STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165157	A. Building B. Wing	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crown Pointe Estates Care Center	1400 7th Avenue SE Sioux Center, IA 51250

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44420 Based on clinical record review, resident interview and facility policy, the facility failed to complete a bed hold notice with the resident or resident's responsible person when residents transferred out of the facility for 1 of 3 residents reviewed (Residents #29 and #45). The facility reported a census of 91 residents. Findings include: 1. The Minimum Data Set (MDS) assessment dated [DATE] for Resident #29 documented diagnoses of renal failure and heart failure. The MDS showed the Brief Interview for Mental Status (BIMS) score of 7 which indicated severe cognitive impairment. Review of Resident #29's Progress Notes revealed the following information: On 9/10/23 Resident #29 taken to the emergency department per family request for increased swelling in the left lower calf. The resident left the facility at 7:10 PM. On 9/12/23 Resident #29 returned to the facility at 1:48 PM. Review of the Resident #29's Census tab revealed the following information: 9/10/23 hospital start date. 9/12/23 hospital end date. Review of Resident #29's clinical record revealed the facility lacked a bed hold notice for the hospital admission on 9/10/23. 2. The Minimum Data Set (MDS) assessment dated [DATE] for Resident #45 documented diagnoses of heart failure, renal failure and Diabetes Mellitus. The MDS showed the Brief Interview for Mental Status (BIMS) score of 14 which indicated no cognitive impairment. Review of Resident #45's Progress Notes revealed the following information: On 11/29/23 at 12:58 PM resident leaves on stretcher with EMS at 12:57 PM. (continued on next page)

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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F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 11/29/23 at 6:12 PM the charge nurse notified of Resident #45 admission to hospital at 5:51 PM. Review of the residents #45's Census tab revealed the following information: 11/29/23 hospital start date. 12/4/23 hospital end date. Review of Resident #45's clinical record revealed the facility lacked a bed hold notice for the hospital admission on 11/29/23. The Bed Hold policy last reviewed July 2024 identified the facility will inform residents and their representatives through written and verbal notice at the time of the admission and at the time of transfer for hospitalization or therapeutic leave, of the duration of the state bed hold policy, during which the resident is permitted to return and resume residence in the nursing facility, the bed hold payment policy, and the nursing facilities policies regarding bed hold periods. In an interview on 07/29/24 at 2:10 PM, the Administrator reported she expected staff to complete bed hold forms with the resident and/or representative for hospital transfers. When asked what happened, the Administrator stated, we previously noticed an issue, and are now auditing the bed hold notices.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47673 Based on Electronic Health Records (EHR), staff interview, and observation the facility failed to provide a professional standard of quality by not following physician orders for 1 of 3 residents reviewed (Resident #22). The facility reported a census of 91 residents. Findings include: 1. The Minimum Data Set (MDS) dated [DATE] documented Resident #22 had a Brief Interview for Mental Status (BIMS) of 5 indicating severe cognitive impairment. Review of Physician's Order dated 3/5/24 for Resident #22 documented silver foam bordered to wound on coccyx 3x's a week and PRN. Review of order detail in Resident #22's EHR revealed Physicians Order written 3/6/24 that reads silver foam bordered to wound on coccyx 3x's a week and PRN- May use silver foam resident already has cut to fit. Found in her cupboard outside of her room. To be changed every Sunday, Wednesday, and Friday at 7am. During a continuous observation on 7/31/24 at 12:34 PM Staff A, Certified Nursing Assistant (CNA) and Staff B CNA completed catheter care and peri care on Resident #22. Staff A removed a dressing with feces on the bottom that was dated 7/26/24. On 7/31/24 at 12:45 Staff A stated the dressing had a date of 7/26/24 after removing from Resident #22. On 7/31/24 at 1:01 PM Staff C, Licensed Practical Nurse (LPN) stated the dressing on Resident #22's coccyx was to cover a pressure area. Staff C stated Resident #22's dressing was to be changed Sunday, Wednesday, and Friday. On 7/31/24 at 3:00 PM Staff D RN/ADON stated that if the order read to change Sunday, Wednesday, and Friday that the dressing would have been changed at those times. Staff D stated the facility had no policy on following physician orders or completion of physician orders. Staff D stated the facility's expectation was that professional standards would be followed and the dressing would have been changed according to the physician's order.

