

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165179	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2025
NAME OF PROVIDER OR SUPPLIER Norwalk Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 921 Sunset Drive Norwalk, IA 50211	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34817</p> <p>Based on clinical record review, observation, and staff interview, the facility failed to ensure staff appropriately and safely transferred a resident for 2 of 5 residents observed during transfers (Resident #5 & #6). The facility reported a census of 40 residents.</p> <p>Findings include:</p> <p>1. The Significant Change Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #5 had diagnoses of Parkinson's Disease, anxiety disorder, muscle weakness, and a history of falls. The MDS documented the resident had a Brief Interview for Mental Status score of 6, indicating severely impaired cognition. The MDS indicated the resident used a wheelchair, required substantial to maximum assistance for transfers and had dependence on staff for wheeling her in a wheelchair 50 feet and 150 feet.</p> <p>The Care Plan updated on 1/27/25 revealed Resident #5 had a risk for falls and limited mobility related to impaired balance, poor safety awareness, and use of medications that increased her risk for falls. The Care Plan revealed the resident utilized a wheelchair that staff propelled for her.</p> <p>During observation on 4/15/25 at 12:20 PM, Staff A, Certified Nursing Assistant (CNA) pushed Resident #5 in a high back wheelchair without foot pedals from the resident's room to the dining room approximately 60 feet. The resident's feet were near the floor as the CNA pushed her in the wheelchair.</p> <p>2. The Quarterly MDS assessment dated [DATE] revealed Resident #6 had diagnoses of Alzheimer's Disease, dementia, muscle weakness, and low back pain. The MDS recorded the resident had a BIMS score of 6, indicating severely impaired cognition. The MDS indicated the resident required partial to moderate assistance for transfers and used a wheelchair.</p> <p>The Care Plan revised 3/26/25 revealed Resident #6 had a risk for falls related to impaired safety awareness and required assistance with Activities of Daily Living (ADL's). The Care Plan revealed the resident used a wheelchair. The Care Plan directed staff to propel the resident in the wheelchair as needed.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During observation on 4/15/25 at 12:15 PM, Staff A, CNA, pushed Resident# 6 in a wheelchair without foot pedals from the resident's room to the dining room approximately 50 feet. The bottom of the resident's feet brushed the floor as the resident sat in the wheelchair and Staff A pushed the wheelchair.</p> <p>During an interview 4/16/25 3:40 PM, the Director of Nursing reported foot pedals needed to be on the wheelchair and utilized whenever staff transported a resident in a wheelchair.</p> <p>On 4/16/25 at 3:40 PM, the Administrator reported the facility did not have a policy for transporting or pushing a resident in a wheelchair.</p>		