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	02/13/2025

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50874 Based on clinical record review, facility medical record, family, volunteer, resident, and staff interviews the facility failed to revise and implement interventions on the comprehensive Care Plan to include redirection for a resident with a known behavior of packing food into her mouth for 1 of 5 residents reviewed (Resident #2). The facility reported a census of 39. Findings Include: Resident #2 Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMs) score of 6, indicating severe cognitive impairment. The MDS included diagnoses of traumatic brain dysfunction (brain damage caused by an outside force), heart failure, hypertension (high blood pressure) and type 2 diabetes mellitus (a chronic condition where the body does not produce enough insulin). The MDS documented no swallowing disorders. The Care Plan Focus initiated [DATE] reflected Resident #2 had activities of daily living (ADL) self-care performance deficit related to confusion and impaired balance. The Intervention directed the staff Resident #2 had the ability to feed herself, but she could need cueing and set up assistance with her meals. The Care Plan Focus initiated [DATE] identified Resident #2 had the potential for nutritional problems related to her medical condition. The Care Plan directed staff to monitor, document and report to the primary physician as needed for signs and symptoms of dysphagia (pocketing food, choking, coughing, holding food in mouth, several attempts at swallowing). The Care Plan lacked information about Resident #2 packing food into her mouth. The Clinical Physician Orders printed [DATE] at 1:10 PM included a diet order dated [DATE] of a regular diet, regular texture, regular fluid, thin consistency (there was no change in texture or consistency of the food she was served). The Nutrition Progress Note completed [DATE] documented Resident #2 ate ,d+[DATE]% of her regular diet independently after set-up assistance. She accepted fluids and snacks at times. The note listed Resident #2 as edentulous (without teeth) with no reported issues chewing or swallowing. (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

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 02/13/2025
NAME OF PROVIDER OR SUPPLIER: Cedar Falls Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 1728 West Eighth Street Cedar Falls, IA 50613	

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Health Status Note dated [DATE] at 12:04 PM reflected Resident #2's tablemate alerted the staff of her possibly choking at 8:00 AM. The Certified Medication Aide (CMA) started the Heimlich maneuver, when the writer arrived, they took over. Resident #2 slumped to the floor, staff verified her code status and initiated cardiopulmonary resuscitation (CPR). The staff called 911 and the emergency responders arrived in around 2 minutes. They took over CPR and transferred her to the hospital. The writer notified Resident #2's sister of her condition. During an interview on [DATE] at 9:49 AM Staff A, Social Services, reported they observed Staff B, CMA, providing the Heimlich maneuver on Resident #2 on [DATE]. Staff A stood at the end of the hall approximately 60 feet away. Staff A proceeded down the hall and took over the Heimlich maneuver. Resident #2 became unresponsive and Staff B lowered her to the floor. Staff A verified they knew Resident #2 stuffed her mouth with food. During an interview on [DATE] at 11:17 AM, Staff B, revealed she saw Resident #2 walk away from the table on [DATE]. The tablemates alerted Staff B that Resident #2 stuffed 3 donut holes into her mouth. Staff B, approached Resident #2 and attempted to speak with her. Staff B revealed she observed a change in facial coloration in Resident #2. Staff B, CMA implemented the Heimlich maneuver. Staff B acknowledged they knew Resident #2 could pack her mouth while eating, but never observed her choke before the incident. On [DATE] at 1:49 PM Staff C, Certified Nurse Aide (CNA), acknowledged they knew Resident #2 could pack food in her mouth. Staff C stated she took handfuls of food at a time. Staff C reported they sometimes sat with Resident #2 while she ate. Staff C reminded Resident #2 to chew the food and take smaller bites. On [DATE] at1:54 PM Staff D, CNA, reported Resident #2 packed her mouth with food. At times Staff D sat with her as she ate. During an interview on [DATE] Staff E, CNA, reported they knew Resident #2 would place large amounts of food in her mouth. Staff E cut Resident #2's food into smaller bites. During an interview on [DATE], Staff F, Registered Nurse (RN), revealed she initiated Cardio Pulmonary Resuscitation (CPR) when they lowered Resident #2 to the floor on [DATE]. She didn't notice food in Resident #2's mouth. During an interview on [DATE] at 12:47 PM Staff G, Assistant Director of Nursing (ADON), acknowledged she updated the Care Plans on a day to day basis. Staff G explained didn't know Resident #2 stuffed her mouth with food while eating. During an interview with the Director of Nursing (DON), on [DATE] at 1:04 PM she indicated the CNA's reported their concerns directly to the nurses, ADON, and DON. Review of the Facility Care Plan, Comprehensive Person-Centered Care policy revised [DATE] instructed the following: a. The Interdisciplinary Team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered Care Plan for each resident. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	i. The IDT includes: 1. The attending physician 2. A registered nurse who has responsibility for the resident 3. A nurse aide who has responsibility for the resident 4. A member of the food and nutrition services staff 5. The resident and the resident's legal representative (to the extent practicable) 6. Other appropriate staff or professionals as determined by the resident's needs or as requested by the resident b. The Care Plan Interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment. 1. Identifying problem areas and their causes, and developing interventions that are targeted and meaningful to the resident, are the endpoint of an interdisciplinary process. 2. Assessments of residents are ongoing and Care Plans are revised as information about the residents and the residents' conditions change.