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	04/23/2026

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 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. Based on observation, record review, staff interviews, resident interviews, and policy review the facility failed to follow Physician's Orders when applying topical medication for 1 of 5 residents reviewed (Resident #50). The facility reported a census of 75 residents.The findings include: The Minimum Data Set (MDS) assessment for Resident #50 dated 3/17/26 documented a BIMS (Brief Interview for Mental Status) score of 15/15, which indicated intact cognition. The MDS reflected the following diagnoses of arthritis, chronic pain syndrome, fibromyalgia (disorder causing pain, fatigue, sleep disturbances and cognition issues), osteoporosis, and muscle weakness. The resident's Care Plan focus area dated 8/31/23 revealed the resident had potential for pain related to knee pain, fibromyalgia, chronic pain syndrome, hx (history) skin cancer of face, thoracic spondylosis (spinal osteoarthritis). Interventions dated 8/31/23 included:a. Anticipate resident need for pain relief, to evaluate the effectiveness of pain interventions.b. Review for compliance, alleviating of symptoms, dosing schedules and resident satisfaction with results, impact on functional ability and impact on cognition.On 4/20/26 at 11:00 AM, Resident #50 stated her Voltaren cream (for pain) and hydrocortisone cream (for rash) were not applied like ordered. A document titled Treatment Administration Record (TAR) for March 2026 lacked documentation that the resident received her scheduled Voltaren gel for 16 out of 93 applications, and Hydrocortisone cream for 2 out of 62 doses.A document titled Treatment Administration Record (TAR) for April 2026 lacked documentation that the resident received her scheduled Voltaren gel for 7 out of 67 doses, and lacked documentation for Hydrocortisone cream for 4 out of 45 doses.On 4/22/26 at 1:00 PM, the Director of Nursing (DON) confirmed her expectation that staff were to sign off on treatments once completed, and if staff did not complete a treatment, they wrote a progress note and notified the physician. A document titled Medication Administration Policy last revised 4/9/25 stated Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection. The policy explanation and compliance guidelines included, Sign MAR after administered.

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