STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165162	A. Building B. Wing	04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Altoona Nursing and Rehabilitation Center	200 Seventh Avenue SW Altoona, IA 50009

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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47582 Based on clinical record review, family interview, staff interview, and the facility policy review, the facility failed to promptly notify resident representative when there was a room change with resident health changes for 1 of 1 residents (Residents #242) reviewed. The facility reported a census of 89 residents. Findings include: Review of the Minimum Data Set (MDS) for Resident #242 dated 4/05/2024 documented an admitted [DATE]. The MDS documented the resident had a Brief Interview of Mental Status (BIMS) score of 12, indicating moderate cognitive impairment. The Clinical Record Review of Resident #242 indicated having a family member, daughter, involved in discussions about health status and changes from the date of the admission. During an interview on 4/11/24 at 12:30 PM with Resident #242 daughter, it was revealed that the facility did not notify her of the room change. During an interview on 4/11/24 at 2:30 PM with the Administrator, she confirmed that the facility failed to notify Resident #242 representative prior to a room change. Review of a facility provided policy titled Room Change/Roommate Assignment revised on March 2021 documented: 4. Notification will occur prior a change in room or roommate assignment.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165162	A. Building B. Wing	04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Altoona Nursing and Rehabilitation Center	200 Seventh Avenue SW Altoona, IA 50009

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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 33878 Based on observations, resident statements, staff interview and facility policy review, the facility failed to contain odors, wipe soiled surfaces and clear cluttered hallways to promote a homelike environment. The facility reported a census of 89 residents. Findings include: Observation on 04/10/24 at 08:55 AM revealed a strong, very pungent ammonia / urine odor from the dirty linens present in A Hallway. Odor first noted outside of room A40. A fan on the wall near the ceiling blew down on the dirty linen and the trash containers which were covered. The urine odor continued to the next room outside of room A42 which also contained a barrel labeled trash only - 33 gallon bin. The strong urine smell continued past room A44 and A46 where the smell dissipated near the nurses station. The linen bin contained a half full clear trash bag lining which was visible as the zipper not zipped up on the outside cloth liner. Soiled bed incontinence pads could be seen within the linen bin. Observation on 04/10/24 at 09:06 AM revealed the presence of a strong, very pungent ammonia smell outside of room W34 which continued up the [NAME] Hallway to room W32. Observation on 04/10/24 at 09:35 AM on A Hallway revealed the strong urine odor remained from room A42 to A44. Observation on 04/10/24 at 09:43 AM on North Hallway revealed the presence of a strong bowel / feces odor from room N6 to N10. A dirty linen / trash cart present outside of room N6. The zipper outside liner not zipped and the linen clear bag observed to be 3/4th full with incontinence pads inside. Observation on 04/11/24 at 08:55 AM revealed the presence of a strong, very pungent ammonia smell outside of room W34 to W32. Observation on 04/11/24 at 08:59 AM revealed the [NAME] Hallway lined from room W31 to the maintenance room / W25 with a mechanical lift machine, 2 wheelchairs, weight scale chair, trash / linen bin, and room tray cart. On the other side of the hallway outside of room W28, the Assistant Director of Nursing (ADON) present with a medication cart. The random observation revealed 5 residents lined up in wheelchairs attempting to get through. The ADON stated to the first resident next to her medication cart he needed to move; no attempts were made by the ADON to move her medication cart instead. Several residents made the comment that they had a traffic jam and others commented they were trying to go smoke but couldn't get through. The facility policy titled Quality of Life - Homelike Environment revised May 2017 included the following documentation: Point 2 - The facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165162	A. Building B. Wing	04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Altoona Nursing and Rehabilitation Center	200 Seventh Avenue SW Altoona, IA 50009

