

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165177	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Community Memorial Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 231 North Eighth Avenue West Hartley, IA 51346	

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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44474</p> <p>Based on clinical record review, interviews, and facility policy, the facility failed to ensure bed hold notice was signed by residents and or the resident's responsible person when residents transferred out of the facility for 2 of 2 residents reviewed (Residents #8 and #9). The facility reported a census of 49 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment dated [DATE] for Resident #8 documented diagnoses of heart failure, diabetes mellitus and retention of urine. The MDS showed the Brief Interview for Mental Status (BIMS) score of 12, indicating moderate cognitive impairment.</p> <p>Review of Resident #8's Census tab revealed the following information:</p> <p>On 7/8/24- hospital unpaid leave.</p> <p>On 7/11/24- active.</p> <p>Review of Progress Notes revealed the following:</p> <p>On 7/8/24 at 11:38 a.m., facility receives a phone call from Registered Nurse (RN) at the local hospital emergency room stated Resident #8 admitted to the hospital.</p> <p>On 7/11/24 at 10:15 a.m., Resident returned to facility from local hospital.</p> <p>Review of bed hold dated 7/8/24 revealed permission via phone for bed hold authorization but lacked a resident or representative signature.</p> <p>2. The MDS dated [DATE] for Resident #9 documented diagnoses of hypertension, bradycardia (low pulse rate) and anemia. The MDS showed the BIMS score of 7 indicating severe cognitive impairment.</p> <p>Review of Resident #9's Census tab revealed the following information:</p> <p>On 5/31/24- hospital unpaid leave.</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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/11/24- active.</p> <p>On 7/26/24- hospital paid leave.</p> <p>On 7/30/24- active.</p> <p>On 8/9/24- hospital paid leave.</p> <p>On 8/13/24- active.</p> <p>Review of the Progress Notes revealed:</p> <p>On 5/31/24 at 9:06 p.m., received call from local hospital Resident was admitted to the hospital.</p> <p>On 6/11/24 at 10:45 a.m., resident arrived back at the facility in his wheelchair in stable condition.</p> <p>On 7/26/24 at 4:48 p.m., resident will be admitted to hospital for intravenous antibiotics.</p> <p>On 7/30/24 at 4:39 p.m., resident returned to facility from local hospital at 11:00 a.m</p> <p>On 8/9/24 at 11:14 p.m., phone call to local hospital for update on Resident #9. Nurse stated resident had been admitted .</p> <p>On 8/13/24 at 11:55 a.m., resident readmitted to the facility following hospitalization .</p> <p>Review of the bed hold dated 6/3/24 revealed verbal confirmation but lacked a resident or representative signature.</p> <p>Review of the bed hold dated 7/26/24 revealed verbal confirmation but lacked a resident or representative signature.</p> <p>Review of the bed hold dated 8/9/24 revealed verbal confirmation but lacked a resident or representative signature.</p> <p>Review of facility provided policy titled Bed Hold Notice updated 6/18 included: You are receiving this letter because you recently have been admitted to the hospital. According to Community Memorial Health Center's bed hold policy, verification of room reservation must be made within a 24-hour period from the time the resident is admitted to the hospital, or the bed will be relinquished.</p> <p>Interview on 11/6/24 at 9:54 a.m., with the Director of Nursing revealed the facility does not send the bed hold to obtain signatures if they have received verbal confirmation of a bed hold.</p>