STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165171	A. Building B. Wing	11/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Silver Oak Nursing and Rehabilitation Center LLC	455 31st Street Marion, IA 52302

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42134 Based on observation, clinical record review, policy review, and resident and staff interview the facility failed to complete pre-dialysis and post-dialysis assessments for 1 of 1 resident on dialysis (Resident #2), and the facility failed to routinely assess a resident's skin condition for 1 of 1 resident reviewed for skin impairments (Resident #4). The facility reported a census of 78 residents. Findings include: 1. The Minimum Data Set (MDS) for Resident #2 dated 10/23/25, documented the resident received dialysis while a resident of the facility. The MDS documented diagnoses including renal disease, hyperparathyroidism of renal origin, and dependence on renal dialysis. The clinical record lacked pre-dialysis assessments, post-dialysis assessments, and assessment of the shunt site. Facility policy titled Hemodialysis dated 11/22 directed staff to provide dialysis services consistent with professional standard of practice including assessment of the resident's condition and monitoring for complications before and after dialysis treatments. The policy further directed staff to ensure the dialysis access site is checked before and after treatment and every shift. During an interview on 11/20/24 at 1:09 PM the Clinical Nurse Consultant explained there were no pre and post dialysis assessments being completed. She explained she had contacted one of the nurses that work at the facility and that nurse confirmed assessments were not being completed. She further explained she would expect a pre-dialysis assessment be completed, send the form to dialysis for them to add documentation and when the resident returns to the facility a post-dialysis assessment be completed. She went on to explain she would expect staff to follow policy and best practice. 2. During an interview on 11/25/24 at 11:33 AM, Resident #4 reported having a red, itchy rash on his arm, shoulder, and buttocks. The resident revealed the rash on his arm and shoulder. Areas were red and scabbed over. The resident admitted the scabs may be from scratching. The clinical record lacked documentation of measurements or assessments for the rash. Facility policy titled Skin assessment dated ,d+[DATE] directed staff to complete a full body or head to toe skin inspection weekly. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 11/25/24 at 2:00 PM, the Clinical Nurse Consultant explained skin assessments are to be completed every 7 days and reflect the current status of the resident's skin. She further explained she would expect the Primary Care Provider (PCP) to be notified of any issues and get a treatment order. She explained she would expect measurements to be done every 7 days or with a change in status.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs. 42134 Based on observation, policy review, and staff interview the facility failed to serve hot food at least 135 degrees Fahrenheit and provide a palatable meal for 2 of 2 noon meal trays tested . The facility reported a census of 78 residents. Findings include: During the noon meal service on 11/19/24 a test tray was provided with the last cart of room trays to be delivered. The temperatures of the food included cauliflower at 117.8 degrees Fahrenheit. The cauliflower tasted cold. The chicken had marinara sauce and parmesan cheese on it. Despite this, the chicken was dry and difficult to chew. During the noon meal service on 11/20/24 a test tray was provided with the last cart of room trays to be delivered, The temperatures of the food included vegetables at 127 degrees Fahrenheit. The vegetables were not tasted for palatability as it took many attempts to get the temperature up to 127 and Staff A, dietary, used her gloved hands in the food to get the temperature. The Salisbury steak appeared dry and crusty around the edge. During an interview on 11/19/24 at 12:34 PM, Staff A explained the hot food should be at least 140 degrees Fahrenheit. During an interview on 11/19/24 at 1:48 PM, a representative from the State Ombudsman office explained that food temperatures have been a chronic problem in the facility. Facility policy titled Food Preparation Guidelines dated 4/9/24 directed staff that food and drinks shall be palatable, attractive and at a safe and appetizing temperature.