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	04/02/2026

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 0576 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents have reasonable access to and privacy in their use of communication methods. Based on record review, observation, and staff interview, the facility failed to provide a private space for residents to make telephone calls for 2 sampled residents (Resident #6 and Resident #15). Specifically, the facility lacked a designated private area for calls during non-business hours, forcing residents to use the phone at the nursing station in the presence of other residents and staff. The facility reported a census of 28 residents. Findings include:1. Resident #6's Minimum Data Set (MDS) Assessment, dated 2/5/26, identified a Brief Interview for Mental Status (BIMS) score of 11, indicating moderate cognitive impairment.An observation on 3/31/26 at 6:40 PM showed Resident #6 making a phone call at the nursing station. During the call, another resident was audible in the background yelling for help, and several residents and staff members walked past Resident #6 as she talked on the phone.During an interview on 4/1/26 at 8:50 AM, Resident #6 voiced that it's often loud at the nursing station when she makes phone calls, but she noted that is the only place available to her so she gets used to it.2. Resident #15's MDS Assessment, dated 1/7/26, identified a BIMS score of 15, indicating intact cognition.During an interview on 3/31/26 at 6:55 PM, Resident #15 reported she didn't have a personal phone and there was no private place to use the facility phone. She stated she didn't like the lack of privacy when making phone calls.During an interview on 4/1/26 at 10:17 AM, the Administrator reported that residents could use her office or the Director of Nursing (DON) office during business hours. However, she confirmed that during off-hours, weekends, or when management is away, there's no private place for residents to make telephone calls.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on record review, staff interviews and policy review the facility failed to revise the comprehensive, person-centered care plan that addressed a resident's wandering behaviors for 1 of 1 sampled residents (Resident #2). Specifically, despite clinical documentation showing the resident frequently wandered into other residents' rooms, the facility didn't update the care plan with interventions to manage this behavior or protect the privacy and safety of others. The facility reported a census of 27 residents. Findings include:Resident #2's Minimum Data Set (MDS) Assessment, dated 2/5/26, identified a Brief Interview for Mental Status (BIMS) score of 8, indicating moderate cognitive impairment. The MDS documented diagnoses of dementia, primary insomnia (a common sleep disorder that can make it hard to fall or stay asleep), and depression.Resident #2's Progress Notes, from 1/23/26 to 3/28/26, documented on several occasions that the resident wandered the hallways and required redirection out of other residents' rooms.Resident #2's Care Plan, dated 2/17/26, lacked documentation of the wandering or the behavior of entering other residents' rooms. The plan included no interventions to address these specific behaviors.During an interview on 3/31/26 at 4:40 PM, the Director of Nursing (DON) and Assistant Director of Nursing (ADON) reported they knew Resident #2 walked the hallways at night because he couldn't sleep and believed he worked at the facility. The DON reported she wasn't aware staff were charting that he wandered into other resident rooms. Both the DON and ADON acknowledged that the wandering behavior wasn't on the care plan and no new interventions were added after the resident entered other residents' rooms.The facility policy titled Comprehensive Care Plan, dated 2025, documented the facility will develop and implement a comprehensive person-centered care plan for each resident. The policy required the plan to include measurable objectives and timeframes to meet a resident's medical, nursing, mental, and psychosocial needs.

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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 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. Based on clinical record review, resident interviews, staff interviews, and facility's policy review, the facility failed to ensure residents received scheduled bathing and failed to maintain accurate documentation of hygiene services for 2 of 6 sampled residents (Resident #11 and Resident #14). One resident missed scheduled baths over a three-month period, while another reported feeling dirty and odorous due to infrequent showering. The facility reported a census of 28 residents. Findings include: 1. Resident #11's January 2026 Documentation Survey Report v2 documented not applicable for bathing on 1/16/26 and 1/23/26.Resident #11's February 2026 Documentation Survey Report v2 documented not applicable for bathing on 2/17/26, 2/20/26, 2/24/26, and 2/27/26.Resident #11's March 2026 Documentation Survey Report v2 lacked documentation for bathing on 3/3/26 and 3/29/26. It documented not applicable for bathing on 3/13/26, 3/17/26, and 3/20/26.Review of the February 2026 Visual Assessment forms showed they were completed on 2/3/26, 2/6/26, 2/10/26, and 2/13/26. The forms lacked documentation for 2/17/26, 2/20/26, 2/24/26, and 2/27/26.Review of the March 2026 Visual Assessment forms showed they were completed on 3/3/26, 3/6/26, 3/10/26, 3/15/26, and 3/18/26.During an interview on 4/1/26 at 3:45 PM, the Assistant Director of Nursing (ADON) reported she wasn't sure why Resident #11's baths weren't charted for dates in February and March. She stated she was unsure if Resident #11 received the baths.2. Resident #14's Minimum Data Set (MDS) Assessment, dated 3/6/26, identified a Brief Interview for Mental Status (BIMS) score of 12, indicating moderate cognitive impairment. The MDS revealed Resident #14 required substantial or maximal assistance for bathing.During an interview on 3/31/26 at 11:00 AM, Resident #14 reported she received baths on 3/15/26 and 3/29/26. She stated she had doctor appointments on other days and staff didn't offer a shower before or after those appointments. She reported being told she had to wait until her next scheduled shower day. Resident #14 stated she felt dirty and odorous, and her hair appeared greasy.During an interview on 3/31/26 at 11:10 AM, Resident #14's Representative reported the hair of Resident #14 looked dirty and greasy during their daily visits.Resident #14's Documentation Survey Report v2 recorded bathing occurred on 3/19/26 and 3/29/26. The Documentation Survey Report v2 revealed not applicable was documented on 3/3/26, 3/6/26, 3/10/26, 3/13/26, 3/17/26, 3/22/26, and 3/26/26.During an interview on 4/1/26 at 12:12 PM, the Administrator indicated she expected the staff to complete showers twice a week.The facility's undated Resident Showers policy instructed residents will be provided showers as per request or per facility schedule protocols. It noted that partial baths may be given between regular shower schedules.