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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	a. Clean, sanitary and orderly environment f. Pleasant, neutral scents Point 3 - The facility staff and management shall minimize, to the extent possible, the characteristics of the facility that reflect a depersonalized, institutional setting. These characteristics include: b. Institutional odors d. Medication carts 46873 3. On 4/8/24 at 2:26 pm, it was noted during observation that B hall was extremely cluttered. Laundry carts, wheelchairs, walkers, and mechanical lifts were all stored in the hallway taking up most of the length of the hallway on one side. On 4/8/24 at 2:46 pm, Resident #66 was observed attempting to self propel his wheelchair out of his room. There were two stand up mechanical lifts and a walker to his right side as he exited the room. The wheel of the walker was noted to be obstructing the pathway of the exit of his room. A full body mechanical lift and a wheelchair were to his left. The resident was overhead stating Pretty soon I won't be able to get out of here at all. 47582 On 04/11/24 at 12:30 PM an observation of room N8 on North Hall revealed 2 hand-size stains on the bathroom door and the door trim of dark brown color. The stains appeared to be smeared across both surfaces. During an interview with Staff V, Housekeeping Aide, on 04/11/24 at 02:01 PM she confirmed room N8 bathroom door and the trim appeared to be soiled with fecal matter on both surfaces.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165162	A. Building B. Wing	04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Altoona Nursing and Rehabilitation Center	200 Seventh Avenue SW Altoona, IA 50009

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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33878 Based on clinical record review, observation, and staff interview, the facility failed to accurately code resident MDS (Minimum Data Set) assessments to reflect accurate resident conditions for 2 of 18 sampled residents (Resident #2, #47). Resident #2 inaccurately coded as having no PASRR (Preadmission Screening and Resident Review) level II evaluation and Resident #47 inaccurately coded for the use of bed rail restraint. The facility reported a census of 89 residents. Findings include: 1. The Annual MDS assessment dated [DATE] for Resident #2 documented the resident was not considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition. The MDS recorded no response under Level II PASRR conditions: Serious Mental Illness, Intellectual Disability, or Other related conditions. The MDS documented active diagnoses that included psychiatric / mood disorders of: anxiety, depression, bipolar depression, psychotic disorder, and schizophrenia. The MDS marked the resident as taking an antipsychotic medication on a routine basis. The Quarterly MDS assessment dated [DATE] coded the use of antipsychotic medication on a routine basis. The Progress Notes dated 6/8/23 at 8:13 PM recorded a note from the Advanced Practice Registered Nurse (APRN). The entry recorded the resident had a prior history of cerebral palsy with schizoaffective disorder. The entry documented the resident took Risperidone (antipsychotic). The Active Physician Order Tab in the Electronic Health Record (EHR) documented active orders for: psychological services on 1/2/24; antipsychotic medication Risperidone on 6/12/23 which remained active as of 3/20/24. Record review conducted on 04/10/24 at 09:53 AM revealed Resident #2's miscellaneous chart information contained a PASRR level II documentation on completed on 3/8/23. The PASRR documented the evaluation and determination as approved with Specialized Services. Observation on 04/10/24 at 11:23 AM revealed Resident # 2 displayed behaviors of screaming and refusing cares. On 04/11/24 at 09:05 AM the Assistant Director of Nursing (ADON) responded that the MDS Coordinator was from corporate so likely not in the building yet that day. The ADON voiced she didn't always see or know when the MDS Coordinator was in the building as they do use several traveling MDS Coordinators. On 04/11/24 at 01:48 PM the DON responded the MDS Coordinator worked remote and in the facility 3 times a week. 50118 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165162	A. Building B. Wing	04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Altoona Nursing and Rehabilitation Center	200 Seventh Avenue SW Altoona, IA 50009

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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. The MDS assessment dated [DATE] for R #47 indicated bed rails used daily. The Care Plan dated 3/8/24 lacked documentation pertaining to the use of bed side rails. The clinical record lacked documentation of a bed side rail assessment. During interview with R #47's son conducted on 04/09/24 at 10:14 AM, the son indicated he was not aware of any bed rails being used for his mother and they had not been discussed with him. He did indicate that his mom was supposed to have a new bed on 04/10/24 at 11:38 AM. Observations of R #47's bedroom on 4/8/24, 4/9/24, and 4/10/24 revealed no bed rails installed on the resident's bed. On 04/10/24 at 11:15 AM, Staff C, MDS Coordinator, indicated bed rails were incorrectly coded on section P of the MDS. Staff C confirmed that Resident # 47 has not had bed rails and she did not have them at the time of survey. Staff C further indicated that another MDS Coordinator who was in training completed the MDS for R #47. Staff C also indicated if R #47 would have had bed rails, a bed rail assessment would have been completed. Staff C corrected section P of the MDS from 2/22/24 for R #47 and said she would let the other coordinator know about the error and correction. Per record review of the MDS on 4/10/24 at 11:48 AM, the surveyor confirmed the MDS was corrected by Staff C at 11:11 AM on 04/10/24 and the MDS no longer indicated that R # 47 needed bed rails daily.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165162	A. Building B. Wing	04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Altoona Nursing and Rehabilitation Center	200 Seventh Avenue SW Altoona, IA 50009

