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
	S0352	A. BUILDING: _____ B. WING _____	C 09/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD OF ESTHERVILLE	2015 3RD AVENUE NORTH ESTHERVILLE, IA 51334

(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 type of population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive disorder: 26 Number of tenants with cognitive disorder: 10 TOTAL census of Assisted Living Program for People with Dementia: 36 The following regulatory insufficiences were cited during the investigation of Incident #115472-C.	A 000		
A 635	481-69.32(2) Life Safety - Emergency Policies / Structure 69.32(2) An operating alarm system shall be connected to each exit door in a dementia-specific program. This REQUIREMENT is not met as evidenced by: Based on observation and interview the Program failed to ensure an operating alarm system connected to an exit door in a dementia specific program. This pertained to the middle door on the west side of the building. This potentially affected 10 of 10 tenants with cognitive impairment. Findings follow: Observations on 9/14/23 at 12:11 p.m. revealed an open exit door. A noticeable gap appeared at the top of the door where the alarm was located. The two components for the alarm failed to make contact, which was required for the alarm to function properly. When the door opened, no alert went to the pagers. The door failed to close	A 635		

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

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A 635	Continued From page 1 completely and the gap remained visible. The interim Director pulled firmly on the door and it closed and engaged the door alarm. The Director informed the surveyor she went back to the door and it failed to close completely 1 of 2 times. She confirmed the door alarm failed to be engaged due to it not closing properly. She stated she would have submit a work order to have it repaired as soon as possible.	A 635		