

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  02/11/2026
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, policy review and staff interviews, the facility failed to transcript admission orders after a resident admitted to the facility for the facility staff to implement the orders for 1 of 3 residents reviewed (Resident #3). The facility reported a census of 26 residents. Findings include: Resident #3's Minimum Data Set (MDS) assessment dated [DATE] listed an admission date of 1/13/26 from a short-term general hospital. The MDS identified a Brief Interview for Mental Status (BIMS) score of 12, indicating moderately impaired cognition. The MDS included diagnoses of peripheral vascular disease (PAD), diabetes, and atherosclerosis of native arteries of the other extremities with ulceration (severe form of PAD where plaque builds up causing pain and slow wound healing due to reduced blood flow). The MDS documented seven venous and arterial ulcers present at admission. Resident #3's Transfer Summary from the hospital dated 1/13/26 documented admission orders for collagenase Santyl ointment (a cream applied to the skin to remove dead tissue from long-term wounds) treatment to the right heel and betadine to eschar (dead skin, usually black in coloring) areas to the right foot daily. In addition, the Summary included orders to give Juven (a therapeutic nutritional drink powder designed to support wound healing) twice daily. Resident #3's January 2026 Medication Administration Record and Treatment Administration Record lacked documentation of the Juven and the treatment orders for the right foot and heel. On 2/11/26 at 8:40 AM the Interim Director of Nursing (IDON) reported she didn't transcribe the admission order properly; she missed the orders for the wound care and Juven. The undated facility policy titled Provision of Physician Ordered Services directed to provide a reliable process for the proper and consistent provision of physician ordered services according to professional standards of quality. The policy lacked direction of the transcription and implementation of orders.</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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