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)
F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34817 Based on clinical record review, observation, staff interview, and policy review, the facility failed to provide restorative activities for three of three sampled residents in order to maintain a functional range of motion and prevent a decline in activities of daily living (Residents #19, #28, and #44). The facility reported a census of 89 residents. Findings include: 1. The Significant Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #19 had diagnoses of congestive heart failure (CHF), chronic kidney disease, and cancer. The MDS revealed Resident #19 independent with bed mobility, toileting and transfers. The MDS indicated the resident not steady but able to stabilize without staff assistance when she moved from a seated to standing position and when transferred between the bed and chair or the wheelchair. The MDS recorded the resident's range of motion (ROM) not impaired. The resident had occupational therapy (OT) 12/20/22 to 1/10/23, and physical therapy (PT) 1/2/23 to 1/11/23, and restorative nursing program (RNP) for 0 days during the 7 day look-back period. The Annual MDS assessment dated [DATE] revealed the resident had a brief interview for mental status score of 12, indicating moderately impaired cognition. The MDS revealed the resident independent with bed mobility, toileting, and transfers, and recorded RNP for O days during the MDS look-back period. The Care Plan revised on 3/13/24 revealed the resident had a potential for self-care deficit and on hospice services. The Care Plan revealed the resident independent with toileting and transfers, and able to self-propel a wheelchair. The Care Plan directives included PT and OT evaluation and treatment as ordered (added to the care plan on 7/19/23). The OT discharge summary dated 1/11/23 documented the resident had diagnoses of influenza, respiratory syncytial virus (RSV), muscle weakness, and needed assistance with personal care. The OT summary documented the resident discharged from OT on 1/10/23. The resident had 3-/5 bilateral upper extremity strength and fair standing balance during ADL's (activities of daily living). The OT documented RNP established and prognosis good with consistent staff follow through. The OT recommendations included a RNP and ROM program. The PT discharge summary dated 1/11/23 revealed the resident was able to ambulate safely on a level surface up to 10 feet using a 2-wheeled walker and contact guard assist (CGA). Bilateral lower extremity strength 3+/5 on 1/2/23 and she had fair standing balance. The resident required CGA for transfers and ambulation on level surfaces. The PT recommendations included a RNP for seated strengthening exercises, omnicycle, and ambulation using a gait belt and front wheeled walker (FWW) as tolerated. Prognosis good with consistent staff follow through. The Restorative Nursing Program (RNP) dated 1/11/23 revealed a sticky note labeled hospice on top of the document. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165162	A. Building B. Wing	04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Altoona Nursing and Rehabilitation Center	200 Seventh Avenue SW Altoona, IA 50009

