

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165199	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/31/2024
NAME OF PROVIDER OR SUPPLIER  Creston Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1001 Cottonwood Drive Creston, IA 50801	

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 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>46873</p> <p>Based on clinical record review, staff interview and policy review, the facility failed to administer pain medication according to physician orders for 1 of 3 residents reviewed for pain assessment (Resident #1). The facility reported a census of 57.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) of Resident #1, dated 10/14/24 documented a Brief Interview of Mental Status (BIMS) score of 9, which indicated moderate cognitive impairment. Further BIMS interviews conducted on 10/21/24 and 10/29/24 revealed a score of 15, indicating cognition intact. The MDS documented diagnoses that included: arthritis, fracture, anxiety, depression and bipolar disorder. The MDS recorded the resident experienced pain during the 5-day look back period and received medications for pain both scheduled and as needed. The MDS recorded the resident as having frequent pain over the 5 day lookback period, and the pain interfering with participation in therapy frequently.</p> <p>The Care Plan dated 10/11/24 documented a Focus of Pain related to current diagnosis. The Care Plan directed staff to anticipate the need for pain relief and respond immediately to any complaints of pain.</p> <p>The Medication Administration Record (MAR) of Resident #1 for October of 2024 documented the resident had orders for acetaminophen and ibuprofen (two types of over the counter pain medications) for scheduled pain medications. The MAR additionally documented two as needed pain medication orders. The MAR reflected an order for Oxycodone (a narcotic pain medication), 5 mg, give one tablet every four hours as needed for pain, if pain is rated between 1-5 (on a 00 to 10 pain scale with 10 being the worst pain imaginable). The MAR reflected a second order for Oxycodone, 5 mg, give two tablets every four hours as needed for pain if pain is rated between 6-10.</p> <p>The MAR documented the resident received 12 doses of Oxycodone, 5 mg, one tablet, between 10/11/24 and 10/30/24. Of the 12 doses documented, the resident had rated her pain as a 6 or higher on eight of those times.</p> <p>10/11/24 - Rated pain as an 8, received one tablet of Oxycodone</p> <p>10/12/24 - Rated pain as a 6, received one tablet of Oxycodone</p> <p>10/17/24 - Rated pain as a 7, received one tablet of Oxycodone</p> <p>(continued on next page)</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>10/26/24 - Rated pain as a 9, received one tablet of Oxycodone</p> <p>10/27/24 - Rated pain as a 6, received one tablet of Oxycodone</p> <p>10/28/24 - Rated pain as an 8, received one tablet of Oxycodone</p> <p>10/29/24 - Rated pain as a 10, received one tablet of Oxycodone</p> <p>10/30/24 - Rated pain as an 8, received one tablet of Oxycodone</p> <p>On 12/31/24 at 10:53 am, the Director of Nursing stated if a resident has orders based on pain scale, it is the expectation that the order that correlates to that pain scale should have been given. Any pain rated higher than five should have been two pills, not one.</p> <p>The facility policy Administering Medications, Revision Date April 2019, documented the following:</p> <p>Point 4 - Medications are administered in accordance with prescriber orders, including any required time frame.</p> <p>Point 8 - If a dosage is believed to be inappropriate or excessive for a resident, or a medication has been identified as having potential adverse consequences for the resident or is suspected of being associated with adverse consequences, the person preparing or administering the medication will contact the prescriber, the resident's Attending Physician or the facility's Medical Director to discuss the concerns.</p> <p>Point 10 - The individual administering the medication checks the label THREE (3) times to verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication.</p>		