

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165145	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER Embassy Rehab and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 206 Port Neal Road Sergeant Bluff, IA 51054	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>44420</p> <p>Based on observation, staff and resident interview the facility failed to provide privacy during incontinence care and dressing change for 1 out of 4 residents reviewed (Resident #4). The facility reported a census of 38 residents.</p> <p>The findings include:</p> <p>1. The Minimum Data Set (MDS) for Resident #39, dated 4/11/2024 documented the presence of gastrostomy feeding tube (G-tube). The MDS identified Parkinson's disease and renal insufficiency.</p> <p>Observation on 6/18/24 at 1:25 PM showed after Resident #4 received incontinence care, Staff G, CNA (Certified Nursing Assistant) and Staff H, CNA failed to cover the resident 's exposed area from mid abdomen to mid thighs before Staff G opened the door to retrieve the nurse. Seconds later the door drifted approximately half way open before Staff H crossed the room to shut the door. Resident #4 remained exposed as Staff G and Staff F, Licensed Practical Nurse, (LPN) entered the room. Seconds later the door drifted partially open before Staff G turned to shut the door again. The resident remained exposed during this time.</p> <p>In an interview on 6/19/24 at 2:41 PM the Administrator reported education has been given to staff related to dignity, and education is ongoing as dignity included many areas. The Administrator reported staff should cover residents before entering or exiting the room.</p> <p>In an interview on 6/20/24 at 10:19 AM, Staff H, CNA reported Resident #4 should have been covered with a blanket before the door was opened.</p> <p>The Residents Rights Policy last revised April 2019 identified residents have a right to respect and dignity. The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences, except when to do so would endanger the health or safety of the resident or other residents.</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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47673</p> <p>Based on electronic health records review, policy review, and staff interview the facility failed to notify the Long-Term Care Ombudsman of a transfer to a hospital for 2 of 3 residents reviewed (Resident #8, and #10). The facility reported a census of 38 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) dated [DATE] documented Resident #8 had a Brief Interview for Mental Status (BIMS) of 13 indicating no cognitive impairment.</p> <p>Review of Resident #8 ' s electronic health records revealed Resident #8 was hospitalized [DATE], 12/25/23, 2/13/24, 4/25/24, and 6/4/24.</p> <p>2. The Minimum Data Set (MDS) dated [DATE] documented Resident #10 had a Brief Interview for Mental Status (BIMS) of 15 indicating no cognitive impairment.</p> <p>Review of Resident #10 ' s electronic health records revealed Resident #10 was hospitalized [DATE] and 7/7/23.</p> <p>On 6/20/24 at 8:34 AM the Administrator stated for Resident #8 and Resident #10 there are no ombudsman notifications. The Administrator stated the ombudsman notifications were not being completed per regulations related to the resident being on Medicaid. The Administrator stated that most of the staff is from South Dakota and notification of ombudsman notification is not required but understands the requirement now for the state of Iowa regulations.</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47673</p> <p>Based on electronic health record review, staff interview, and policy review the facility failed to obtain bed hold notifications for 2 of 2 residents reviewed (Residents #8 and #10). The facility reported a census of 38 residents.</p> <p>Findings Include:</p> <p>1. The Minimum Data Set (MDS) dated [DATE] documented Resident #8 had a Brief Interview for Mental Status (BIMS) of 13 indicating no cognitive impairment.</p> <p>Review of Resident #8 ' s electronic health records revealed Resident #8 was hospitalized [DATE], 12/25/23, 2/13/24, 4/25/24, and 6/4/24.</p> <p>2. The MDS dated [DATE] documented Resident #10 had a BIMS of 15 indicating no cognitive impairment.</p> <p>Review of Resident #10 ' s electronic health records revealed Resident #10 was hospitalized [DATE] and 7/7/23.</p> <p>Review of the facility policy for bed holds revealed there was no policy.</p> <p>On 6/20/24 at 8:34 AM the Administrator stated for Resident #8 and Resident #10 there are no bed holds. The Administrator stated bed holds were not being completed per regulations related to the resident being on Medicaid.</p>

