

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/31/2024
NAME OF PROVIDER OR SUPPLIER Good Shepherd Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 302 Second Street NE Mason City, IA 50401	

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 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>48003</p> <p>Based on clinical record view, staff interview, and the Resident Assessment Instrument (RAI) Manual, the facility failed to transmit 1 of 1 Minimum Data Set (MDS) assessments for the facility within the required timeframe (Resident #34). The facility reported a census of 159 residents.</p> <p>Findings include:</p> <p>The Discharge Summary dated 6/26/24 at 1:00 PM reflected Resident #34 discharged to home.</p> <p>The Clinical - MDS reviewed on 10/29/24 at 12:37 PM listed the MDS' completed on 6/1/24 and 6/26/24 as completed, indicating they didn't get transmitted yet. The previous MDS' indicated accepted, indicating the facility transmitted them.</p> <p>During an interview on 10/29/24 at 1:16 PM, Staff H, Registered Nurse/Care Plan Nurse, reported she completed Resident #34's discharge MDS. She reported she didn't submit the MDS to the Centers of Medicare and Medicaid Services (CMS) and she should have.</p> <p>On 10/29.24 at 3:29 PM, the Administrator reported the facility didn't have a policy for MDS submissions. She reported the facility followed the RAI Manual.</p> <p>The current RAI Manual dated October 2023 instructed to submit a discharge return not anticipated MDS no later than 14 days after the MDS completion. The facility should complete the MDS within 14 days after the discharge date .</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>40907</p> <p>Based on observations, interviews, and record review, the facility failed to reassess blood pressures for one of one resident reviewed (Resident #67). Resident #67 had high and low blood pressures that didn't get reassessed. The facility reported a census of 159.</p> <p>Findings include:</p> <p>Resident #67's September and October 2024 Treatment Administration Record (TAR) included an order dated 4/18/24, that directed staff to obtain blood pressure and temperature every shift.</p> <p>The Weights and Vitals Summary review on 10/30/24 at 10:29 AM related to blood pressures listed the following results:</p> <ul style="list-style-type: none"> a. 9/29/24 at 2:08 PM: 62/41 mm/Hg (measurement of pressure) (Lying r/arm)(Resident was lying down and blood pressure was taken on the right arm) diastolic bottom number of the blood pressure reading)(measures the pressure in the artery walls between heart beat)(pressure in the arteries when the heart beats) low of 60 exceeded, systolic (top number of blood pressure reading) low of 90 exceeded. b. 9/29/24 at 8:28 PM: 53/49 mmHg (Lying l/arm)(Resident was lying down and blood pressure was taken on the right arm) diastolic Low of 60 exceeded systolic low of 90 exceeded c. 9/30/24 at 3:49 AM: 75/49 mmHg (Lying r/arm) diastolic low of 60 exceeded systolic low of 90 exceeded d. 9/30/24 at 1:07 PM: 72/47 mmHg (Lying l/arm) diastolic low of 60 exceeded systolic low of 90 exceeded e. 10/5/24 at 11:24 AM: 187/129 mmHg (Sitting r/arm)((Resident was sitting up and blood pressure was taken on the right arm) diastolic high of 89 exceeded systolic high of 139 exceeded f. 10/6/24 at 6:37 PM: 54/31 mmHg (Lying l/arm) diastolic low of 60 exceeded systolic low of 90 exceeded g. 10/10/24 at 10:14 AM: 60/45 mmHg (Lying l/arm) diastolic low of 60 exceeded systolic low of 90 exceeded <p>On 10/ 29/24 at 3:17 PM, Staff J, Licensed Practical Nurse (LPN), stated she used a wrist cuff when she took Resident #67's blood pressures. When asked what she considered a low blood pressure, Staff J responded it depended on the resident. Staff J stated Resident 64's blood pressure ran low sometimes. Staff J stated she took blood pressure's on Resident #64 before that have been low. Staff J said that typically Resident #64 is lying down when Staff J takes their blood pressure and that's why her blood pressure runs low. When shown the October 2024 TAR Staff J acknowledged she should have rechecked Resident #64's blood pressures on the 10/5/21, 10/6/24 and 10/10/24. She stated on 10/5/24 she had too high of blood pressure readings and on too low on 10/6/24 and 10/10/24.