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
	S0333	A. BUILDING: _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD OF ALBIA	6592 165TH STREET ALBIA, IA 52531

(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 impairment: 26 Number of tenants with cognitive impairment: 3 Total census: 29 The following regulatory insufficiencies were cited during the investigations of #126397-C and #126496-C.	A 000		
A 150	481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to follow the established medication policy regarding suspected drug diversion for 1 of 1 current tenants (Tenant #4) and 2 of 2 former tenants (Tenants C1, C2) reviewed and controlled drug records for 2 of 2 former tenants reviewed (Tenants C1, C2). Findings follow: During an interview on 3/18/25 at 6:50 pm, Staff A indicated she told the Executive Director (ED) in November and December of 2024 of concerns regarding Staff E frequently signing out and documenting he gave PRN (as needed) hydrocodone to Tenant #4, when other staff rarely gave the medication because the tenant did not	A 150	The Plan of Correction is attached	

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

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complain of pain during that time. Staff A noted similar concerns with Tenant C1 and Tenant C2. Staff E documented he gave those tenants PRN hydrocodone at a much higher rate than other staff.

During interview on 3/20/25 at 9:20 am, former Staff B indicated she worked at the program during the fall of 2024 through February 2025. Staff B said she noticed Staff E documented he gave PRN hydrocodone to Tenant #4, Tenant C1 and Tenant C2 more frequently than other staff. She also noticed Staff E sometimes signed out two tablets for Tenant C1, but documented on her medication administration record (MAR) he only gave the one prescribed tablet. Staff B said she told the ED of this concern around October 2024. Staff B said she also told the ED and the Resident Care Coordinator/Licensed Practical Nurse (LPN) of concerns regarding Staff E frequently signing out for Tenant #4's PRN hydrocodone in November and December 2024. Staff B thought it was suspicious Staff E documented he gave the PRN hydrocodone more often than any other staff did.

When interviewed on 3/24/25 at 1:15 pm, Staff D said she noticed Staff E documented giving PRN hydrocodone to Tenant #4, Tenant C1 and Tenant C2 more often than other staff. Staff D said she told either the ED or the LPN in October or November of concern regarding Staff E giving the PRN hydrocodone to Tenant C1 more frequently than other staff.

During an interview on 3/18/25 at 4:00 p.m. the ED indicated a staff person called her with concerns on 12/28/24 regarding suspicion about Staff E regularly documenting he gave Tenant #4's PRN hydrocodone, when no other staff gave

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it. The ED stated she talked with Tenant #4 who told her Staff E gave her the hydrocodone at night for pain, and provided the documentation of this conversation. The ED said she didn't talk with Staff E about the issue or do any further investigation until she was notified by a representative of the DIAL Medicaid Fraud and Complaint Unit (MFCU) around 2/24/25 of a complaint regarding possible drug diversion involving Staff E and PRN hydrocodone. The ED said no other staff or tenants had reported concerns to her about Staff E possibly diverting the hydrocodone. She said the LPN should have been reviewing the MARs and narc sheets, but she had not reported any concerns.

When interviewed on 3/18/25 at 4:15 p.m. the LPN said she first heard of concern regarding Tenant #4's PRN hydrocodone and Staff E at the end of December 2024, when told by the ED. The LPN said she typically checked the narc count sheets weekly, but she didn't check to see if the count sheet matched the MARs regarding medication given. The LPN stated she hadn't noticed Staff E signed out for PRN hydrocodone more frequently than other staff. She said she didn't notice the times when Staff E signed out two hydrocodone tablets on the narc sheet instead of one.

Record review for Tenant #4 revealed the following:
- the November 2024 MAR (Medication Administration Record) revealed the PRN hydrocodone-acetaminophen 5-325 mg order for one tab every four hours as needed for pain started on 11/12/24. Staff administered the medication a total of 25 times in November, per the MAR, with 23 doses given by Staff E. He documented he gave the medication at least once

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every time he worked. Staff E signed out additional doses of hydrocodone on the controlled drug record for 11/14, 11/27 and 11/29, which he did not document on the MAR.
- the December 2024 MAR revealed she received the PRN hydrocodone a total of 25 times, with all doses administered by Staff E. Staff E documented he gave Tenant #4 at least one hydrocodone every shift he worked. He signed out four additional doses of the medication on the controlled drug record for 12/02, 12/05 and 12/20, but failed to document those medications on the MAR.
- according to Tenant #4's Progress Notes, the PRN hydrocodone was discontinued on 1/02/25. Staff E signed out a hydrocodone tablet at 4:00 a.m. on 1/02/25 on the controlled drug record, but failed to document it on the MAR.

