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 |
|---|---|---|---|
| | S0335 | A. BUILDING: _____ B. WING _____ | C 01/06/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HOMESTEAD OF ALGONA | 512 N FINN DRIVE ALGONA, IA 50511 |

| (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<br><br>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.<br><br>Tenants without cognitive impairment: 32<br>Tenants with cognitive impairment: 8<br>Total census: 40<br><br>The following regulatory insufficiencies were cited during the investigation of Complaint #130598-C | A 000 | See attached POC 3/31/26 | |
| A 315 | 481-69.25(1)n Tenant Documents<br><br>69.25(1) Documentation for each tenant shall be maintained by the program and shall include:<br><br>n. A copy of guardianship, durable power of attorney for health care, power of attorney, or conservatorship or other documentation of a legal representative<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to ensure tenant records included copies of documentation of durable power of attorney information. This pertained to 1 of 2 sample tenants reviewed (Tenant #1). Finding follows:<br><br>Record review on 1/06/26 revealed Tenant #1's durable power of attorney for health care document dated 7/21/22. The document designated Tenant #1's son and daughter as co-agents authorized to make health care decisions. The document further indicated the authority of the co-agents became effective | A 315 | | |

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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|---|---|---|---|---|
| A 315 | Continued From page 1<br>immediately for Tenant #1 upon execution of acknowledgement and signature.<br><br>Tenant #1 ' s Progress Notes revealed the following without any notification documented to the power of attorney:<br>a. 4/23/25, Tenant #1 reported a fall on Monday (4/21/25), she was experiencing an increase in pain in her back.<br>b. 4/25/25, Tenant #1 went to her doctor appointment for back pain from a fall earlier in the week.<br>c. 5/01/25, first entry a call to the physician updated not wanting to get out of bed and more comfortable in bed. The Program ' s nurse updated by the physician's nurse indicated the xray revealed a compression fracture, but unable to know if a new one or old one. Order Norco 5/325. Resident aware. The second entry indicated Tenant #1 pushed her pendant for staff assistance to go to the bathroom or walk to the couch.<br>d. 5/05/25, doctor appointment for the tenant due to weakness, not eating, drinking, walking, or getting out of bed. Tenant # admitted to the hospital for dehydration.<br><br>When interviewed on 1/06/26 at 3:00 p.m. the Director and delegating nurse indicated the Program failed to obtain the power of attorney documents as required for Tenant #1 until after the tenant fell and required hospitalization on 5/05/25. They added the tenant had no cognitive issues so they assumed she could make her own health care decisions.<br><br>On 1/06/26 the Director confirmed the Program failed to ensure Tenant #1's record included required documents. | A 315 | | |

**Plan of Correction**

Program Name: Homestead of Algona

Survey/Investigation Date: 1/5/2026

**A 315 481-69.25(1)n Tenant Documents**

**69.25(1) Documentation for each tenant shall be maintained by the program and shall include:**

**n. A copy of guardianship, durable power of attorney for healthcare, power of attorney, or conservatorship or other documentation of legal representative**

1. Tenant #1 has been discharged from the program.

2. Upon admission, a copy of guardianship, durable power of attorney for healthcare, power of attorney, or conservatorship or other documentation of legal representative will be requested for all tenants.

3. Tenant files will be audited periodically by the director or designee, to determine compliance.

4. All current tenant files will be audited to ensure we have a copy of their advanced health care directives, as applicable and/or a copy of guardianship, durable power of attorney for health care, power of attorney, or conservatorship or other documentation of a legal representative by 3/31/26.