

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165173	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/11/2025
NAME OF PROVIDER OR SUPPLIER  Osage Rehab and Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  830 South Fifth Street Osage, IA 50461	

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 0774</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Help the resident with transportation to and from laboratory services outside of the facility.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review, staff and family interview, the facility failed to provide transportation for a resident from a physician's appointment for which resulted in the family member transporting the resident back to the facility for 1 of 4 resident reviewed. (Resident #1) The facility identified a census of 26 residents.</p> <p>Finding include:</p> <p>Resident #1's Minimum Data Set (MDS) assessment dated [DATE]. The MDS identified a Brief Interview for Mental Status (BIMS) score of 9, indicating moderately impaired cognition. The resident required partial to moderate assistance for activity of daily living (ADL) and used a wheelchair for mobility. The MDS included diagnoses of hypertension (high blood pressure), aphasia (difficulty talking), cerebrovascular accident (damage to the brain from interruption of its blood supply), hemiplegia (paralysis of one side of the body, resulting from brain damage) and anxiety.</p> <p>Resident #1's admission Orders dated 10/7/24 listed they had a follow up appointment scheduled on 1/2/25 at 9:15 AM with a neurology Physician Assistant (PA).</p> <p>Review of the facility's monthly calendar indicated Resident #1 had an appointment scheduled on 3/5/25 at 10:15 AM. The calendar indicated the facility rescheduled Resident #1's appointment with neurology.</p> <p>Review of the facility's monthly calendar listed Resident #1's appointment rescheduled to 5/23/25 at 3:40 PM.</p> <p>The Progress Note dated 5/23/25 at 2:22 PM, Staff A, Licensed Practical Nurse (LPN), documented Resident #1 left the facility with her paperwork for an appointment with a transport van service and driver.</p> <p>The Progress Note dated 5/23/25 at 8:48 PM, Staff B, LPN, documented Resident #1 had an appointment with neurology. Resident #1 had an order-pending, for a sleep study and a heart monitor, but no medication changes.</p> <p>Interview on 6/10/25 at 10:45 AM, Staff C, Registered Nurse (RN), verified the facility expected the staff to make sure a staff member goes with a resident to all appointments.</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 0774</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 6/10/25 at 12:30 PM, the Interim Administrator, stated the facility didn't have a policy regarding transportation for residents going to a physician's appointment, but they expected staff to go with all residents to appointments.</p> <p>Interview on 6/10/25 at 3:10 PM, Resident #1's Representative, stated they met Resident #1 at the physician's appointment but understood they had a staff member with them. When the appointment finished the family texted the facility's Social Worker to make sure the transportation service returned to pick up Resident #1. When the family member failed to get a response, they took Resident #1 home with them for supper and then brought her back to the facility.</p>		