Record review for Tenant C1 revealed the following:
- the October 2024 MAR revealed an order from 10/01/24 through 10/10/24 for 10-325 mg hydrocodone-acetaminophen, one tablet every 6 hours PRN for pain. The PRN hydrocodone dose changed to one tablet every 4 hours for pain on 10/11/24. A controlled drug record for the PRN hydrocodone prior to 10/26/24 could not be located. The controlled drug record from 10/26/24 to 11/05/24 revealed Staff E signed out at least one PRN hydrocodone tablet every shift he worked. Other staff also signed out and documented giving the PRN hydrocodone, but with less frequency and never more than one tablet per shift. On 10/27/24, Staff E signed out one hydrocodone tablet at 6:30 p.m. and two tablets at 10:40 p.m. The order at that time was one hydrocodone tablet every four hours PRN for pain. Staff E documented on the MAR he administered one PRN hydrocodone at 6:30 p.m.

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A 150	Continued From page 4	A 150		

and one tablet at 10:39 p.m. There was no additional documentation regarding the second pill signed out at 10:40 p.m. Overall, staff documented administration of the PRN hydrocodone 56 times in October, with Staff E giving 36 of those doses. No other staff gave more than one dose per shift. Staff E gave at least two doses each shift he worked and gave three doses on the 16th, 22nd and 27th.

- Tenant C1's controlled drug record from 11/05/24 to 11/15/24 indicated Staff E signed at for at least one PRN hydrocodone each time he worked. Staff E signed out for one tablet on 11/11/24 at 9:15 p.m., 2 tablets on 11/12/24 at 1:30 a.m. and one tablet on 11/12/24 at 5:40 a.m. On the November MAR, Staff E documented he administered one PRN hydrocodone tablet at 9:18 p.m. on 11/11/24 and one tablet at 1:22 a.m. on 11/12/24. There was no documentation of PRN hydrocodone administered around 5:40 a.m. on 11/12/24, nor was there additional documentation regarding the second tablet signed out at 1:30 a.m. on 11/12/24. Overall, the November MAR revealed staff documented administration of the PRN hydrocodone 45 times, with Staff E giving 26 of those doses. Staff E was the only staff to give the PRN hydrocodone more than one time per shift.

Record review for Tenant 2 revealed the following:

- Tenant C2's November 2024 MAR indicated an order for 1 tablet 5-325 mg hydrocodone-acetaminophen every six hours PRN for pain started on 11/27/24. No corresponding drug control record could be located for November.
- the December 2024 MAR revealed he received the PRN hydrocodone 33 times, with 14 doses given by Staff E. Staff E was the only staff who

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A 150	Continued From page 5	A 150		

administered the PRN hydrocodone more than once per shift. No corresponding drug control record could be located for December.
- the January 2025 MAR revealed he received the PRN hydrocodone 34 times, with 23 doses given by Staff E. Staff E was the only staff who administered the medication more than once per shift. Review of the controlled drug records for 1/07/25 to 1/17/27 and 1/19/25 to 1/26/25 indicated Staff E signed out for at least one dose of PRN hydrocodone every time he worked. Staff E signed out two tablets on the drug control record on 1/16/25 and documented one dose given on the MAR, with no additional documentation regarding the second hydrocodone tablet. Staff E signed out one tablet on 1/18/25 at an illegible time, but there were no entries on the MAR for PRN hydrocodone given on 1/18/25. On 1/21/25, Staff E signed out one tablet at 12:13 a.m. and one tablet at 7:05 p.m., but there was no documentation of PRN hydrocodone given on that date. The controlled drug records could not be located for the first week of January or from 1/27/25 to 2/18/25.
- the February 2025 MAR revealed he received 25 doses of PRN hydrocodone, with 16 doses given by Staff E. The drug control record from 1/27/25 to 2/22/25 was missing.

