

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165178	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/12/2025
NAME OF PROVIDER OR SUPPLIER Aase Haugen Home		STREET ADDRESS, CITY, STATE, ZIP CODE Four Ohio Street Decorah, IA 52101	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>Based on record review and staff interviews the facility failed to provide 48 hour notice before the end of Skilled Nursing Care stays for 2 of 3 residents reviewed for Skilled Nursing Care (Residents #28 and #62). The forms the facility failed to provide timely were Notice of Medicare Non-Coverage (NOMNC) (Form CMS 10123-NOMNC) and Skilled Nursing Facility Advance Beneficiary Notice of Non-coverage (SNFABN) (Form CMS-10055). The facility reported a census of 64 residents.</p> <p>Findings include:</p> <p>1. Record review of Resident #28 Census in his Electronic Health Record (EHR) on 6/12/25 documented he started Skilled Nursing Care on 2/28/25 and transitioned to private pay on 3/20/25.</p> <p>Record review of Resident #28 Progress Notes on 6/12/25 revealed no documentation regarding advance notice of NOMNC and SNFABN forms were reviewed with the resident or his Power of Attorney (POA) 48 hours or greater prior to his discharge from skilled services and transition to private pay on 3/20/25.</p> <p>Record review of Resident #28 NOMNC and SNFABN revealed they were not signed until 3/30/25.</p> <p>2. Record review of Resident #62 Census in his EHR on 6/12/25 documented he started Skilled Nursing Care on 12/1/24 and transitioned to private pay on 1/14/25.</p> <p>Record review of Resident #28 Progress Notes on 6/12/25 revealed no documentation regarding advance notice of NOMNC and SNFABN forms were reviewed with the resident or his Power of Attorney (POA) 48 hours prior to his discharge from skilled services and transition to private pay on 1/14/25.</p> <p>Record review of Resident #28 NOMNC and SNFABN revealed they were not signed until 1/15/25.</p> <p>During an interview on 6/12/25 at with Medical Records revealed she talked with Resident #28 POA before he discharged from Skilled Nursing Care, but must have forgotten to document it. She informed she would normally give notice prior to them going off Skilled Nursing Care.</p> <p>During an interview on 6/12/25 at 11:19 AM with Staff G, Nurse Manager, revealed they have a process in place to make sure Skilled Nursing Care notice forms are updated.</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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NAME OF PROVIDER OR SUPPLIER Aase Haugen Home		STREET ADDRESS, CITY, STATE, ZIP CODE Four Ohio Street Decorah, IA 52101	

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<p>F 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>Based on record review and staff interviews the facility failed to complete a Discharge Minimum Data Set (MDS) and Reentry MDS for 1 of 1 residents reviewed for hospitalizations (Resident #41). The facility reported a census of 64 residents.</p> <p>Findings include:</p> <p>Record Review of Resident #41 Census in his Electronic Health Record (EHR) on 6/11/25 documented a discharge to the hospital on 4/5/25 and a return to the facility on 4/7/25.</p> <p>Record Review of Resident #41 MDS log in his EHR on 6/11/25 at 10:21 AM revealed the facility has not opened, started, or completed a 4/5/25 Discharge MDS and a 4/7/25 Reentry MDS as required.</p> <p>On 6/11/25 at 10:41 AM, Staff E, Personnel Director/Provisional Administrator informed they a are working on Resident #41 4/5/25 Discharge MDS and his 4/7/25 Reentry MDS.</p> <p>On 6/11/25 at 10:46 AM, Resident #41 MDS log in his EHR revealed a 4/5/25 Discharge MDS and a 4/7/25 Reentry MDS are in progress.</p> <p>During an interview on 06/11/25 at 1:24 PM with Staff G, Nurse Manager, revealed Resident #41 4/5/25 Discharge MDS and a 4/7/25 Reentry MDS are done. He informed the computer did not flag it for their MDS Coordinator to see it for some reason, he then informed the MDS Coordinator is hybrid and currently not onsite. He then informed they follow the Resident Assessment Instrument (RAI) manual for completing MDS assessments.</p>

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<p>F 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation.</p> <p>Based on personnel file review, facility assessment review, facility policy review, and staff interview, the facility failed to provide dependent adult abuse training, within 6 months of hire for 4 of 5 employee personnel files reviewed (Staff A, Staff B, Staff C, and Staff D). The facility identified a census of 64 residents.</p> <p>Findings include:</p> <p>The employee personnel file review for Staff A, Licensed Practical Nurse (LPN), documented a date of hire of 10/17/24. Staff A's employee personnel file lacked documentation of Dependent Adult Abuse required training.</p> <p>The employee personnel file review for Staff B, Food Service Supervisor, documented a date of hire of 11/13/24. Staff B's employee personnel file lacked documentation of Dependent Adult Abuse required training within 6 months of hire. The facility provided a certificated titled: DS 168 Dependent Adult Abuse Mandatory Reporter Training Course dated 6/12/25.</p> <p>The employee personnel file reviews for Staff C, Certified Nursing Assistant (CNA), documented a date of hire of 8/1/24. Staff C's employee personnel file lacked documentation of Dependent Adult Abuse required training within 6 months of hire. The facility provided a certificated titled: DS 168 Dependent Adult Abuse Mandatory Reporter Training Course dated 6/12/25.</p> <p>The employee personnel file reviews for Staff D, Cook, documented a date of hire of 11/11/24. Staff D's employee personnel file lacked documentation of Dependent Adult Abuse required training within 6 months of hire. The facility provided a certificated titled: DS 168 Dependent Adult Abuse Mandatory Reporter Training Course dated 6/12/25.</p> <p>A review of the Facility Assessment updated on 3/5/25 documented required training for all positions included mandatory reporter training.</p> <p>A review of the facility policy titled: Abuse Prevention Policy, with a revision date of 11/22/24 revealed the facility require staff training/orientation programs that include such topics as abuse prevention, identification and reporting abuse, stress management, and handling verbally or physically aggressive resident behavior. The policy lacked detailing the timeframe of required training of 2-hour training within 6 months of hire and 1 hour of training annually.</p> <p>During an interview on 6/12/25 with Staff E, Personnel Director/Provisional Administrator, revealed the facility had no system in place for tracking completion for dependent adult abuse training. Staff E, acknowledged the required training had not been completed within 6 months of hire for 4 of 5 employees reviewed. Staff E, revealed 3 staff members had completed the required training on 6/12/25.</p>		