STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165173	A. Building B. Wing	12/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Osage Rehab and Health Care Center	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)
F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews the facility failed to complete Minimum Data Set (MDS) assessment and Care Area Assessment (CAA) worksheet for pressure ulcers for 1 of 1 resident reviewed (Resident #4). In addition, the facility failed to complete 1 of 2 residents CAA worksheet for Nutrition (Resident #24). The facility reported a census of 25 residents. Findings include: 1. Resident #4's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) of 15, indicating no cognitive impairment. The MDS documented 2 unstageable pressure ulcers (a severe skin wound where the base is hidden by dead tissue, making its true depth and severity impossible to determine until the dead tissue is removed). The MDS listed the 2 unstageable pressure ulcers as not present during her admission to the facility and were acquired during her stay at the facility. Review of the MDS Care Area Assessment (CAA) worksheet dated 9/28/25 related to pressure ulcers revealed the facility MDS Coordinator checked the box Resident #4 pressure ulcer areas needed implemented on the Care Plan, but failed to complete the section that describes the impact it will have, rationale for care planning, risk factors, and if a referral to other health professionals would be needed. In an interview on 12/18/25 at 11:45 AM Resident #4 explained she didn't have new pressure ulcers form since her admission to the facility. In an interview on 12/22/25 at 12:13 PM Staff C, Registered Nurse (RN), described Resident #4's pressure ulcers as getting better. She added Resident #4 didn't have a new pressure ulcer since her admission to the facility. She reported the MDS Coordinator worked offsite and not at the facility. 2. Resident #24's MDS assessment dated [DATE] identified a BIMS score of 3, indicating severe cognitive impairment. The MDS included diagnoses of Parkinson's, dehydration, and depression. The MDS listed a weight of 230 pounds (lbs.). Review of the MDS Care Area Assessment (CAA) worksheet dated 10/3/25 related to nutritional status revealed the facility MDS Coordinator indicated nutritional status should be addressed on the Care Plan, but failed to complete the section that described the impact it will have, rationale for care planning, risk factors, and if a referral to other health professionals would be needed. The Weight / Skin Summary Note dated 12/5/25 at 11:47 AM documented a meeting with the Assistant Director of Nursing and the Dietician. The not listed his weight on 12/2/25 as 190.4 lbs. The nurse reflected he lost 9% of his body weight in 1 month, admitted to hospice level of care, ate very poorly, and refused many meals. Recommend to have provider document the weight loss as unavoidable. Resident #24's MDS assessment dated [DATE] documented a weight of 190 lbs., not on a physician prescribed weight-loss regimen. The MDS indicated he received Hospice level of care. In an interview on 12/22/25 at 3:42 PM the Assistant Director of Nursing (ADON) reported the facility's company started an internal audit for the CAA's on 12/19/25 after learning of the incomplete worksheets. An unsuccessful attempt to contact the facility's MDS Coordinator occurred on 12/23/25 at 4:03 PM. As of 12/29/25, no return call received.

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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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interview and policy review the facility failed to implement interventions for 1 of 1 resident with unstageable pressure ulcers. The facility reported a census of 25 residents. Findings include: 1. Resident #4's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) of 15, indicating no cognitive impairment. The MDS documented 2 unstageable pressure ulcers (a severe skin wound where the base is hidden by dead tissue, making its true depth and severity impossible to determine until the dead tissue is removed). The MDS listed the 2 unstageable pressure ulcers as not present during her admission to the facility and were acquired during her stay at the facility. The Care Plan Problem revised 12/12/25 indicated Resident #4 admitted with pressure areas to her coccyx (area in the lower back just above the buttock), left ischium (hip), and right ischium. In addition, she had pressure area to her left lateral (side) ankle, right lateral ankle, and both sides of her coccyx. The Interventions lacked resident specific interventions to promote and prevent further deterioration of pressure ulcer sites, such as but not limited to; type of treatments or medications and supplies; residents input for when treatments should be completed, pain interventions for wound care, and external wound care providers interventions. In an interview with the Assistant Director of Nursing (ADON) on 12/22/25 at 3:42 PM reported the facility implemented a comprehensive Care Plan for Resident #4. The Care Plan included interventions for an alternating air pressure mattress and repositioning every 2 hours. Review of the facility's Pressure Ulcers/Injury Overview policy dated 2001 lacked instructions on Care Planning and completion of the facility's process to complete assessments.

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on facility documents, schedule review, and staff interviews, the facility failed to provide a Registered Nurse (RN) in the facility for eight (8) consecutive hours per day as required by the Federal Regulations. In addition, the facility failed to have a full time Director of Nursing. The facility reported a census of 25 residents. Findings include:Review of the daily schedule for July 2025 lacked an RN on the 3rd, 14th, and 27th.The daily schedule for November 2025 lacked a RN for the 17th and 19th. On 12/17/25 at 2:55 PM the Interim Director of Nursing (DON) reported the facility did not have an RN on July 3rd, 14th 27th and November 17 and 19. The interim DON reported she knew of the lack of RN coverage, but she didn't become Interim until December 1, 2025.Review of the facility's New Hire and Termination List lacked a DON from 10/18/25 until 12/1/25.On 12/18/25 10:32 AM the Administrator reported the facility didn't have a DON from 10/18/25 until 12/1/25. They didn't have anyone in place at the time to cover.

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F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. Based on observations, facility document review and staff interviews, the facility failed to post the daily staff posting with the census and facility name. The facility reported a census of 25 residents. Findings include:An observation on 12/15/25 at 3:17 PM observed the facility didn't have the daily staff posting didn't contain the resident census or the facility name. An observation on 12/16/25 at 3:20 PM observed the facility didn't have the daily staff posting didn't contain the resident census or the facility name. An observation on 12/17/25 at 3:42 PM observed the facility didn't have the daily staff posting didn't contain the resident census or the facility name. During an interview on 12/18/25 11:41 AM, the Administrator reported the overnight nurses did the daily staff postings. She reported the nurses fill out the nurses and CNA number of staff and hours totaled each shift. She reported she didn't believe the staff put the census of it. On 12/18/25 at 11:44 AM observed with the Administrator the daily staff posting didn't contain the resident census or the facility name.