The program's medication policy related to storage of drugs indicated suspected drug diversions should be investigated. The program should review MARs and narcotic sign-out sheets, check to see if the alleged diverter was giving higher doses of medication to the resident than other staff members and interview other staff members. None of these steps were taken when the ED said she was notified of suspected drug diversion involving Tenant #4's PRN hydrocodone and Staff E in late December 2024. Staff stated

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A 150	Continued From page 6 during interviews they notified the ED and/or LPN of suspicions regarding Staff E and Tenant #4's and Tenant C1's PRN hydrocodone in November 2024 and no action was taken during that time. In addition, this same policy regarding storage of drugs indicated the nurse would verify a narcotic "count sheet" was present for all delivered narcotics or would prepare a count sheet. All narcotics would be counted by two nursing staff at each shift change, with signatures provided on the narcotic control record. The nurse would conduct random weekly narcotic counts to verify accuracy of count sheets and documentation. During an interview on 3/26/25 at 10:35 a.m. the ED confirmed the program failed to follow their policy regarding suspected drug diversion when she was notified of staff suspicions on 12/28/24. The ED did not review tenants' MARS or drug control records, interview other staff or check to see if the suspected staff gave the narcotic medication more frequently than other staff. She also confirmed drug control records were missing as indicated above.	A 150		
A 145	481-69.22(3) Evaluation of Tenant 69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the	A 145		

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A 145	Continued From page 7 evaluation when the tenant has exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure evaluations were completed with significant change for 1 of 1 tenants reviewed who had been hospitalized in the previous 6 months (Tenant #4). Findings follow: A review of Progress Notes from September 2024 to early January 2025 revealed Tenant #4 returned to the program on 9/27/24 after being hospitalized for multiple fractures. Evaluations were completed and a service plan was developed upon Tenant #4's return, due to her change in condition. Tenant #4 was re-hospitalized from 10/22/24 to 11/12/24 for medical problems. The progress note written by the Licensed Practical Nurse (LPN) on 11/12/24 indicated she returned with medication changes and an open wound to her left leg with wound orders. No evaluations could be located regarding Tenant #4's change of condition upon her 11/12/24 return. An interview was held on 3/24/25 at 2:30 p.m. with the Executive Director, LPN, Regional Registered Nurse (RN) and Regional Vice President (VP). The VP confirmed an RN should have completed assessments upon Tenant #4's return from the hospital on 11/12/24.	A 145		

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A 710	Continued From page 8	A 710		
A 710	481-69.35(1)b Structural Requirements 69.35(1) General requirements. b. The buildings and grounds shall be well-maintained, clean, safe and sanitary. This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to take prompt action regarding bed bugs found in the rooms of three tenants (Tenant #1, Tenant #2 and Tenant #3). Findings follow: During an interview on 3/18/25 at 6:50 p.m. Staff A reported bed bugs was an ongoing problem at the program. She said staff spotted bed bugs in Tenant #1's room on 11/09/24. Staff documented in the staff shift notes and notified the Executive Director (ED) and Resident Care Coordinator/Licensed Practical Nurse (LPN). Staff A said management staff took no action to address the bed bugs until Orkin came around 12/20/24. According to Staff A, Tenant #1 slept at her table in a dining room chair for weeks because her bed was infested. Staff A noted Tenant #2 also had a bed bugs in her room and was being bitten by them. Orkin treated the rooms of Tenants #1, #2 and #3 when they came around 12/20/24. Staff A stated another staff saw a bed bug in Tenant #1's room on 3/16/25. During an interview on 3/20/25 at 9:00 a.m. former Staff B noted she worked at the program from the fall of 2023 to late February/early March of 2025. Staff B said Tenant #1 and Tenant #3 had bed bugs when they moved in around the fall of 2023. Management staff contacted Orkin,	A 710		

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which came and treated the bed bugs. This continued to happen off and on, with Orkin providing intermittent treatment. Regarding the most recent episode, staff noticed the bed bugs again in October or November of 2024 in the rooms of Tenant #1, Tenant #2 and Tenant #3. The bed bugs were biting Tenant #2, who sometimes slept on the couch in the common area lounge due to the bed bugs in her bed. Tenant #1 slept in a dining room chair in her room because she could not sleep in her infested bed. Staff notified management staff of the problem, but no action was taken until Orkin arrived in late December.