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)
F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The RNP included the following: a. Ambulation with FWW as tolerated b. Lower extremity (LE) ankle pumps, seated LE long arc quads, and hip flexion exercises c. Standing LE exercises: plantar, hamstring curls, and marches d. Passive range of motion (PROM) seated reaching and standing reaching. e. Upper extremity (UE) shoulder flexion, abduction, internal/external rotation, elbow flexion/extension, and hand/fingers PROM. The documentation survey report dated 3/1 - 4/10/24 revealed no restoration activities regarding ambulation with FWW, LE ankle pumps, standing LE exercises, and upper extremity exercises. The EHR task screen revealed no restorative activity listed. The electronic health record (EHR) and paper chart lacked documentation of Resident #19's RNP exercises performed. On 4/10/24 at 10:20 AM, Staff L, Therapy, reported therapy put together restorative recommendations for the residents and gave the form to the Director of Nursing (DON). The therapy department had a binder with the residents' RNP but the nursing department also had a binder labeled restorative. During observation 4/10/24 at 10:25 AM, 2 white binders labeled Restorative 2022 and Restorative 2023 located at front nurse's station and had the residents' restorative programs inside. On 4/10/24 at 10:45 AM, the DON reported some restorative documentation on the computer under tasks, and some restorative activities documented on paper. The facility transitioned from paper to computer several months ago but she was unable to recall the exact month/date of the transition. She entered the residents' restorative activities program into the EHR, and thought she did this around 7/2023. If a resident on a restorative program it would be listed on the care plan. At the time, the DON reported Resident #19 on hospice and she didn't think she had restorative. The DON checked Resident #19's EHR and care plan and reported no restorative program listed on the resident's care plan or under the tasks. Currently, restorative exercises entered into the computer whenever restorative activities completed. On 4/10/24 at 12:45 PM Staff L, Therapy, reported therapy made recommendations as applicable whenever a resident completed therapy. A restorative exercise program developed and provided to the DON. Staff L confirmed Resident #19 had therapy services and discharged from therapy on 1/10/23 with recommendations for RNP. In an interview 4/10/24 at 1:15 PM, Staff I, Certified Medication Aide (CMA) stated she filled in and helped residents with restorative whenever the restorative aide not working. Staff I stated she was uncertain if Resident #19 had a RNP. Staff I reported a book kept at the nurse's station with the residents' RNP. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165162	A. Building B. Wing	04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Altoona Nursing and Rehabilitation Center	200 Seventh Avenue SW Altoona, IA 50009

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)
F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/10/24 at 1:25 PM Staff M, Social Worker (SW) reported she use to work as the restorative aide but then moved to the SW role. Staff M reported she received recommendations from therapy regarding restorative program for the residents. Staff M stated she didn't recall Resident #19 ever walking. Resident #19 transferred from the wheelchair to the bed or toilet but mostly sat in the wheelchair. In an interview 4/10/24 at 3:30 PM, the DON provided a list of residents who had restorative activities program but she missed entering those residents into the computer when the facility transitioned from paper to EHR. The DON reported since information not entered staff didn't know to do restorative exercises with the resident. Review of the list revealed Resident #19 listed on the document for a walk to dine program with stand by assistance, BLE (bilateral lower extremity) 2 pound ankle weights seated/reaching and stand/reaching. The DON confirmed no restorative documentation for Resident #19. A Restorative Nursing Services policy revised 7/2017 revealed residents received restorative nursing care to help promote optimal safety and independence. 2. The Admission MDS assessment dated [DATE] revealed Resident #28 had impaired ROM to the upper and lower extremities on one side. The MDS documented the resident dependent for eating, transfers, toileting, and bed mobility. The Quarterly MDS dated [DATE] revealed the resident had diagnoses of stroke, spastic hemiplegia, and chronic pain syndrome. The MDS indicated the resident had impaired ROM bilateral upper extremities and impaired ROM to lower extremities on one side. The MDS documented the resident had dependence on staff for eating, transfers, toileting, and bed mobility. The MDS revealed the resident had no therapy services, and listed 0 days RNP during the MDS look-back period. The Care Plan revised 1/16/24 revealed Resident #28 had a mobility deficit associated with a diagnoses of CVA (stroke) with right sided hemiplegia (paralysis on one side), and upper and lower extremities contractures. The resident required assistance with ADL's, bed mobility, and transfers. The Care Plan directives included PT and OT evaluation and treatment as ordered. During observation on 4/9/24 at 12:53 PM, resident sat in broda chair. Contractures observed to hands and legs. On 4/10/24 at 10:25 AM, two white binders labeled Restorative 2022 and 2023 located at the Front nurse's station. The binder had restorative programs for each resident on a RNP. Resident #28 had a RNP dated 7/13/23. The OT discharge summary dated 7/13/23 revealed the resident had a diagnoses of cerebral infarction (stroke) and muscle weakness, and required personal care assistance. The OT summary documented the resident discharged from OT services on 7/13/23. On 7/13/23, the resident required CGA for eating, and tolerated PROM up to 62 degrees to his right upper extremity. The OT recommendations included a RNP for continued strengthening and ROM exercises for contracture management. Prognosis good with consistent staff follow through. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165162	A. Building B. Wing	04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Altoona Nursing and Rehabilitation Center	200 Seventh Avenue SW Altoona, IA 50009

