STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165197	A. Building B. Wing	10/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Falls Health Care Center	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)
F 0946 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide training in compliance and ethics. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42133 Based on document review, policy review, and staff interviews, the facility failed to ensure door alarm checks and wander guard alarm checks were physically completed as documented to ensure the safety of facility residents including 2 of 2 residents sampled (Residents #3 & #7). The Facility identified a census of 35 residents. Finding include: 1. Resident #3 Minimum Data Set (MDS) assessment dated [DATE] showed a Brief Interview for Mental Status (BIMS) score of 7 out of 15 indicating a severe cognitive loss. The MDS documented Resident #3 as independent in ambulation and bed/chair transfers. The MDS listed diagnoses of stroke with aphasia and Parkinson's Disease. Resident #3 Elopement Risk Assessment completed 9/04/24 showed a score of 2 indicating a low risk of elopement. 2. Resident #7 MDS assessment dated [DATE] showed a BIMS score of 6 out 15 indicating severe cognitive loss. The MDS documented Resident #7 with a diagnosis of traumatic brain dysfunction, independent in ambulation/transfer, and wandered daily. Resident #7 Elopement Risk Assessment completed 9/05/24 showed a score of 17 indicating a high risk of elopement. On 9/24/24 at 10:55 AM the Administrator reported Maintenance and Housekeeping check the door alarms daily when they get to the facility around 7 AM. She reported Resident #7 was the only resident assessed at risk of elopement during August and early September 2024 and Resident #3 had eloped from the facility on 9/09/24 and been returned by the local police, but the door alarms did not factor into Resident #3 elopement. During an interview on 9/24/24 at 12:31 PM Staff A, Certified Nursing Assistant (CNA) reported maintenance cleans the floor, but she has never heard maintenance do any door alarm checks. On 9/24/24 at 4:33 PM Staff B, Maintenance, reported Staff C, Maintenance Supervisor was supposed to do the door alarm and wander guard checks and he was not doing them. He had trained Staff C when he was hired, so he knew how to complete the door alarm checks. (continued on next page)

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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F 0946 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the August 2024 Preventative Maintenance and Life Safety Checklist - Daily documented Staff C (Maintenance Supervisor) had completed door alarm checks and wander guard checks on the doors daily from 8/01/24 to 8/13/24. The Checklist contained a handwritten memo at the top right of the document written by Staff C off on medical leave 8/14/24 - 9/04/24. The Checklist lacked documentation of daily or weekly door alarm and wander guard alarm checks from 8/15/24 - 8/31/24. On 9/24/24 the Administrator submitted the facility Weekly Log Book Documentation for Wander Guard checks. The Wander Guard Weekly Door Alarm Checks were documented as completed on 7/29/24, 8/05/24, 8/12/24, 9/04/24, 9/10/24, 9/16/24 signed off as completed with Staff C initials at the upper left hand side of the documents. A 9/26/24 review of the Maintenance Log Book showed a Task in Use document dated 8/08/21 that directed the following weekly maintenance duties: Category Doors, Locks and Alarms. Test operation of door alarms and test operation of doors and locks. During an interview on 9/26/24 at 9:03 AM Staff C, reported he had been doing daily wander guard alarm checks and completing the documentation. He tested the door alarms first thing in the morning at 7 AM as inconspicuously as he could so not to upset the residents. The Administrator inquired about the wander guard door alarm checks after 9/09/24 as there had been an elopement. He had just returned from medical leave at that time. The Administrator asked him the week of September 9th to fill out both the door alarm check and the wander guard checks for the time that he was off on medical leave and that she really needed to have it done by the end of the day. He didn't want to do the documentation but he finally did document the checks on the forms and turned them in to the Administrator. On 9/26/24 at 11:51 AM Staff C reported he was outside grilling hot dogs and the Administrator came out and said the Assistant Director of Nursing (ADON) reported the log book alarms to the State. The Administrator said, I probably shouldn't even be telling you this. The State will come and will be asking