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/29/24 at 4:21 PM, the Director of Nursing (DON), stated Staff J talked with them about the blood pressures. The DON went over blood pressure readings and they acknowledged the nurse should have done a recheck of Resident #67's blood pressures with a blood pressure cuff. She acknowledged they should have notified the charge nurse and the physician. The DON stated she would look into the situation further related to Resident #67's low blood pressures on the 9/29/24, 9/30/24, 10/6/24, and 9/30/24. She acknowledged they should have rechecked the blood pressures. She acknowledged Resident #67 had a high blood pressure on 10/5/24 that they should have rechecked. This DON stated she expected if a resident continued to have a low or high blood pressures after rechecking, then that would warrant further assessment and intervention. The DON stated the blood pressure on 9/29/24 at 8:28 PM, of 55/49 didn't even make sense.</p> <p>On 10/30/24 at 12:19 PM, the DON stated she didn't find any further rechecks for the blood pressures on the above dates. The DON stated she updated Resident #67's physician's order that all of Resident #67 blood pressures would from this point on be taken with a pediatric cuff, not the wrist cuffs.</p> <p>A Blood Pressure, Measuring Policy revised 10/30/24, defined blood pressure as to measure the pressure exerted by the circulating volume of blood on the walls of the arteries, veins and chambers of the heart. A blood pressure reading is represented as a ratio or fraction. The top number (the systolic pressure) measures the blood pressure during the contractions of the heart (systole). The bottom number (the diastolic pressure) measures the pressure of the blood while the heart is at rest (diastole). The blood pressure is generally defined as normal when the systolic pressure is in the range of 101 to 129 mm/Hg (milliliters of mercury) and the diastolic pressure is in the range of 61 to 84 mm/Hg. Borderline hypertension is typically defined as a systolic pressure of 130 to 139 mm/Hg and the diastolic pressure of 85 to 89 mm/Hg. Hypertension is usually defined as blood pressure over 140/90 mm/Hg (although the elderly often have recorded several readings taken at different times of the day. Staff should note any pertinent medications and/or recent changes of condition when reporting to the physician. hypotension is defined as blood pressure less than 100/60 mm/Hg. orthostatic (postural) hypotension is defined as a 20 mm/Hg (or greater) decline in systolic blood pressure or a 10 mm/Hg (or greater) decline in diastolic blood pressure upon standing. Post prandial hypotension is defined as a 20 mm/Hg decline in systolic blood pressure (or a 10 mm/Hg) drop if the baseline is less than 100 mm/Hg) within two (2) hours after eating a meal. New onset hypotension should be reported to the physician. Staff should record several readings throughout the day, including before and after meals.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42133</p> <p>Based on observation, clinical record review and staff interview, the facility failed to provide services to treat or prevent reduction in range of motion for 1 of 1 resident sampled (Resident #134). After finishing Occupational Therapy, Resident #134 received specially modified palm guards to protect her hand from her contractures. Multiple observations revealed Resident #134 didn't have palm guards. Interviews determined, she didn't have them for a while and no one contacted therapy about getting replacements. The facility identified a census of 159 residents.</p> <p>Findings include:</p> <p>Resident #134's Minimum Data Set (MDS) assessment dated [DATE] identified they have short/long term memory impairment and severely impaired decision-making ability. Resident #134 had a functional loss in range of motion (ROM) on one side of the upper (shoulder, elbow, wrist, hand) body. The MDS included diagnoses of cerebral palsy and dementia. The MDS lacked documentation Resident #134 received restorative nursing services.</p> <p>Resident #134's Provider signed an order on 5/31/24 for Occupational Therapy (OT) to evaluate and treat as indicated to fit for a brace for the left-hand contracture.</p> <p>An OT Evaluation and Treatment Plan, start date 6/10/24, documented a treatment code for contracture of muscle, left hand. The Musculoskeletal System Assessment reflected Resident #134 had impaired left upper extremity ROM of the following:</p> <ul style="list-style-type: none"> a. Thumb contracture - Do not treat (DNT) contracture b. Index finger contracture - DNT contracture c. Middle finger contracture - DNT contracture d. Ring finger contracture - DNT contracture e. Little finger contracture - DNT contracture <p>The LUE strength indicated Resident #134 had impaired strength of the shoulder, elbow, and wrist.</p> <p>Resident #134's August 2024 Treatment Administration Record (TAR) included a Physician Order dated 7/15/24 to make sure the left palm guard is in place during the daytime. Place a rolled gauze in the hand during the night. Two times a day for splint wear.