

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165504	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2024
NAME OF PROVIDER OR SUPPLIER Algona Manor Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2221 East McGregor Street Algona, IA 50511	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>25854</p> <p>Based on observation, resident interview, staff interview, Resident Council Minutes and facility policy review the facility failed to answer resident call lights within the allotted professional standards of 15 minutes for 1 of 3 residents reviewed. (Resident #3) The facility identified a census of 32 residents.</p> <p>Findings include:</p> <p>During an interview on 4/5/24 at 1:30 p.m. Resident #3 verbalized a concern related to wait times for her call light. The resident used the clock on her wall and timed the call light on for 30 minutes and even longer at times which made her feel like no one was there for her. Additionally, when staff toileted her and left her in the bathroom for long periods of time it caused pain.</p> <p>During an interview on 4/9/24 at 11:41 a.m. Staff B, Certified Nursing Assistant (CNA) confirmed observations of call lights on longer than 15 minutes on 2nd shift. The staff member indicated some of the reasons had been because some of the residents eat and ran back to room and wanted to go to bed right away. At 6 p.m. staff took breaks, nurse's change of shift and dietary served meals at different times of the evening which caused inconsistency.</p> <p>During an interview on 4/9/24 at 10:49 a.m. Staff A, CNA indicated staff answered resident call lights within the allotted 15 minutes however there had been times staff assisted residents longer than 15 minutes at a time because some residents took longer than others then staff failed to answer resident call lights timely.</p> <p>Review of the facilities Resident Council Minutes dated 1/19/24, 2/16/24 and 3/15/24 revealed residents voiced concerns with the wait times for their call lights.</p> <p>According to the facilities Call Light policy (not dated) all call lights should have been answered within 15 minutes.</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
---	-------	-----------