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F 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47673 Based on observation, Electronic Health Records (EHR), staff interview, and policy review the facility failed to provide a well balanced diet that meets nutritional and special dietary needs by use of incorrect serving size portions for meals for 2 of 26 residents reviewed (Resident #22 and 41) The facility reported a census of 91 residents. Findings include 1. The Minimum Data Set (MDS) dated [DATE] documented Resident #22 had a Brief Interview for Mental Status (BIMS) of 5 indicating severe cognitive impairment. An observation on 7/31/24 at 1:18 PM of Staff E, AM [NAME] serving Resident #22's lunch plate revealed Staff E scooped 3 spoonful of noodles and 3 spoonful of beef onto Resident #22's plate with a soup spoon. Review of a Physician's Order for Resident #22's diet documented a diet of International Dysphagia Diet Standardisation Initiative (IDDSI) 6 soft and bite-sized diet. 2. The Minimum Data Set (MDS) dated [DATE] documented Resident #41 had a Brief Interview for Mental Status (BIMS) of 1 indicating severe cognitive impairment. An observation on 7/31/24 at 12:20 PM of Staff E, AM [NAME] serving Resident #41's lunch plate revealed Staff E scooped 3 spoonful of noodles and 3 spoonful of beef onto Resident #41's plate with a soup spoon. Review of a Physician's Order for Resident #41's diet documented a diet of International Dysphagia Diet Standardisation Initiative (IDDSI) 6 soft and bite-sized diet. On 7/31/24 at 1:20 PM Staff E stated he ran out of measuring devices for the IDDSI 6 diets and just used a soup spoon. Staff E stated he should have used a 3 oz scoop for the beef tips and 1/2 cup or 4 oz scoop for the noodles. Staff E stated when he does not have enough measuring devices he will just estimate because he pretty much knows what 3 oz and 4 oz are just by eyeing the amount. Staff E stated he used the soup spoon when he served Resident #22 and Resident #41's lunch plate. Review of document titled, CPCC Menu A 2024 - Week 4 documented IDDSI level 6 should be served 3 oz of beef tips and 4 oz of noodles for the date 7/31/24. On 7/31/24 at 3:31 PM Staff F, Certified Dietary Manager (CDM) stated the facility's expectation was the appropriate scoop size would have been used to serve the IDDSI level 6 diets. Request for a policy with regards to following the menu and utilization of appropriate scoop sizes resulted in no policy provided by facility management or administration.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 47673 Based on observation, staff interviews, and policy review, the facility failed to store food in accordance with professional standards for 91 of 91 residents. The facility reported a census of 91 residents. Findings include: A continuous observation on 7/29/24 between 10:40 AM - 11:00 AM during the initial kitchen tour revealed cooked ground beef in a metal steam table container dated 7/22/24. Small fried food freezer with a bag of chicken strips, a bag of chicken patties, and a bag of breaded pork all undated and open. On 7/29/24 at 11:15 AM the Kitchen Supervisor stated all the food open in bags in the mini cafe freezer should be dated when the bags were opened, stated the hamburger with the date of 7/22/24 should have been thrown away by now stated leftover food is only good for 3 or 5 days after being prepared when stored. Review of policy titled, Departmental Services: Nutrition Services revised 7/24 documented food should be covered, labeled, and dated when stored. Prepared food that needs to be stored will be cooled per food code guidelines. Request for a policy with regards to acceptable number of days for stored leftovers resulted in no policy provided by facility management or administration.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47673 Based on observation, record review, policy review, and staff interview the facility failed to provide appropriate infection prevention practices when providing wound care and catheter care for 1 of 1 residents (Resident #22). The facility reported a census of 91 residents. Findings include: 1. The Minimum Data Set (MDS) dated [DATE] documented Resident #22 had a Brief Interview for Mental Status (BIMS) of 5 indicating severe cognitive impairment. MDS also indicated Resident #22 utilized an indwelling catheter. An observation on 7/30/24 at 9:02 AM of Staff G changing Resident #22's right knee dressing revealed Staff G completed hand hygiene, donned gown and gloves. Staff G removed Resident #22's old dressing on the right knee. Staff G removed gloves and applied new gloves. Staff G then cleansed the area around the wound on Resident #22's right knee. Staff G removed gloves and applied new gloves. Staff G then applied a date to the new dressing and applied the new dressing to the right knee of Resident #22. Staff G removed gloves and applied new gloves. Staff G applied a lidocaine patch to the area above Resident #22's right knee. Staff G removed gloves, completed hand hygiene, and applied new gloves. Staff G applied artificial tears to bilateral eyes. Staff G applied the fall mat to the floor. Staff G collected garbage, removed the gown, and removed gloves. Staff G completed hand hygiene when she left the room with hand sanitizer outside of the door. An observation on 7/31/24 at 12:34 PM of Staff A completing catheter care and peri care on Resident #22 revealed Staff A closed the window shade, completed hand hygiene, donned gown, and gloves. Staff A removed brief and completed peri care, and catheter care on Resident #22. Staff A removed gloves, pushed sleeve up, completed hand hygiene, and applied new gloves. Staff A completed peri cares on Resident #22's buttocks. Staff A removed gloves, completed hand hygiene and applied new gloves. Staff A applied a new brief to Resident #22. Staff A removed gown, removed gloves and completed hand hygiene. Staff A's sleeves remained up throughout all cares after the first glove removal. On 7/31/24 at 12:59 PM Staff A stated she typically wears the gown with her sleeves covering her wrist but when she washed her hands she pushed them up and forgot to push them back down during care with Resident #22. On 7/31/24 at 3:00 PM Staff D Registered Nurse (RN) / Assistant Director of Nursing (ADON) stated she expected hand hygiene would have been completed every time gloves were soiled, after going from dirty to clean, and when gloves were changed. Staff A stated when wearing a gown related to enhanced barrier precautions (EBP) she would expect the sleeves of the gown would remain in place through all gown required contact with the resident. Review of policy titled, Transmission Based Precautions and Enhanced Barrier Precautions documented EBP were used during high contact resident care activities for residents with indwelling medical devices regardless of MDRO status such as urinary catheters. Hand hygiene would be completed upon entering the residents room, leaving the residents room, and after removal of personal protective equipment (PPE). (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Centers for Disease Control and Prevention website titled, Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs), visited 7/11/24 and updated 7/12/22 revealed recent changes included, additional rationale for the use of Enhanced Barrier Precautions (EBP) in nursing homes, including the high prevalence of multidrug-resistant organism (MDRO) colonization among residents in this setting. Expanded residents for whom EBP applies to include any resident with an indwelling medical device or wound (regardless of MDRO colonization or infection status). Expanded MDROs for which EBP applies. Clarified that, in the majority of situations, EBP are to be continued for the duration of a resident's admission. EBP may be indicated (when Contact Precautions do not otherwise apply) for residents with any of the following: Wounds or indwelling medical devices, regardless of MDRO colonization status and Infection or colonization with an MDRO. Effective implementation of EBP requires staff training on the proper use of personal protective equipment (PPE) and the availability of PPE and hand hygiene supplies at the point of care.