

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  06/12/2025
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>Based on record review, staff interview and policy review the facility failed to complete a background check for 1 of 6 current employees reviewed (Staff A, Certified Nurse Aide) (CNA). The facility reported a census of 30 residents.</p> <p>Findings include:</p> <p>Review of Staff A, CNA 's employee file documented a hired date of 9/20/24. Further review of the employee file lacked documentation of a background check in the file.</p> <p>During an interview on 6/10/25 at 2:06 PM, the Administrator reported the background check for Staff A, CNA was not completed. She reported the office manager just started around time of hire for Staff A and missed it but it should have been done.</p> <p>The facility Nursing Abuse Prevention, Identification, Investigation and Reporting Policy date October 2022 documented the facility will conduct a criminal record check prior to hire, in the manner prescribed under 481 Iowa Administrative Code 58.11(3).</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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NAME OF PROVIDER OR SUPPLIER  Algona Manor Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2221 East McGregor Street Algona, IA 50511	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review and staff interview, the facility failed to complete a new Preadmission Screening and Resident Review (PASRR) for Level I on 2/27/25 for Resident #27. The facility reported a census of 30 residents.</p> <p>Findings included:</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] for Resident #27 showed a Brief Interview for Mental Status (BIMS) score of 12 indicating moderate cognitive impairment. The MDS documented diagnosis of anxiety, psychotic disorder (other than schizophrenia), and malnutrition.</p> <p>Review of the PASRR Level 1 Screening Outcome dated 8/12/24 for Resident #27 revealed PASRR Level I Determination No Level II Required. Review of the clinical chart revealed this PASRR came with Resident #27 from the hospital when admitted to the facility. The facility failed to submit a new PASRR due to the new diagnosis given on 2/27/25.</p> <p>The Progress Notes dated 2/27/25 for Resident #26 revealed the facility received a new diagnosis of delusions.</p> <p>Interview on 6/10/25 at 2:58 p.m. with the Social Worker, verified that she does the PASSAR's and that she does do them if there is a new medication started or new diagnosis. The Social Worker stated she is not sure what happened.</p>