STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165198	A. Building B. Wing	12/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Iowa City Rehab & Health Care	3661 Rochester Avenue Iowa City, IA 52245

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, facility policy review, and staff interviews, the facility failed to provide a safe, clean, and homelike environment for the residents. The facility reported a census of 43 residents.Findings include: During an interview on 12/9/25 at 10:00 AM, Staff A, Transportation/Maintenance, while in the hopper room with a contracted plumber, stated the hopper (a specialized, large sink with a toilet- like flush used for hygienic disposal of body waste) is in need of repairs. Staff A stated the hopper had been out of order for a while and the facility initiated the process of getting bids to repair it. Staff A also stated floors in the facility needed cleaning and strippingOn 12/9/2025 from 10:10 AM to 10:30 AM, the following environmental concerns observed:a. In room [ROOM NUMBER], the heating/air conditioner unit on the wall under the window had a moderate amount of rust and missing paint.b. In room [ROOM NUMBER], the floor had a heavy buildup of dirt/dark substance throughout. The heating/air conditioner unit had a moderate amount of rust. The wall underneath the window, had a moderate amount of black substance on the base board.c. In room [ROOM NUMBER], the heating/air conditioner unit had a moderate amount of rust.d. In Room #'s 6, 11, 17, 19, 22, 21, 23, 24, 25, 35, 37, 39, 40, 41, 42, 44, 46, and 47 floors noted to have a moderate to heavy buildup of dark colored grime.Review of the policy titled, Routine Cleaning and Disinfection, updated July 2019 revealed:Policy: It is the policy of this facility to ensure the provision of routine cleaning and disinfection in order to provide a safe, sanitary environment and to prevent the development and transmission of infections to the extent possible.Definitions: Cleaning refers to the removal of visible soil from objects and surfaces and is normally accomplished manually or mechanically using water and detergents or enzymatic products. Disinfection refers to thermal or chemical destruction of pathogenic and other types of microorganisms. Hand Hygiene refers to a general term that applies to hand washing, antiseptic hand wash and alcohol-based hand rubs. Standard Precautions refer to the infection prevention practices that apply to all residents, regardless of suspected or confirmed diagnosis or presumed infection status. Transmission Based Precautions refer to actions (precautions) implemented in addition to standard precautions that are based upon the means of transmission (airborne, contact, and droplet) in order to prevent or control infections. Policy Explanation and Compliance Guidelines, in part:1. Routine cleaning and disinfection of frequently touched or visibly soiled surfaces will be performed in common areas, resident rooms, and at the time of discharge.

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, facility policy review, resident and staff interviews, the facility failed to administer medication as the physician prescribed for 2 of 3 residents reviewed (Resident #2, #3). The facility reported a census of 43 residents. Findings include:1. Review of the Minimum Data Set (MDS) dated [DATE] revealed Resident #2 had no cognitive impairment based on Brief Interview for Mental Status (BIMS) score of 13 out of 15. The list of diagnoses included chronic obstructive pulmonary disease (COPD), chronic pain, and diabetes.During an interview on 12/9/25 at 9:00 AM, Resident #2 stated she did not receive pain medication on 12/7/25 for approximately 20 hours. Resident #2 stated she knew the medication would run out and was told not to worry. Resident #2 stated on 12/7/25 she received a dose at 3:00 AM, and the next dose at 9:00 PM. Resident #2 stated she did receive an alternative medication but it was not effective. Review of the December 2025 Medication Administration Record (MAR) revealed an order for Hydromorphone HCL (narcotic pain medication), oral liquid 1 MG (milligram/1 ML (milliliter), give 8 ml by mouth every 3 hours for moderate pain. Scheduled times indicated: 0000 (midnight), 0300 3:00 AM), 0600 (6:00 AM), 0900 (9:00 AM), 1200 (12:00 PM) , 1500 (3:00 PM) , 1800(6:00 PM) , 2100 (9:00 PM) to be administered every three hours. Start Date: 12/5/25. Review of the administration indicated a 9 documented on 12/7/25 for the scheduled doses for 0600, 0900, 1200, 1500, and 1800. Per the MAR Chart Codes indicate a 9 = Other/See Progress Notes.Review of the electronic health record (EMR) revealed a General Progress Note entered on 12/7/25 at 4:25 AM, revealed Nurse called [name of hospice provider redacted] that resident needing supply for Hydromorphone 1 mg/ml.During an interview on 12/15/2025 at 11:35 AM, Staff G, ADON (Assistant Director of Nursing) reported the facility recently met with Resident #2's family to discuss concerns. After a review of the Narcotic Count Sheets errors were found and the facility planned to educate the staff. Staff G stated on 12/7/25 Resident #2 missed scheduled Hydromorphone because staff failed to order it in time along with bad weather which delayed the delivery.During an interview on 12/15/2025 at 1:30 