</p> <p>The Therapy Discharge Notification signed by the Occupational Therapist on 7/28/24 indicated Resident #134 met their goals. They provided Resident #134 with two palm guards for her left hand. OT services scheduled to end 8/5/24.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An OT Discharge Summary dated 8/5/24 listed Discharge Recommendations and Status as Resident #134 required 24-hour assistance and continue her palm guard. They established and trained the staff regarding Resident #134's Restorative Splint and Brace Program to wear her palm guard on during the day, hand wash, and hang to dry.</p> <p>The Care Plan Focus dated 12/11/23 indicated Resident #134 had an activities of daily living (ADL) self care performance deficit related to cerebral palsy, kyphosis (bend of the spine) and fracture of her right tibia (lower leg bone). The Interventions directed the following:</p> <p>a. 3/21/24: Please make sure you are cleansing the left hand every day and allowing to air dry. Please put a rolled-up wash cloth or gauze in the palm to keep fingers from pressing into the palm. Please do this every shift and apply a clean wash cloth or gauze in the hand every shift until evaluated by occupational therapy.</p> <p>b. 7/15/24: Resident #134 had two left palm guards. Hand wash and air dry them daily. Do not throw them away! She is to wear the palm guard during the day. At night place rolled up gauze in the hand. Wash and dry hand guards daily and dry thoroughly!</p> <p>Resident #134's September 2024 TAR included a 9, indicating to see the progress notes for the AM shift on 9/16/24, 9/25/24, 9/26/24 and the PM shift on 9/23/24. The remaining entries reflected nursing had the palm guard in place to her left palm or a wash cloth/gauze rolled up in the left palm as ordered by the physician.</p> <p>The Orders - Administration Note dated 9/16/24 at 6:06 AM indicated the staff couldn't find Resident #134's splint.</p> <p>The Orders - Administration Note dated 9/23/24 at 10:08 PM reflected Resident #134 didn't have her palm guard in place.</p> <p>The Orders - Administration Note dated 9/25/24 at 11:01 AM listed Resident #134 didn't have her splint available.</p> <p>The Orders - Administration Note dated 9/26/24 at 12:18 PM indicted Resident #134 didn't have her palm guard available.</p> <p>On 10/29/24 at 12:57 PM observed Resident #134 lying in bed on her left side in a low bed. The observation showed Resident #134 without her palm guard or wash cloth in her left hand. Resident #134's middle finger and ring finger appeared to dig into her left palm.</p> <p>During an interview on 10/29/24 at 12:58 PM Staff A, Certified Nursing Assistant (CNA), reported she didn't have her palm guard in her left hand. Staff A added she is supposed to have a left-hand guard, but God only knows where they went. They've been gone for a long time.</p> <p>On 10/29/24 at 1:35 PM witnessed Resident #134 lying in bed on her left side without a palm guard, wash cloth, or gauze in her left hand.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/29/24 at 4:38 PM observed Resident #134 sitting in a wheelchair across from the 1 Southeast nurses' station. Resident #134's left wrist had a contracted hand with her fingers digging into her palm. Resident #134 didn't have her left-hand palm guard in place.</p> <p>On 10/30/24 at 7:51 AM Resident #134 sat in the wheelchair at the dining room table. Resident #134 middle finger and ring finger dug into her left palm. She had no palm guard, rolled wash cloth or gauze in her left palm.</p> <p>On 10/30/24 at 11:26 AM witnessed Resident #134's left hand without a palm guard, rolled wash cloth, or gauze to her left palm while she sat in the wheelchair. Her middle finger and ring finger appeared to dig into her left palm.</p> <p>Resident #134's October 2024 TAR included a 9, indicating to see the progress notes for 20 out of 58 times, indicating she didn't have her left palm guard available. The other 38 staff signatures reflected they followed the physician's order.</p> <p>A 10/30/24 review of the October 2024 Progress Notes documented not available on the 5, 6, 17, 21, 22, 25, and 27. On 11, 12, 15, 16, 18, 25, 26, 28, and 29 Resident #134 didn't have her palm guard in place.</p> <p>On 10/30/24 at 12:48 PM Staff B, Certified Occupational Therapist Assistant (COTA), reported Resident #134 received two palm guards. The guards had to be specially fitted due to the contractures of her hands. They told the staff to hand wash the splint, hang it to dry, and when to put them on. Staff B reported no staff requested new palm guards for Resident #134. Staff B recalled the recommendations instructed to put the palm guards on the left hand during the day and to put rolled up gauze in the left palm at night. Staff E reiterated Resident #134 had a very tight left palm, they had to cut the double layer of sheepskin in the palm guard and sew it back because of it being too thick for her palm. They had to specially fit the left-hand palm guards for Resident #134.