

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER Madrid Home for the Aged		STREET ADDRESS, CITY, STATE, ZIP CODE 613 West North Street Madrid, IA 50156	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on facility investigation review, staff interview, and facility policy review, the facility failed to report allegations of abuse to the state survey agency (SSA) within the required time period in 1 of 1 incidents reviewed. The facility reported a census of 54. The facility corrected the deficiency per past noncompliance on 3/10/26 through the following actions: The facility self identified on 3/9/26 a resident to resident event happened that met the threshold for reporting requirements under state and federal guidelines. Former administration failed to notify the SSA within 2 hours of the event happening. All staff were re-educated on the abuse policy specifically all resident to resident altercations, regardless of injury, must be reported to the supervisor immediately, who then reports it to the Director of Nursing/Administrator immediately. Audits initiated on 3/10/26 and will be conducted by reviewing nursing notes, risk management, grievances and conversations with residents/staff. Findings include: The Facility Investigation titled Resident to Resident Altercation documented an incident occurred on 02/07/2026 at approximately 5:00 PM between two residents. The document revealed the residents were immediately separated. Under additional information it is documented the incident as reported as of 03/09/2026. In a conversation on 03/24/2026 at 03:09 PM with the Systems Process and Policy Specialist, she took over for the previous administrator in early March and on 03/10/2026 noticed a resident-to-resident interaction had not been reported to the SSA as required. She reported the allegation of abuse to the SSA on 03/10/2026. She confirmed it should have been reported within 24hrs. In a conversation on 03/24/2026 at 03:19 PM with the Administrator he agreed that if the allegations met the criteria of abuse they should be reported within 24hrs without injury and within 2hrs with injury. Review of a facility provided document titled Abuse Prevention, Identification, Investigation and Reporting Policy, with a last revised day of 12/2025, stated the following: All allegations of Resident Neglect, exploitation, mistreatment, injuries of unknown origin and misappropriation shall be reported to the Iowa Department of Inspections and Appeals, not later than two (2) hours after the allegation is made, if the events that caused the allegation resulted in serious bodily injury, or not later than twenty-four (24) hours if the events that caused the allegation involved neglect, exploitation, mistreatment, injuries of unknown origin and misappropriation, but do not result in serious bodily injury.</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, staff interview, and policy review the facility failed to develop a comprehensive care plan that included problems, goals, or interventions for 3 of 8 residents (Resident #2, #29, and #27) reviewed with a diagnosis of Alzheimer's, anticoagulant medication usage, antidepressant medication usage, and catheter usage. The facility reported a census of 54. Findings include:1. Review of Resident #2's Minimum Data Set (MDS) dated [DATE] revealed an admission to the facility 12/2/25 from a short-term general hospital stay. The MDS further indicated that Resident #2 was taking antidepressant medications during the look back period.</p> <p>Review of Resident #2's Electronic Health Record (EHR) page titled, Clinical Physician's Orders revealed an order with a start date of 12/2/25 for Duloxetine HCl (antidepressant) oral capsule delayed release sprinkle 60mg to give 120mg by mouth daily. This order was discontinued on 3/21/26 and a new order was obtained for Duloxetine HCl (antidepressant) oral capsule delayed release particles 30mg to give 3 capsules by mouth one time a day.</p> <p>Review of Resident #2's Care Plan with a revision date of 3/6/26 revealed no problems, goals, or interventions for antidepressant medication usage.</p> <p>2. Review of Resident #29's MDS dated [DATE] indicated that Resident #29 was taking anticoagulant, and antidepressant medications during the look back period. The MDS further indicated that Resident #29 had diagnoses of Alzheimer's disease, depression, and bipolar disorder.</p> <p>Review of Resident #29's EHR page titled, Clinical Physician's Orders revealed an order with a start date of 11/16/25 for Trazodone HCl (Antidepressant) oral tablet to give 25mg by mouth one time a day. Further review of the Clinical Physician's Order's revealed an order for Apixaban (anticoagulant) oral tablet 5mg to give one tablet by mouth two times a day with a start date of 1/20/26.</p> <p>Review of Resident #2's Care Plan with a revision date of 12/29/25 revealed no problems, goals, or interventions for antidepressant medication usage.</p> <p>Interview 3/25/26 at 1:19 PM with the Director of Nursing (DON) revealed that Resident #2 should have had antidepressants on the care plan. The DON further revealed that Dementia should have been on Resident #29's care plan with goals and interventions as well as anticoagulant medication usage, and Alzheimer's disease.</p> <p>3. Review of Resident #27's quarterly review MDS, dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognitive functioning. The MDS indicated that Resident #27 had an indwelling catheter. The MDS further indicated that Resident #27 had a primary diagnosis of Parkinson's Disease with dyskinesia (involuntary, erratic, and uncontrollable muscle movements), with fluctuations. The MDS indicated other diagnoses of benign prostatic hyperplasia with lower urinary tract symptoms (frequent, urgent, or weak-stream urination, waking at night, and incomplete bladder emptying), depression, and cognitive communication deficit.</p> <p>Review of Resident #27's EHR revealed a Health Status progress note dated 2/26/26 at 3:19 p.m. that stated .New indwelling Foley catheter placed today for urinary retention secondary to neurogenic bladder. This is resident's first catheter placement. Foley inserted to relieve retention and to assess (continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>whether urinary retention was contributing to reported discomfort. Further review of his EHR's page titled, Clinical Physician's Orders revealed the following orders:</p> <p>On 2/27/26, for Foley output to be completed every shift.</p> <p>On 3/8/26, to Ensure resident has leg drainage bag on when out of bed.</p> <p>On 3/15/26, Routine Catheter Change. to be completed every 4 weeks.</p> <p>Review of Resident #27's Care Plan, that was printed on 3/24/26 at 1:30 p.m., with a revision date of 12/29/25 revealed the care plan had not been revised by the interdisciplinary team after his 3/11/26 quarterly review assessment with a focus on problem, goals, and interventions for the resident's catheter use.</p> <p>During an interview and observation on 3/25/26 at 10:18 a.m. with Resident #27, he stated that his Parkinson's disease was affecting his body and slowing him down. The resident was observed not to have a leg drainage bag on, but had a bed bag attached under his wheelchair seat covered in a cloth bag. He stated the staff had not changed his catheter to a leg bag as they had no leg bags available in his room.</p> <p>During an interview on 3/25/26 at 3:05 p.m. with the DON revealed that she stated resident care plans were revised with each new diagnosis, change in condition, physician order, and MDS assessment. She further stated the individualized care plan would be updated with new concerns, devices (including a catheter placement), or when a new intervention was implemented. She agreed that Resident #27's physician orders and cares had changed within the last month with the placement of his indwelling catheter and should have been addressed on his care plan. She confirmed that the resident's care plan had not addressed his catheter and they had not developed goals or person-centered, measurable objectives and interventions related to his catheter use.</p> <p>During an interview on 3/25/26 at 4:03 p.m. with the Administrator regarding Resident #27, he agreed that his catheter use had not been addressed on his care plan with measurable goals or individualized interventions. He stated there were two instructions noted on his Kardex (an electronic document that contained daily tasks and essential resident data) on how to clean the resident's catheter bed bag and leg bag.</p> <p>Review of the facility policy Comprehensive Person-Centered Care Planning, reviewed December 2025 revealed:</p> <p>a. The comprehensive care plan will be developed and implemented consistent with the resident's rights and include measurable objectives and timeframes to meet the resident's medical, nursing, and mental/psychosocial needs that are identified in the comprehensive assessment.</p> <p>b. The comprehensive care plan will be. Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p>		