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>47673</p> <p>Based on observation, document review, policy review, and staff interview the facility failed to follow the menu and prepare food to meet the nutritional needs of the residents at the facility on regular diets. The facility reported a census of 38 residents.</p> <p>Findings include:</p> <p>A continuous observation of the lunch service on 6/19/24 from 11:50 AM - 1:10 PM revealed Staff A, [NAME] utilize a 1/3 cup green scoop #12 to serve Brussel sprouts, a 3/8 cup #10 ivory scoop used for noodles, a 2/3 cup #6 scoop white handled used for serving beef stroganoff to all the regular diets.</p> <p>Review of document titled, Diet Spreadsheet Week 3 Day 18 documented scoop size for beef stroganoff 6 oz or 2/3 cup, noodles 4 oz or 1/2 cup, and brussel sprouts 4 oz or 1/2 cup to be utilized when serving a regular diet.</p> <p>Review of color chart titled, Scoop Size Matters documented the green scoop #12 was equal to 1/3 cup and the ivory scoop #10 was equal to 3/8 cup.</p> <p>Review of document titled, Food Preparation Guidelines dated 4/1/24 documented the cook, or designee, shall prepare menu items following the facility ' s written menus and standardized recipes.</p> <p>On 6/19/24 at 1:51 PM Staff B, Certified Dietary Manager (CDM) stated the scoops were utilized for serving the noodles or the brussel sprouts. Staff B stated the facility ' s expectation was that the correct scoops would be utilized following the diet spreadsheet.</p> <p>On 6/19/24 at 2:08 PM the Administrator stated the facility's expectation was that appropriate scoop sizes would be utilized following the diet spreadsheet.</p>		

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47673</p> <p>Based on resident interview, policy review, and staff interview the facility failed to provide snacks to residents who wanted to eat at non-traditional times or outside of scheduled meal service times. The facility reported a census of 38 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) dated [DATE] documented Resident #12 had a Brief Interview for Mental Status (BIMS) of 15 indicating no cognitive impairment.</p> <p>On 6/17/24 at 12:02 PM Resident #12 stated snacks are not dropped off during the day or in the evening. Resident #12 stated snacks used to be dropped off but he was no longer given a snack.</p> <p>On 6/18/24 at 1:51 PM Staff C, Certified Nursing Assistant (CNA) stated she worked the AM shift but frequently stayed 2pm - 8pm. Staff C stated she had not taken the snack cart around and had not seen anyone on pm shift when she was working drop snacks off to the residents.</p> <p>On 6/18/24 at 2:26 PM Staff D stated she usually worked the 2pm - 10pm shift. Staff D stated the facility staff park the snack carts at the nurses desk and do not deliver the snacks to the residents in the rooms. Staff D stated the residents that want snacks turn their lights on and ask.</p> <p>On 6/20/24 at 8:30 AM the Administrator stated a good system was in place for water and would talk to individual residents. The Administrator stated the snacks not being delivered was talked about in the resident council. The Administrator stated the kitchen sets the snack cart up by the nursing station. The Administrator stated the CNA staff would report the residents were sleeping at the time when the snacks were delivered. The Administrator stated a couple of the residents would like to wake up. The Administrator stated she knew snacks not being delivered was a concern and have not quite got the procedure worked out yet.</p> <p>44420</p> <p>2. The MDS dated [DATE] documented Resident #14 had a BIMS of 14 indicating no cognitive impairment.</p> <p>On 6/17/24 at 10:47 AM Resident #14 stated, They sometimes bring snacks. When asked how often staff brought snacks the resident replied, less than half of the time.</p> <p>3. The MDS dated [DATE] documented Resident #5 had a BIMS of 9 moderate cognitive impairment.</p> <p>On 6/17/24 at 11:34 AM Resident # 5 reported snacks are sometimes brought to the room. Resident #5 reported that sometimes meant about half of the time.</p> <p>(continued on next page)</p>		

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. The MDS dated [DATE] documented Resident #22 had a BIMS of 15 indicating no cognitive impairment.</p> <p>On 6/17/24 at 1:30 PM Resident #22 reported that she is not offered snacks, reported that she used to get offered snacks but not anymore.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47673</p> <p>Based on observation, staff interview, and policy review the facility failed to store food in accordance with professional standards by not labeling and dating open items of food. The facility reported a census of 38 residents.</p> <p>Findings include:</p> <p>On 6/17/24 from 9:30 AM - 10:00 AM a continuous observation during the initial kitchen tour revealed:</p> <p>a. The dry storage freezer chest had cinnamon rolls in a bag open and undated.</p> <p>b. The dry storage room had cornbread mix and baking powder open and undated.</p> <p>c. The stand up refrigerator had a 3.5 pound butter spread container, a 5 pound cottage cheese container, a 5 pound sour cream container, and a 16 oz. beef base container open and undated.</p> <p>On 6/17/24 at 10:10 AM Staff B, Certified Dietary Manager (CDM) acknowledged the cinnamon rolls, cornbread mix, baking powder, butter spread, cottage cheese, sour cream, and beef base was open and undated. Staff B threw these items away in the garbage. Staff B stated the facility's expectation was the opened food should have been dated when the container was opened.