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)
F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The PT discharge summary dated 7/13/23 revealed maximum potential achieved and resident referred for RNP. PT recommended RNP with PROM and stretching exercises to decrease stiffness and skin breakdown and decrease further contractures and spasticity. Prognosis good with consistent staff follow through. The RNP dated 7/13/23 revealed restorative activity program as tolerated including reaching activities seated in the wheelchair with stand-by assistance using bean bags and cones up to 15 minutes on the left UE, and shoulder, elbow, and hands/fingers PROM. The EHR task screen revealed no restorative activity listed. On 4/10/24 at 10:45 AM, the DON reported some restorative documentation on computer under tasks, and some restorative activities documented on paper. The facility transitioned from paper to computer several months ago but she was unable to recall the exact month/date of the transition. She entered the residents' restorative activities program into the EHR, and thought she did this around 7/2023. If a resident on a restorative program it would be listed on the Care Plan. At the time, the DON pulled up resident's EHR and checked the Care Plan. The DON reported no restorative program listed on the resident's Care Plan or under the tasks. The DON stated currently restorative exercises entered into the computer whenever restorative activities completed. On 4/10/24 at 3:30 PM, the DON provided a list of residents she missed entering the restorative activities programs into the computer when the facility transitioned from paper to EHR. Since information not entered staff didn't know to do restorative exercises with resident. Resident #28 not listed on the document. The DON confirmed no restorative documentation for the resident. If a resident on restorative, restorative information would be listed on the care plan. In an interview 4/10/24 at 12:45 PM, Staff L, therapy, reported therapy made recommendations as applicable whenever a resident completed therapy. A restorative exercise program developed and provided to the DON. Staff L confirmed Resident #28 had therapy services and discharged from therapy on 7/13/23 with recommendations for RNP. On 4/10/24 at 1:25 PM, Staff M, SW, reported she use to work as the restorative aide but then moved to the SW role. Staff M reported she received recommendations from therapy regarding restorative program for the residents. Staff M reported Resident #28 had contractures for awhile. 46873 2. The Minimum Data Set (MDS) of Resident #44, dated 1/13/24 identified a Brief Interview of Mental Status (BIMS) score of 15 which indicated cognition intact. The MDS reflected the resident required substantial assistance from staff to dress his upper half of his body, and was fully dependent on staff for dressing the lower half of his body and placing footwear on his body. The MDS documented substantial staff assistance for bed mobility, and full dependence for transfers. The MDS documented diagnoses that included diabetes, stroke with hemiplegia (paralysis of one side of the body), seizure disorder, schizophrenia, anxiety and depression. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165162	A. Building B. Wing	04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Altoona Nursing and Rehabilitation Center	200 Seventh Avenue SW Altoona, IA 50009

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)
F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Care Plan of Resident #44 documented a Focus Area of a self-care deficit requiring assistance with daily cares. The Care Plan additionally documented a Focus Area of left side hemiplegia due to a prior stroke and noted the resident to be at risk of loss of Range of Motion, contractures, muscle weakness, fatigue and decreased ability to perform Activities of Daily Living. The interventions for the Focus Area included Encourage participation in Restorative nursing program to prevent functional decline. The Kardex of Resident #44 documented three Restorative Nursing Programs. Active Range of Motion for the right upper extremity, Active Range of Motion for lower extremities and Passive Range of Motion for the upper left extremity. The Task Documentation for the three Restorative Nursing programs documented the following: Active Range of Motion, Right Upper Extremity was last documented as being completed on 1/18/2024. Active Range of Motion, Bilateral Lower Extremities was last documented as being completed on 1/9/2024. Passive Range of Motion, Left Upper Extremity was last documented as being completed on 12/21/2023. On 4/10/24 at 1:19 pm, Staff O, Certified Nurse Aide (CNA) and Restorative Aide (RA) stated the reason she has been charting the Restorative Program as Not Applicable is because the resident is currently in physical therapy. She stated a resident cannot be in both physical therapy and restorative therapy at the same time. She stated she was working the floor as a CNA on that day and not doing Restorative therapy that day. On 4/10/24 at 2:38 pm, the Business Office Manager stated Resident #44 has Medicaid only as a pay source. She stated the Resident was only approved for three therapy visits. His first therapy session was on 3/27/23 and he had one remaining appointment before he was discharged from therapy. On 4/10/24 at 3:17 pm, the Director of Nursing stated they try to not use the Restorative Aides to work the floor. She stated there had been two call ins that day so they needed to pull RA to cover the resident needs. She stated her expectation is for the Restorative Programs to be completed and documented as completed or if applicable, as refused. On 4/11/24 at 8:09 am, the Director of Therapy stated Resident #44 is currently on case load, but has only been on case load for a couple of weeks. She stated prior to this time, he was last on therapy on 11/13/23 and a restorative program was written for him at that time. The facility policy Restorative Nursing Services, revision date July 2017, documented a Policy Statement of Residents will receive restorative nursing care as needed to help promote optimal safety and independence.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165162	A. Building B. Wing	04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Altoona Nursing and Rehabilitation Center	200 Seventh Avenue SW Altoona, IA 50009

