

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165165	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2025
NAME OF PROVIDER OR SUPPLIER Northcrest Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE 2001 Heath Street Waterloo, IA 50703	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to provide adequate grooming for 1 of 4 residents reviewed (Resident #1). An observation revealed Resident #1 still wore his t-shirt from bedtime, the following day. In addition, Resident #1 had hairs remaining on his shirt after his visit to the barber, the day before. The facility reported a census of 82 residents.</p> <p>Findings include:</p> <p>Resident #1's Minimum Data Set (MDS) assessment dated [DATE], identified a Brief Interview for Mental Status (BIMS) score of 13, indicating intact cognition. The MDS listed Resident #1 as dependent on staff with upper and lower body dressing. The MDS included diagnoses hemiplegia (extreme weakness on half of the body) following a cerebral infarction (stroke) and depression.</p> <p>On 6/3/25 at 12:46 PM, Resident #1's Sister reported Resident #1 wore the same shirt as he did the day before (6/2/25). She reported Resident #1 received a haircut the day before (6/2/25) and his shirt still had hair from his haircut.</p> <p>On 6/3/25 at 1:20 PM, observed Resident #1 in bed wearing an orange t-shirt and noted short hair on the shirt. Resident #1 acknowledged he didn't have his shirt changed the night before. Resident #1 allowed an up close picture of the hair on his shirt.</p> <p>On 6/4/25 at 11:06 AM, Staff A, Certified Nurse Aide (CNA), explained he got Resident #1 ready for bed on Monday, 6/2/25. He added he checked and changed Resident #1. Staff A reported Resident #1 already laid in bed, so he changed his brief during the shift. Staff A stated he didn't remember changing Resident #1's shirt that night. He stated 9 times out of 10, day shift changed him into his gown. He would already have his gown on for the night, when Staff A went into Resident #1's room. When asked who normally puts Resident #1's gown on, Staff A stated that sometimes day shift does it, otherwise he did. He added at times, Resident #1 refused to wear a gown because he preferred a t-shirt. When told Resident #1 wore the same t-shirt the following day, Staff A acknowledged the statement. He acknowledged he didn't remember if he wore a t-shirt or if Resident #1 refused to change into a gown.</p> <p>On 6/4/25 at 11:30 PM, Staff B, Assistant Director of Nursing (ADON), stated Resident #1 had a haircut on Monday. She remembered he wore a gray sweatshirt on Monday, but he could have worn the orange t-shirt under his sweatshirt. When shown the picture, Staff B acknowledged Resident #1 had hair on the t-shirt in the picture and it looked like hair from a haircut.</p> <p>(continued on next page)</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An ADL (Activity of Daily Living), Supporting policy revised March 2018, directed the following:</p> <p>The facility would provide residents with care, treatment, and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who can't carry out their ADLs independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene. The Policy Interpretation and Implementation instructed the following:</p> <p>a. Residents will receive care, treatment and services to ensure that their ADLs didn't diminish unless the circumstances of their clinical condition(s) demonstrate diminishing ADLs are unavoidable.</p> <p>a. The existence of a clinical diagnosis or condition does not alone justify a decline in a resident's ability to perform ADLs.</p> <p>b. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with:</p> <p>i. Hygiene (bathing, dressing, grooming, and oral care)</p>		