</p> <p>Review of the facility policy for labeling and dating open food items revealed there was no policy.</p> <p>On 6/19/24 at 10:41 AM the Administrator stated the facility completed audits in the kitchen to ensure items were open and dated. The Administrator stated the facility's expectation was all open food items should be dated when opened.</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>44420</p> <p>Based on the Center for Medicare and Medicaid Services (CMS) Payroll Based Journal (PBJ) Staffing Data Report (January 1-March 31) review, facility staffing reports review, and staff interviews, the facility failed to submit accurate staff reports for the PBJ Staffing Data Report. The facility reported a census of 38 residents.</p> <p>Findings include:</p> <p>The PBJ Staffing Data Report run date 6/13/24 triggered for Excessively Low Weekend Staffing - submitted weekend staffing data is excessively low.</p> <p>Review of Facility Daily Assignment Sheets revealed staffing for nurses and Certified Nursing Assistants (CNAs) scheduled similarly for weekdays and weekends.</p> <p>On 6/19/24 at 3:42 PM, the Administrator stated she spoke with the home office. In the future office staff working in resident care areas will use different time clock codes to ensure the correct amount of hours are reflected in the data reported to CMS.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44420</p> <p>Based on observation, record review, document review, and staff interview the facility failed to provide appropriate infection prevention practices by not completing hand hygiene during resident care and failed to follow guidelines for enhanced barrier precautions for 2 out of 4 resident reviewed (Resident #4 and #39). The facility reported a census of 38 residents.</p> <p>Finding include:</p> <p>1. The Minimum Data Set (MDS) for Resident #39, dated 4/11/2024 documented the presence of gastrostomy feeding tube (G-tube). The MDS identified Parkinson's disease and renal insufficiency.</p> <p>The Care Plan for Resident #39 dated 10/17/23 showed G-tube placement for medications and feedings.</p> <p>Observation of Resident # 39 ' s door showed a sign that instructed the nurse to ask before entering the room. A bin for Personal Protective Equipment (PPE) also noted to be present.</p> <p>In an interview on 6/17/24 at 10:34 AM, Staff E, Registered Nurse (RN) reported the sign on Resident #39 ' s door meant anyone providing close contact for resident cares required the usage of Enhanced Barrier Precautions (EBP). When asked if staff should wear a gown and gloves for a dressing change, catheter care or for a G-tube feeding, Staff E replied, yes.</p> <p>Observation on 6/18/24 at 10:15 AM showed Staff F, Licensed Practical Nurse (LPN) failed to use the required PPE of a gown during both the G-tube medication administration and G-tube feeding.</p> <p>The Enhanced Barrier Precautions policy dated 6/20/24 showed EBP required for indwelling medical devices including feeding tubes.</p> <p>2. The Minimum Data Set (MDS) dated [DATE] documented Resident #4 had a Brief Interview for Mental Status (BIMS) of 15 which indicated no cognitive impairment. The MDS documented Resident #44 dependent on staff for personal hygiene. The MDS showed diagnosis of paraplegia and Multiple Sclerosis.</p> <p>Observation on 6/18/24 at 1:25 PM showed while Resident #4 received incontinence care for a bowel movement (BM), Staff H, Certified Nursing Assistant dropped BM on the bed pad, retrieved the BM, continued to wipe the resident, dropped another small piece of BM and failed to retrieve the BM. After Staff H cleansed the resident, Staff F, Licensed Practical Nurse (LPN) arrived, removed the preventive dressing to the coccyx area, cleansed the BM that collected under the dressing then removed soiled gloves. Staff F failed to perform hand hygiene then applied a new pair of gloves. Staff failed to find the dropped BM and failed to change the bed.</p> <p>The Handwashing/Hygiene policy last revised January 2020 identified hand hygiene needed to be completed:</p> <p>a. Before and after toilet use.</p> <p>(continued on next page)</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>b. After contact with blood, body fluids, visibly contaminated surfaces or contact with objects in the Resident 's room.</p> <p>c. Before and after handling any aseptic tasks including, peripheral vascular catheters and other invasive devices and treatments, such as wound dressing changes.</p> <p>In an interview on 6/19/24 at 2:41 PM the Administrator reported staff received education for EBP usage in April 2024. The Administrator reported Staff E, LPN told her that they forgot to wear a gown during the observation of Resident #39 's G-tube medication administration and feeding. The Administrator reported she expected staff to follow EBP requirements and additional staff follow up was needed. The Administrator also reported that she expected staff to change a bed pad that came into contact with BM, and staff should perform hand hygiene every time they remove gloves.</p>		