about the alarm checks in the log book. The facility could get in a lot of trouble. He verbalized the Administrator just wanted to give him a heads up. Staff C verbalized he felt guilty about what he had done and decided to go talk the Administrator the next day. He didn't feel right documenting something he didn't do. He had documented 1-2 door alarm checks at the Administrator's request that he had not done. He reported that he called the Corporate Human Resources Director to inform her of what happened. The next day he was terminated. Staff C reported he felt horrible. He had documented door alarm checks that he had not done, but the wander guard alarms have always worked. During an interview on 9/26/24 at 3:32 PM Staff C confirmed he went on medical leave 8/14/24 and returned 9/04/24 as the Maintenance Supervisor. Staff C reviewed the weekly door alarm documentation and identified the door alarm check dated 9/16/24 had his initials documented in the top left-hand corner, but it was not his hand writing. He could not identify whose hand writing it was but it was not his. After more review, he identified all the remaining weekly alarm checks on file were in his hand writing. A 9/30/24 review of the August and September 2024 Time Cards from 8/11/24 - 9/30/24 showed Staff C off from 8/14/24 to 9/03/24 with return to work duties 9/04/24 to 9/17/24. (continued on next page)

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F 0946 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 9/30/24 the Administrator provided a documented statement dated 9/17/24 signed by the ADON on 9/16/24 at approximately 8:00 AM, Staff C approached her and asked her if she had a few moments to visit. Staff C proceeded to tell the ADON the Administrator came to him while he was grilling hot dogs for staff outside on 9/13/24 and told him she (ADON) had reported to corporate for falsifying documentation on the door alarm checks. The ADON responded who does the door alarm checks? Staff C said, well I do. Then the ADON asked who is responsible for this in your absence because you are not scheduled to work on holidays, weekends and off on vacation, etc? Staff C said, I just fill it in, if they worked on Friday and Monday, I know that they worked over the weekend. The ADON stated she thought the clipboard for the door alarm checks were to be hung in the laundry room so that laundry or housekeeping would do it in his absence. Staff C said, no it's my responsibility. During the morning meeting on 9/16/24, Staff C told the Administrator that he completed alarm testing, however, both the Director of Nursing and ADON arrive at the facility before Staff C arrived to work and did not hear any door alarms. The ADON wrote in her statement she arrived to work before Staff C at times and had not heard or seen Staff C doing the alarm/door tests at any time. On 9/30/24 at 2:12 PM the Administrator provided a copy of the September 2024 Daily Door Alarm Checklist which lacked documentation of any daily door alarm checks from 9/01/24 to 9/17/24. She reported she had not accepted any daily door alarm checks submitted by Staff C as she knew that the door alarm checks had not been done. The Administrator verbalized Staff C had told other staff that he had not completed the door alarm checks and none of the staff reported it to management. She expects documentation completed by employees to be truthful. If an employee cannot complete a task, they should not be documenting the task as completed. They should find another employee to complete the task. In this situation, the housekeeping department should have been communicated with to complete the door alarm checks. Housekeeping and Laundry personnel are now doing daily door alarm and wander guard checks until the maintenance director position can be filled. The Corporate Compliance Program: Ethics, Quality and Compliance Program updated 11/18/22 outlined the Program will be based on current laws and standards governing: a. Ethical practices and codes of conduct; b. Quality resident care; c. Maintaining a safe environment; and d. Oversight of facility practices. The Program under Creation and Retention of Documents specified accurate and complete record-keeping and documentation is critical to virtually every aspect of facility operation. It is the policy of the facility that all documentation shall be timely, accurate, and consistent with applicable professional, legal, and facility guidelines and standards. This includes all aspects of the facility's documentation. Falsification of records is strictly prohibited, including backdating of records, except appropriate late entries duly noted and under applicable professional and legal standards.