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)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34817 Based on resident council meeting, clinical record review, observation, and resident and staff interviews, the facility failed to provide sufficient and competent staff to meet resident needs with bathroom cares and answering call lights timely for 1 of 10 group resident interview and 2 of 18 sampled residents (Resident #15, #13, #4, #31). The facility reported a census of 89 residents. Findings include: 1. The Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #31 had diagnoses of Lewy Body dementia, diabetes, and pruritis (itching). The MDS recorded the resident had a Brief Interview for Mental Status (BIMS) score of 4,which indicated severely impaired cognition. The MDS documented the resident required substantial to maximal assistance for toileting, dressing, and personal hygiene, and had incontinence. The Care Plan revised 3/6/24 revealed the resident had incontinence and at risk for impaired skin integrity and had rashes/irritations. The staff directives included provide peri-care immediately after incontinence episodes. Observations revealed the following: a. During continuous observation 4/10/24 at 6:42 AM to 7:15 AM, no certified nursing assistants (CNA) seen on the [NAME] hall. b. On 4/10/24 at 7:16 AM, Staff H, CNA, walked down the [NAME] Hall. At 7:19 AM, Staff H, CNA, walked down the [NAME] Hall going the opposite direction. The surveyor asked Staff H if she was the aide on the [NAME] hall. Staff H said yes and kept walking. At 7:20 AM, Staff H, CNA, and Staff I, certified medication aide (CMA) entered Resident #31's room, donned gloves, and stood Resident #31 by her recliner. Staff I ambulated the resident to the bathroom and said it's wet all over when she pulled the resident's pants and brief down. Staff H picked up a pad saturated with what smelled and appeared to be urine from the resident's recliner seat and placed the saturated pad into a plastic bag. The cushion on the recliner also had a large round wet area. At 7:25 AM, Staff H left the room. Staff I said let's take these (pajamas) off, they are soaked. Staff I removed the resident's socks, flannel pajama pants, and saturated brief. Multiple scratches were observed to the resident's bilateral legs and arms. Staff I asked resident if she had been itching her legs. Staff I reported the resident itches a lot. At 7:38 AM, Staff I provided incontinence cares, then ambulated with the resident back to the recliner. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165162	A. Building B. Wing	04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Altoona Nursing and Rehabilitation Center	200 Seventh Avenue SW Altoona, IA 50009

