

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165197	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2024
NAME OF PROVIDER OR SUPPLIER Cedar Falls Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1728 West Eighth Street Cedar Falls, IA 50613	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>42441</p> <p>Based on observation and interviews, the facility failed to provide a safe and comfortable environment due to leaks in the ceiling in the hallway entering the main dining room and in the main dining room. The facility reported a census of 39 residents.</p> <p>Findings include:</p> <p>Observation 7/2/24 at 8:58 AM, revealed 5 garbage cans with turn sheets underneath them, 4 caution wet floor signs and water coming from the ceiling. The ceiling looked discolored with tears in the ceiling of the hallway entering the main dining room. Further observation revealed 3 garbage cans with turn sheets underneath them in a corner of the dining room with water in the garbage cans. This ceiling looked discolored with a tear.</p> <p>During an interview 7/2/24 at 9:06 AM, Staff A, Housekeeping Assistant, explained they saw water coming in from the ceiling in the hallway entering the main dining and inside the dining room, three times. Staff A further added they replaced the sheets under the garbage cans when they get too wet.</p> <p>During an interview 7/2/24 at 9:20 AM, Staff B, Certified Medication Assistant (CMA), reported the ceiling leaked when it rained.</p> <p>During an interview 7/2/24 at 1:13 PM, the Administrator revealed the company is trying to decide if they are going to replace the entire roof or not, as they are trying to decide if they are going to buy the building or not. The Administrator added the roof had a tarp on it for about a month to minimize the leakage. The facility has requested bids to fix the roof.</p> <p>Record review revealed the facility received quotes to fix the roof on 3/6/24 and 4/2/24.</p> <p>During an interview 7/2/24 at 2:40 PM, Resident #5 described the ceiling leaks in the dining room as not too good.</p> <p>During an interview 7/3/24 at 8:50 AM, the Nurse Consultant revealed the facility didn't have a policy regarding a clean, comfortable environment.</p> <p>During an interview 7/3/24 at 9:15 AM, Resident #6 rolled her eyes and described the ceiling leaks as a pain.</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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42441</p> <p>Based on clinical record review, staff interview and policy review, the facility failed to provide services that met professional standards regarding the administration of medications administered outside the scheduled time frames for 1 of 3 residents reviewed (Resident #1). The facility reported a census of 39 residents.</p> <p>Findings include:</p> <p>Resident #1's Minimum Data Set (MDS) assessment dated [DATE] listed an admitted [DATE]. The MDS identified and had a Brief Interview for Mental Status (BIMS) of 15 indicating intact cognition. The MDS further revealed the resident had diagnoses including post-traumatic stress disorder (PTSD), psychotic disorder and chronic pain.</p> <p>Review of undated facility form titled, Medication Administration Times, identified the following administration times:</p> <ul style="list-style-type: none"> a. AM: 6:30am 11:00am b. Lunch: 11:00am 2:00pm c. PM: 4:00pm 6:30pm d. Bedtime: 7:00pm 11:00pm <p>The Medication Administration policy, revised 2/27/20, instructed to administer medications by following the principles of medication administration including the right time.</p> <p>Clinical record review revealed Resident #1's medications were administered outside of the range without documented rationale on the following dates and times:</p> <ul style="list-style-type: none"> a. 4/19/24 5:00 PM scheduled medications given at 7:55 PM b. 4/21/24 5:00 PM scheduled medications given at 7:15 PM c. 4/23/24 5:00 PM scheduled medications given at 8:25 PM d. 4/25/24 5:00 PM scheduled medications given at 9:09 PM e. 4/29/24 7:30 AM scheduled medications given at 12:09 PM f. 4/30/24 7:30 AM scheduled medications given at 12:14 PM g. 4/30/24 5:00 PM scheduled medications given at 7:36 PM h. 5/1/24 5:00 PM scheduled medications given at 7:56 PM <p>(continued on next page)</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>i. 5/3/24 5:00 PM scheduled medications given at 8:57 PM</p> <p>j. 5/5/24 7:30 AM scheduled medications given at 11:47 PM</p> <p>k. 5/6/24 5:00 PM scheduled medications given at 8:51 PM</p> <p>l. 5/9/24 12:00 PM scheduled medications given at 8:13 AM</p> <p>m. 5/16/24 7:30 AM scheduled medications given at 11:07 AM</p> <p>n. 5/17/24 7:30 AM scheduled medications given at 11:12 AM</p> <p>During an interview 7/3/24 at 11:29 AM, the Director of Nursing (DON) reported they expected the staff to administer medications within the time frames. If they can't give in the time frames, they need to clearly document the rationale and notify the physician if it involved a high-risk medication.</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42441</p> <p>Based on interviews and record reviews, the facility failed to provide or offer a shower twice a week for 1 of 3 residents reviewed (Resident #3). In addition, the facility failed to provide incontinence care for 3 of 3 residents reviewed (Residents #3, #4, #6). The facility reported a census of 39 residents.</p> <p>Findings include:</p> <p>1. Resident #3's Minimum Data Set (MDS) assessment dated [DATE] reflected showers as very important to them. The MDS listed Resident #3 as occasionally incontinent. The MDS included diagnoses of cerebral vascular accident (CVA or stroke) and hemiplegia (paralysis that affects one side of the body).</p> <p>The Care Plan Focus initiated 4/3/24 indicated Resident #3 needed assistance with activities of daily living related to a history of CVA. The Goal listed to maintain his hygiene and appearance.</p> <p>Resident #3's Shower Sheets from 4/10/24 to 5/22/24 identified the staff didn't offer or provide him a shower from 4/13/24 to 4/20/24 and from 5/4/24 to 5/15/24.</p> <p>Resident #3's June 2024 Documentation Survey Report lacked documentation indicating Resident #3 received toileting hygiene on the following dates/times:</p> <p>a. 6:00 AM 2:00 PM</p> <p>i. 6/1/24</p> <p>ii. 6/12/24</p> <p>iii. 6/18/24</p> <p>b. 2:00 PM 10:00 PM</p> <p>i. 6/8/24</p> <p>ii. 6/12/24</p> <p>iii. 6/17/24</p> <p>iv. 6/22/24</p> <p>c. 10:00 PM 6:00 AM</p> <p>i. 6/4/24</p> <p>ii. 6/7/24</p> <p>(continued on next page)</p>

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