

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0352	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/13/2025
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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 population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive impairment: 27 Number of tenants with cognitive impairment: 11 Total census: 38 No regulatory insufficiencies were cited during the investigation of Complaint #1123185-C and 123204-C. The following regulatory insufficiency was cited during the revisit of Incident #116802-I (FC 10464):	A 000		
A 636	481-69.32(3) Life Safety - Emergency Policies / Structure 69.32(3) The program shall obtain approval from the state fire marshal division of the department of public safety before the installation of any delayed-egress specialized locking systems. This REQUIREMENT is not met as evidenced by: Based on observations and record review the Program failed to obtain approval for a delayed-egress specialized locking system. This potentially affected 38 of 38 current tenants (Tenants #1-#38). Finding follows: Observations on 3/12/25 at 10:30 a.m. revealed delayed-egress specialized locking systems attached to all outside doors in the common area of the building with the exception of the front door.	A 636	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

DEPARTMENT OF INSPECTIONS AND APPEALS

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NAME OF PROVIDER OR SUPPLIER HOMESTEAD OF ESTHERVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 2015 3RD AVENUE NORTH ESTHERVILLE, IA 51334		
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A 636	Continued From page 1 When questioned about approval for the doors the Director confirmed the Program failed to request and/or receive approval for the specialized locking systems from the fire marshall. The Director said the Program initiated the installation of the specialized locking system on 12/3/24 and the company completed the installation in early to mid January. When interviewed at 12:37 p.m. the fire marshall contact confirmed approval had not been granted to the Program for a delayed-egress locking system.	A 636			

Homestead of Estherville Plan of Correction

April 17, 2025

Survey Completion Date: 3/13/2025

A 636 481-69.32(3) Life Safety - Emergency Policies / Structure 69.32(3) The program shall obtain approval from the state fire marshal division of the department of public safety before the installation of any delayed-egress specialized locking systems.

1. State Fire Marshall has been contacted about the changes to the delayed-egress specialized locking systems and documentation received for current and future projects.
2. Program shall obtain approval from the state fire marshal division of the department of public safety prior to the installation of any delayed-egress specialized locking systems.
3. Executive Director or designee shall review life safety equipment to include delayed-egress specialized locking systems, to ensure appropriate approval has been obtained for any changes in equipment periodically, but at least every 6 months.
4. Date of compliance: April 28th, 2025

The Executive Director and Maintenance Director have read and understand the regulations listed above as of 04/17/2025, and the plan of correction.

√7/27/25