PM, Staff H, RN (Registered Nurse) reported working on 12/7/2025 from 6 A.M. - 6 P.M. Staff G stated when she arrived, the off-going nurse reported Resident #2 had no Hydromorphone, and Staff G needed to call hospice and get an order. Staff G followed up, called hospice and the medication arrived after her shift ended.2. Review of the MDS, dated [DATE], revealed Resident #3's with a BIMS score of 15 out of 15 which indicated no cognitive impairment. The list of diagnoses included asthma, COPD, and other chronic lung disease. Review of the EMR revealed a General Progress Note entered on 11/21/2025 at 2:32 PM for a provider examination regarding to continuing symptoms of course crackles (lung sounds), cough and shortness of breath. The provider noted Resident #3 is also having notable wheezing. The note indicated a new order to be started for Zithromax (antibiotic), prednisone (corticosteroid to reduce inflammation) and an albuterol inhaler.Review of a General Progress Note entered into the EMR on 11/26/25 at 2:29 PM, revealed a follow up note by the provider which included, in part.11/21 [Friday], pt (patient) cont (continues) to have above symptoms [course crackles, cough, shortness of breath and wheezing]. Started prednisone 40 mg daily x 5 days, albuterol pm, and Zithromax x 5 days. Unfortunately, these medications were not started over the weekend.started on medications on 11/24 [Monday]During an interview on 12/15/2025 at 10:25 AM, Staff F, Interim DON (Director of Nursing) reported staff failed to order the medication in a timely manner and that led to the missed medications. Staff F indicated she had plans to hold an in-service regarding medication administration and narcotic documentation.Review of the facility policy titled, Administering Medications, revised 12/2012 revealed, in part: Policy Statement - Medications shall be administered in a safe and timely manner and as prescribed. Policy Interpretation and Implementation section, #3. Medications must be administered in accordance with the orders including any required time frame.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, clinical record review, facility policy reviews, resident and staff interviews, the facility failed to provide a restorative program for 3 of 3 residents (Resident # 1, #3, #4) at risk of physical decline related to diagnosis and risk of falls. The facility reported a census of 43 residents. Findings include1. Review of the Minimum Data Set (MDS), dated [DATE] for Resident #1 revealed the resident ambulated independently and had diagnoses of chronic obstructive pulmonary disease (COPD), pain and diabetes. Review of Resident #1 Care Plan, date revised 10/24/25 revealed a Focus area to address [Name redacted, Resident #1] is at risk of falls related to impaired balance, poor safety awareness, neuromuscular/functional impairment and/or the use of medications that may increase falls risks related to dx (diagnosis) of chronic pain, DM2 (diabetes), HTN (hypertension), CKD4 (chronic kidney disease stage 4), incontinence, and drug induced akathisia (movement disorder). Interventions included, in part: Encourage activities that promote exercise and physical activity for strengthening and improved mobility. PT/OT to evaluate as ordered. During an observation on 12/8/2025 at 10:00 AM, Resident #1 ambulated independently in the hall with a walker. During an interview on 12/8/25 at 12:58 PM, Resident #1 stated he was bored and would like to ride the exercise bike in therapy but was denied. The resident reported he had spinal stenosis and felt he would benefit from it. Resident #1 reported he was told he needed to have staff with him and since he could walk, he did not need the exercise bike. During an observation on 12/9/2025 at 9:00 AM, Resident #1 ambulated in the hall. The resident reported he had increased leg pain and would like to do exercises for his legs. 2. Review of the MDS, dated [DATE], revealed Resident #3's with a BIMS score of 15 out of 15 which indicated intact cognition. The MDS assessed the resident independent with ambulation. The list of diagnoses included cerebral palsy (neurological disorder caused by non-progressive damage to brain affecting movement, posture, balance and muscle coordination), unspecified, unspecified abnormalities of gait and mobility and unspecified lack of coordination. Review of Resident #3 Care Plan, date revised 3/3/2025 revealed a Focus are to address [Name redacted, Resident #3] has a dx (diagnosis) of Cerebral Palsy and is at risk for declines in medical conditions and ADL's (activities of daily living). Interventions included, in part Provide daily opportunities to engage in activities that will help maintain current level of coordination, Therapy to screen for declines and treat as indicated During an observation on 12/9/2025 at 9:30 AM, Resident #3 sat in his room in a chair. During an interview he reported he had used the exercise bike for quite some time and then it stopped. Resident #3 stated he would like to continue riding it since it helped him get out of his wheel chair and now used a cane. He stated he could also do other exercises but currently could not until the facility hired someone. The resident reported he felt like he was getting weaker and it gave him something to do. 3. The MDS for Resident #4, dated 10/15/2025 revealed Resident #4 had a BIMS score of 15 out of 15 which indicated cognition intact. The list of diagnoses included morbid obesity and respiratory failure. The MDS indicated Resident #4 ambulated independently. Review of Resident #4's Care Plan, date revised 1/17/25 revealed a Focus area to address [Name of resident redacted, Resident #4] is at risk for falls related to impaired balance, poor safety awareness, neuromuscular impairment and use of medications that may increase fall risk. Interventions included, in part: PT/OT to evaluate and treat as ordered. During an observation on 12/9/2025 at 9:40 AM, Resident #4 in her room, in bed. During an interview, Resident #4 stated she would like to go to the therapy room and ride the bike, but she is not allowed because the facility does not have the staff to help. During an interview on 12/8/2025 at 9:35 AM, Staff D, OT (Occupational Therapist) reported working at the facility since July and no residents were currently on a restorative program. Staff D stated the facility had no program when she started and she has been trying to get it off the ground. She stated if a resident is not on the therapy caseload, they have no program. Staff D stated she has a list of residents she felt would benefit from the program. The list included Resident #1, #3 and #4. She explained she would provide training on the equipment and provide a plan when a resident discharged from therapy. Staff D stated she informed the administrator that she would like to get a program started. An aide or restorative aide needs to oversee the resident when they use the bike and there needs to be someone in charge of the program. During an interview on 12/8/2025 at 9:50 AM, the Administrator reported the facility had no restorative program in July when he started. He knew of the concern, however the facility had more pressing issues to deal with. Review of the facility policy, titled Restorative Nursing Policy, revised July 2017 revealed a Policy Statement, which declared Residents will receive restorative nursing care as needed to

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, resident and staff interviews and record review, the facility failed to have sufficient staff to meet the needs of the residents. The facility reported a census of 43. Findings include: During a continuous observation on 12/8/2025, the call light for room [ROOM NUMBER] activated at 10:40 AM, and remained on until answered at 10:58 AM. During a continuous observation on 12/9/2025, the call light for Resident #6's room (#42) activated at 12:15 PM. The resident observed in bed, lying on her right side with her head against the side rail. The resident's lunch tray sat on the bedside table near the bed. At 12:38 PM, the call light turned off. At 12:40 PM, during an interview, Resident #6 stated Staff B, Nurse Practitioner helped her. The resident positioned in the bed, with the head of the bed elevated, and her head rested on a pillow. The resident began to eat lunch. Staff B stated the resident prefers to eat in her room, in bed. During an interview on 12/9/25 at 12:45 PM, Staff C, Certified Nursing Assistant (CNA) stated she worked on the East Hall, day shift. Staff C stated the facility had one aide one each hall at that time. She stated normally, the facility scheduled two aides on the East Hall. Staff C stated there are times she works late to get resident baths done.During an observation on 12/9/2025 at 11:35 AM, Resident #5 in bed, dressed in a gown and eating lunch. The resident requested to speak to the State Agency about staffing. Review of the Minimum Data Set, dated [DATE] revealed Brief Interview for Mental Status score of 15 out of 15, which indicated intact cognition. Resident #5 stated call lights were not answered in a timely manner. He stated it often takes up to an hour, on all shifts, for staff to respond. The resident stated sometimes the facility only scheduled one aide on East Hall. During an interview on 12/9/2025 at 9:00 AM, Resident #2 stated call lights getting answered depended on the number of staff working. She stated when staff reveal they are working short it takes longer. She added when the facility has enough staff it generally took less than 15 minutes. Review of the facility policy, titled Call Lights: Accessibility and Timely Response revealed a Policy purpose statement which declared: The purpose of this policy is to assure the facility is adequately equipped with a call light at each resident's bedside, toilet, and bathing facility to allow residents to call for assistance. Call lights will directly relay to a staff member or centralized location to ensure appropriate response. The Policy Explanation and Compliance Guidelines, directed in part:1. All staff will be educated on the proper use of the resident call system, including how the system works and ensuring resident access to the call light. 10. All staff members who see or hear an activated call light are responsible for responding. If the staff member cannot provide what the resident desires, the appropriate personnel should be notified. 11. Process for responding to call lights:a. Turn off the signal light to the resident's room. b. Identify yourself and call the resident by name. c. Listen to the resident's request and respond accordingly.