During an interview on 3/20/25 at 10:45 a.m. Staff C said she saw bedbugs in tenant rooms in October and November of 2024. Staff saw bed bugs in the rooms of Tenant #1, Tenant #2 and Tenant #3. Staff C said staff took pictures of the bed bugs and caught them, to show them to management staff. Nothing was done about the bed bugs until Orkin came in December.

During an interview on 3/24/25 at 1:15 p.m. Staff D said she noticed the bedbugs had returned in October or November of 2024 in the rooms of Tenant #1, Tenant #2 and Tenant #3. Staff D said she and other staff told the Executive Director and LPN about the bed bugs, but nothing was done until Orkin came in December.

During an interview on 3/20/25 at 11:40 a.m. the ED and LPN said Tenant #1, Tenant #2 and Tenant 3 moved to the program from a low rent housing complex over a year ago and brought bed bugs with them when they moved in. The ED said whenever staff reported sightings of bed bugs, she checked the tenants' room and called Orkin if there were signs of bed bugs. The ED

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and LPN denied any recent reports of bedbugs. Review of the staff Daily Shift Report Form dated 3/16/25 revealed someone wrote "another bug" was sighted in Tenant #1's room and staff flushed it down the toilet. The ED and LPN said they hadn't seen the communication note and no one reported it to them.

Review of Orkin invoices and services agreements revealed they provided treatment for bed bugs in two tenant rooms, a hallway and the laundry room on/around 6/19/2024 and 7/29/2024. Treatment again provided for bed bugs on 12/21/24 for ten rooms, three hallways and the laundry room, with a follow-up visit 10 days later.

When interviewed on 3/25/25 at 10:25 a.m. the ED and LPN stated they didn't know the bed bugs had returned until December 2024. They said no staff reported this to them in October or November. They did not routinely review the staff Daily Shift Report Forms and no longer had the October and November forms available. The ED did not have the exact date she contacted Orkin to address the bed bug issue, but estimated it was in early December. She said she contacted them and set up treatment for the following week, but no one showed up. She contacted them again and Orkin came the next week, on 12/21/24.

Homestead Of Albia Plan of Correction

Survey Completion Date: 3/20/2025

A 150 481-67.2 (3) Program Policies and Procedures 67.2(3) The program shall follow the Policies and Procedures established by the program.

1. Executive Director and Resident Care Coordinator will review the Narcotic count record and investigate as per program policy, if any discrepancies are found.

2. The Resident Care Coordinator will periodically check the MAR for any missing documentation for administered medications and notify the Executive Director of her findings.

3. Executive Director and Resident Care Coordinator have educated nursing staff on properly maintaining Narcotic count record and Medication: Storage and Biologicals policies, which includes the process if they suspect a possible drug diversion.

4. Date of Compliance: May 21st, 2025

A 145 481-69.22(3) Evaluation of Tenant 69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change.

1. Tenant # 4 has had nurse reviews completed, significant change evaluations completed, and service plan updated to reflect current needs.

2. All tenants will have significant change evaluations completed by an RN.

3. Tenant files will be audited periodically by the director or designee, to ensure compliance with nurse reviews and significant change evaluations.

4. Date of Compliance: May 21st, 2025

A710481-69.35(1)b Structural requirements 69.35(1) General requirements. B. The building and grounds shall be well – maintained, clean, safe and sanitary.

1. Program has educated staff on Program Policy regarding staff communication reports, to include reporting of bed bugs/pests.

2. Resident Care Coordinator, or designee will review the staff communication reports upon receipt or next business day.

3. The Executive Director or designee will contact the arrange for extermination services when notified of bed bugs/pests.

4. Date of Compliance: May 21st, 2025

✓ 7/27/25