</p> <p>Interview completed on 10/30/24 at 1:19 PM Staff C, CNA, voiced she only started working at the facility one month before. Resident #134 didn't have any palm guard to put in her left hand since she worked at the facility.</p> <p>On 10/30/24 at 1:20 PM Staff D, Licensed Practical Nurse (LPN), reported Resident #134 had 2 or 3 of the palm guards, but people didn't have the intelligence to understand they are supposed to hand wash them and hang them to dry, as the staff kept throwing out her hand guards. Staff D stated he charted the left-hand guards as not available for some time. Someone needed to go up to therapy and see if therapy could provide more hand guards. Staff D stated he was going to go up to therapy at that time to check on new hand guards.</p> <p>During an interview on 10/30/24 at approximately 2:25 PM the Director of Nursing (DON) reported if Resident #134's palm guards went missing, she expected the nurses to check with therapy on getting new palm guards.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Restorative Nursing Services Policy revised 10/30/24 directed residents will receive restorative nursing care as needed to help promote optimal safety and independence. The Policy documented restorative goals and objectives are individualized and resident centered, and are outlined in the resident's plan of care. The Policy further specified restorative goals may include but are not limited to supporting and assisting the resident to maintain physiological and psychological resources.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41537</p> <p>Based on record review, observation, policy review, staff, and resident interviews, the facility failed to ensure a resident had their call light within reach at all times for 1 of 3 residents reviewed for recent falls (Resident #17). The facility reported a census of 159 residents.</p> <p>Findings include:</p> <p>Resident #17's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview of Mental Status (BIMS) score of 10, indicating moderately impaired cognition. The MDS listed Resident #17 as independent with bed mobility, walking, sitting, and toilet use.</p> <p>On 10/28/24 at 12:49 PM Resident #17 reported she had her call light sitting on the foot of her bed approximately eight (8) feet from her recliner she sat in. She had a sling to her right arm. She explained she recently fell in her bathroom and fractured her arm.</p> <p>On 10/30/24 at 2:34 PM the Director of Nursing (DON) reported she expected all residents have their call lights within reach when they are in their room including in bed, recliner, and toilet.</p> <p>During an interview on 10/31/24 at 11:08 AM the Administrator and DON reported they expected residents have a call light within their reach at all times when in their room.</p> <p>The Call Lights policy, reviewed 10/30/24 instructed to have a call light within reach of a resident while in their bed or confined to chair.</p>

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41537</p> <p>Based on record review, resident, and staff interviews the facility failed to catheterize residents only when they had an order for 1 of 1 resident reviewed (Resident #46). The facility reported a census of 159 residents.</p> <p>Findings include:</p> <p>Resident #46's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview of Mental Status (BIMS) score of 15, indicating no cognitive impairment. Resident #46 needed substantial/maximal assistance from staff with toileting hygiene.</p> <p>Record review of an untitled disciplinary action for Staff I, Registered Nurse (RN), dated 6/20/24 documented she catheterized a resident without an order for a catheter (Resident #46).</p> <p>During an interview on 10/28/24 at 3:36 PM Resident #46 explained earlier that year a new nurse put a catheter in her when she was not supposed to and she didn't have an order. She said she yelled at the nurse to stop it. She then reported she made a big issue with upper management at the facility and the nurse ended up getting fired. She explained it really bothered her and was not happy the nurse did not listen to her. She added maybe she should have asked more questions but figured the nurse knew what she was doing.</p> <p>On 10/30/24 at 2:25 PM the Director of Nursing (DON) reported she hired a new nurse (Staff I) earlier in the year. While still in orientation, someone told her to catheterize a resident but she mixed up the residents and catheterized Resident #46 (the wrong resident). She explained Staff I made an error and no longer worked at the facility. She added she spoke with Resident #46 multiple times and resolved the issue.</p> <p>During an interview on 10/31/24 at 11:08 AM the Administrator and DON said no one should catheterize a resident unless they had an order for it. In relation to when the nurse catheterized Resident #46, Staff I made an error and the facility chose to terminate her shortly after the incident occurred.</p>		