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)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a confidential family interview 4/9/24 at 9:00 AM, a family member reported the facility didn't have enough aides and residents had to wait at least 1/2 hour for assistance. The evening shift had been the most problematic for staffing. During meals, dietary staff lined up trays then plated several trays at a time, then took the trays to the resident rooms. Often times the food sat on the trays for 20 minutes before staff took the trays of food to the resident rooms. Staff working on the North and South Hall split up the [NAME] hall residents. Whenever residents residing on the [NAME] Hall needed help, staff would say it's not their side of the hall, and refused to answer or assist residents on the opposite side of the hall. On 4/11/24 at 9:00 AM, Staff I, CMA, reported she aimed to staff each shift with at least one CNA on each hall (ABC and NWS halls) during the day and evening shifts, and she tried to cover a shift whenever they had call ins. Sometimes the restorative aide, shower aide or scheduler got pulled and worked the floor in order to cover the staff call ins. Staff I reported whenever she followed the night shift, she had found residents incontinent. Staff I reported she didn't normally work the [NAME] Hall, but confirmed Resident #31 usually incontinent, and wet a lot. In an interview 4/11/24 at 10:45 AM, Staff J, CNA, reported the facility was very short staffed. Staff J reported often times the shower aide was pulled to work as a CNA and then the residents didn't get showers that day. Staff J stated she sometimes found residents incontinent when she did initial rounds on the residents following the night shift. She found a couple of residents saturated (wet) as if the resident had not been changed during the night. Staff J stated some staff don't want to wake residents up and won't check and change the residents. She found those residents wet when she made rounds. On 4/11/24 at 11:45 AM, Staff K, CNA reported staffing not very good at the facility. The facility only staffed one CNA on each hall. Staff K reported the residents on the South Hall often times needed the assistance of two staff. Staff K stated staff not able to get to call lights timely when they had less staff. Residents who normally are not incontinent ended up being incontinent because they had to wait for someone to take them to the bathroom. Staff K stated a number of resident falls when they are understaffed. Residents don't get showers because the shower aid worked the floor as a CNA due to staffing shortages. In an interview 4/11/24 at 12:45 PM, the Director of Nursing (DON) reported the facility determined staffing needs based on PPD (per patient days). The DON reported the bare minimum staffing would be at least three CNA's on the front (N/S/W halls) and three CNA's on the back (A/B/C halls). The DON reported it was tough when they worked with the minimum staffing level. Staff worked as a team to get things done. 48625 2. a. A Resident Council meeting conducted on 04/11/24 at 11:40 AM with approximately 10 residents in attendance. One of the residents in attendance commented that some Certified Nurse Assistant's (CNA) were not good at bathroom care and it depended on who provided care. The resident voiced the residents did not want to get anyone in trouble because the staff were nice people, but they weren't doing a good job. The resident commented he did not want to get an infection because someone else does not know how to do bathroom care the right way. The resident reported the concern occurred mostly on the 2-10 shift. The resident also voiced it always took forever for [NAME] Hallway to get a call light answered and CNAs would say they were on break when call lights aren't getting answered. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165162	A. Building B. Wing	04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Altoona Nursing and Rehabilitation Center	200 Seventh Avenue SW Altoona, IA 50009

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)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	b. The Quarterly Minimum Data Set (MDS) assessment dated [DATE] for Resident #15 identified a BIMS (Brief Interview for Mental Status) score of 15 which indicated intact cognition. c. On 4/8/24 at 03:15 PM Resident #15 reported it took a half hour for call lights to be answered. Resident #14 stated when the staff did enter to assist her with changing or cares they would shut off her light and leave to get someone to help them but never come back. Resident #15 voiced the staff would forget about her and the longest wait time she had to get changed was 2.5 hours. Resident #15 stated she knew if staff gone longer than 10 minutes she would need to turn her call light back on for help. The resident commented she felt awful when she had accidents. 49990 3. The Quarterly MDS dated [DATE] which revealed Resident #44's toileting status being dependent, as well as being fully incontinent of bowel and bladder. It also revealed diagnoses of peripheral artery disease and diabetes mellitus. Observation on 04/11/24 at 09:07 AM revealed R#44 in the hallway with visibly soiled clothes and wheel chair cushion. The residents pants were visibly wet down both legs, and smelled strongly of ammonia. In an interview on 04/11/24 at 09:11 AM Staff K stated they doesn't believe the facility has enough staff for them to do their job correctly. They stated resident toileting and personal cares are slow as a result. In an interview on 04/11/24 at 10:45 AM Staff U stated they don't have enough staff for them to do everything their job requires. 47582 4. An observation of room W 32 on 4/10/24 at 6:45 AM revealed Staff G, CNA, appeared to be sitting in a chair with eyes closed. The room was occupied by 2 current residents, both resting in bed. A subsequent observation of room W 32 on 4/10/24 at 7:10 AM revealed Staff G, CNA, was in the same position, sitting in a chair with her eyes closed. During a conversion with the Administrator on 04/10/24 at 07:12 AM, after observing Staff G, CNA sitting in the W 32 room, she reported that it was a visitor. The following day, on 4/11/24 at 2:40 PM the Administrator reported it was in fact a staff member, Staff G, CNA, who was in room W32 sitting in a chair and she was no longer employed at the facility after the incident. She stated her expectations of staff was not to be sleeping at work.