| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 165197 | A. Building<br>B. Wing | 03/26/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Cedar Falls Health Care Center | 1728 West Eighth Street<br>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 0609<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.<br><br>48003<br><br>Based on record review, policy review, and staff interviews the facility failed to report within the required time frame an allegation of abuse to Iowa Department of Inspection and Appeals and Licensing (DIAL) for 1 of 1 resident reviewed (Resident #1). The facility reported a census of 37 residents.<br><br>Findings include:<br><br>Review of the facility intake information reported to DIAL documented the facility reported Resident #1 had an allegation of missing money on 3/7/25 at 5:23 PM. The facility staff learned of the incident when Resident #1 reported it on 2/25/25.<br><br>During an interview on 3/25/25 at 1:20 PM, the Social Service Designee reported Staff A, Certified Nurses' Aide (CNA), told her Resident #1 reported he had missing money on 2/25/25. The Social Services Designee reported it right away to the Director of Nursing (DON) during the morning meeting after they verified Resident #1 was missing $50. The Administrator instructed her to check Resident #1's room to make sure he didn't miss place it. The Social Services Designee reported back to the Administrator, they didn't find the money when they searched the room.<br><br>During an interview on 3/26/25 at 9:30 AM, the Administrator reported she didn't feel Resident #1 had missing money because he had a history of misplacing things and she thought they would find the money. The Administrator acknowledged she should have reported it to DIAL within the required time frame.<br><br>During an interview on 3/26/24 at 3:06 PM, the Director of Nursing reported the allegation of abuse should have been reported to DIAL within the required timeframe.<br><br>The facility Abuse Prevention, Identification, Investigation, and Reporting policy revised 7/8/24 directed that staff must report allegations of abuse within 24 hours of the event that caused the allegation involving neglect, exploitation, mistreatment, injuries of unknown origin, and misappropriation, but did not result in serious bodily injury. |

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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