mg one tablet and Warfarin 2 mg one tablet at 8:00 p.m.

Record review on 4/20/26 revealed the Program's Medication Administration policy, dated 2026. The policy indicated medications may be administered one hour prior and one hour after scheduled administration times. If administration occurred outside these time frames, physician notification was required.

When interviewed on 4/14/26 at 12:40 p.m. the Executive Director explained the Program used cameras in the common area of the building to determine the medications had been given closer to 5:30 p.m. She confirmed the policy directed medications to be administered one hour before

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A 152	Continued From page 2 and/or after the ordered time.	A 152		
A 196	481-67.9(4)b Staffing 481-67.9(231B,231C,231D) 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 include the following: b. Within 30 days of beginning employment, all program staff will receive training by the program's nurse(s). This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program's nurse failed to ensure staff were competent to meet the tenants needs by completing delegations. This pertained to 1 of 1 tenant (Tenant #2) identified in Incident #131701-I. Finding follows: Record review on 4/21/26 revealed the Program's self report regarding possible sexual abuse/rough peri-care care of Tenant #1. Three staff reported concerns with Staff E's technique for Tenant #1's peri care. The Program suspended Staff E on 3/9/26 during the investigation of concerns of possible sexual abuse made by staff assigned to monitor Staff E's orientation. Record review on 4/21/26 revealed no documentation of Staff E's delegation completed by the Program's nurse. When interviewed on 4/21/26 at 12:07 p.m. the	A 196		

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A 196	Continued From page 3 Director indicated the Program's nurse failed to complete Staff E's delegations prior to Staff E performing peri-care with Tenant #1. She explained Staff E had been assigned to work with other staff during her orientation process from 3/2/26 to 3/9/26.	A 196		

Holy Spirit Retirement Home Assisted Living 4/21/2026

A 152

The Facility will ensure medications are administered as ordered by physician and follow the facility policy and procedure of medication pass.

All staff will be educated on the facility medication policy and procedure by 5/21/26.

The facility will perform random med cart audits prior to and after scheduled med pass times to monitor blister packs to ensure no medications have been administered prior to or after scheduled med pass times.

The Program RN/designee will monitor for compliance monthly x 3 months

Date of compliance: 5/21/26

A196

The Facility will ensure RN delegations are completed durning orientation before staff work their first shift on a unit. If delegation form is unable to be completed staff will not start on the unit.

All staff will have new delegation form completed by 5/21/26.

Facility will audit delegation form are done.

The Program RN/designee will monitor for compliance monthly x 3 months

Date of compliance: 5/21/26