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41537</p> <p>Based on record review and staff interviews the facility failed to ensure the Facility Assessment evaluated each resident's need for activities of daily living (ADL's), bowel, bladder, mental ability, skin integrity, special care, treatment, and medications. In addition, the facility failed to evaluate their ability to meet their needs. The facility reported a census of 159.</p> <p>Findings include:</p> <p>Record review of the facility's current Facility assessment dated [DATE] lacked an assessment and evaluation of the facility's current residents that include but not limited to:</p> <ul style="list-style-type: none"> a. ADL status for each resident and equipment that may be needed b. Bowel/bladder status and supply needs c. Mental abilities of residents and services to support cognitive function d. Skin integrity including type of treatments and supply needs e. Special care (such as palliative, hospice, therapy, oxygen) f. Treatments needed and suppliers g. Medications needed and suppliers. <p>On 10/30/24 at 2:06 PM the Director of Nursing (DON) reported she assisted with reviewing the Facility Assessment but reported the Administrator as the person in charge of it.</p> <p>During an interview on 10/31/24 at 11:08 AM the Administrator and DON explained the facility used to have a process with a form in place for their Facility Assessment to address each resident's care areas but their current electronic health record (HER) didn't longer use that form anymore, so the facility didn't currently have a system in place for assessing resident specific needs.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>42133</p> <p>Based on observation, clinical record review, policy review, and staff interview, the facility failed to implement adequate infection control prevention practices. While passing medication to a resident, the Certified Medication touched the resident's medication with their bare hands for 2 of 4 resident observed (Residents #213 and #26). The facility identified a census of 159 residents.</p> <p>Findings include:</p> <p>On 10/29/24 at 7:30 AM observed Staff E, CMA, compare the Electronic Medication Administration Record (EMAR) with the medication pack and punch 1 tablet of Resident #213's methylphenidate (attention deficit hyperactive disorder medication) 10 milligrams (MG) into her left hand, before placing it pill in a plastic med cup. At 7:32 AM Staff E shook two Vitamin D 1000 International Units (IU) tablets from the bottle into the lid, then with her left hand picked up one of the Vitamin D tablets, and placed it in the plastic medication cup. Staff E took the medication cup over to Resident #213, who took the medication.</p> <p>On 10/29/24 at 7:35 AM witnessed Staff E review Resident #26's EMAR orders. Staff E removed a stock bottle from the bottom drawer of the medication cart, shook 1 tablet of Certavite (multivitamin medication) tablet with antioxidants from the bottle into the lid, took the pill out with her right hand, placed it in a plastic medication cup, and then administered the medication to Resident #26.</p> <p>On 10/30/24 at 12:30 PM Staff F, Licensed Practical Nurse (LPN), reported no one should touch the medications with their bare hands. Staff F added they should use a tongue depressor or spoon to handle the medication.</p> <p>On 10/30/24 at 1:48 PM Staff G, LPN, reported no one should touch pills with their bare hands during medication administration. She indicated she would shake the pill into the lid of the bottle or use a new glove if she had to touch a pill.</p> <p>During an interview on 10/30/24 at 2:20 PM the Director of Nursing (DON) reported she expected the nurses and CMAs to use a clean glove if they need to touch an oral pill during medication administration. The nurse shouldn't touch oral pills with their bare hands.</p> <p>The Medication Pass Policy/Procedure revised 10/30/24 directed the staff to follow established facility infection control procedures (e.g., handwashing, antiseptic techniques, gloves, isolation precautions, etc.) for the administration of medications, as applicable.</p>		