

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 05/08/2025
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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>49990</p> <p>Based on observations, clinical record review, family and staff interviews, and policy review, the facility failed to support the residents right to her choice by not assisting the resident in leaving her room despite multiple requests for 1 of 3 residents screened (Resident #33). The facility reported a census of 47.</p> <p>Findings Include:</p> <p>The quarterly Minimum Data Set (MDS) for Resident #33, completed 04/15/2025, documented her brief interview for mental status score as 05, indicating severely impaired cognition. It documented the following relevant diagnoses: cerebrovascular event (stroke), Non-Alzheimer's dementia, anxiety disorder, depression, and vascular dementia with behavioral disturbance. It documented the resident required a wheelchair for mobility and that she was fully dependent on staff for wheelchair mobility.</p> <p>The Care Plan for Resident #33, last revised on 05/03/2025, documented the resident has periods of increased anxiety behaviors. It instructs staff to assist the resident to a quieter, less populated place if she becomes agitated and to provide emotional supports and reassurance. It also directs staff to implement supports as ordered by physician.</p> <p>The Medication Administration Record for Resident #33 for the month of May, printed on 05/07/2025, documented the number of targeted behaviors the resident had, as well as the interventions attempted to calm the resident. It detailed the possible interventions as: encourage to voice concerns, one on one with staff, call family or friend, weighted blanket, calming music, take a walk, diversional activity, and other.</p> <p>A direct observation on 05/05/2025 at 10:08 AM revealed Resident #33 calling repeatedly for help. She called this surveyor over and asked for help. She began to cry, stating she could not move her wheelchair because it was locked, and that she would like to leave her room. After leaving the room she continued to call for help, and a certified nurse aide (CNA) responded for a moment to speak to the resident, closed her door, and walked away (Staff A). The resident continued to call for help until she was removed from her room for lunch service at 11:22 AM.</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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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A direct observation on 05/07/2025 at 07:43 AM revealed Resident #33 again calling for help and asking to leave her room. Numerous staff members were observed walking by while the resident continued to ask to leave her room and call for help. At 08:17 AM Resident #33 left her room using her wheelchair on her own, before being stopped by Staff A, and returned to her room at 08:20 AM. Her wheelchair wheels were locked at this time.</p> <p>In an interview on 05/05/2025 at 11:24 AM with Resident #33's family member, he stated he has previously addressed issues with the facility when they would lock his wife's wheelchair wheels and place her in her room without trying other interventions. He stated he feels they lock her in her room like it's a prison and don't let her come out. He stated she calms down quickly when provided with one on one support and that is one of the interventions they are supposed to try instead of letting her just yell in her room.</p> <p>An interview on 05/05/2025 at 10:29 AM with Staff A, CNA, she stated she had locked the resident's wheelchair brakes so the resident could not leave her room, as she was currently being disruptive. She stated she was not going to try other interventions until Resident #33's husband arrived. She stated he was supposed to arrive by noon.</p> <p>An interview on 05/08/2025 at 12:28 PM with Staff B, CNA, she stated staff are directed to assist dependent residents out of their rooms when they request assistance with that. She state she was familiar with Resident #33 and that if one intervention fails, they should try other interventions. She stated one-on-one care is something they are supposed to offer.</p> <p>An interview on 05/08/2025 at 12:31 PM with Staff A, CNA, she acknowledged she should have helped Resident #33 out of her room when she asked, and she had attempted other interventions beyond quiet time as Resident #33 had continued to loudly vocalize in her room, indicating the intervention had failed. She stated she is supposed to help dependent residents leave their room when they request it outside of extraordinary circumstances.</p> <p>An interview on 05/08/2025 at 12:35 PM with Staff C, Licensed Practical Nurse (LPN), she stated if a resident requested to leave their room and was dependent on staff to leave, she would help them get where they were going. She stated she was familiar with Resident #33, and that they are supposed to try a variety of interventions until something works. She further stated they have been instructed not to lock Resident #33's wheelchair brakes as she is capable of independent wheelchair mobility on an inconsistent basis.</p> <p>An interview on 05/08/2025 at 11:49 AM with the Director of Nursing, she stated her expectation is for staff to assist residents who are dependent on staff to leave their room when they ask unless they're on isolation protocols for illness. She stated her expectation was for staff to provide a variety of interventions, not just try one intervention.</p> <p>Review of a facility provided document titled Resident Rights, with a last revised date of December 2012, it stated in section 1, subsection D, that residents are to be free from corporal punishment or involuntary seclusion. In subsection H it stated the resident will be supported by the facility in exercising his or her rights.</p>		

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<p>F 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assess the resident when there is a significant change in condition</p> <p>46873</p> <p>Based on clinical record review, staff interview, and guidance from the 2024 Resident Assessment Instrument (RAI) Manual, the facility failed to complete and transmit Comprehensive Minimum Data Set (MDS) Assessments following a significant change within federal guidelines for 5 of 5 residents (#2, #17, #31, #34 and #45) reviewed for MDS Assessments. The facility reported a census of 47 residents.</p> <p>Findings include:</p> <p>1. The Census Line portion of the Electronic Health Record (EHR) of Resident #2 documented the resident enrolled in hospice care on 11/1/24. The Medicare Hospice Election form additionally dated 11/1/24 as the date of hospice services to begin for Resident #2.</p> <p>The Significant Change MDS of Resident #2 was dated 11/12/24. Page 58 of the MDS recorded a completion date of 11/26/24, which was 25 days after hospice election.</p> <p>2. The Census Line portion of the Electronic Health Record of Resident #17 documented the resident enrolled in hospice care on 3/12/25. The Medicare Hospice Election form additionally dated 3/12/25 as the date of hospice services to begin for Resident #17.</p> <p>The Significant Change MDS of Resident #17 was dated 3/21/25. Page 58 of the MDS recorded a completion date of 4/4/25, which was 23 days after hospice election.</p> <p>3. The Census Line portion of the Electronic Health Record of Resident #31 documented the resident enrolled in hospice care on 3/31/25. The Medicare Hospice Election form additionally dated 3/31/25 as the date of hospice services to begin for Resident #31.</p> <p>The Significant Change MDS of Resident #31 was dated 4/8/25. Page 58 of the MDS recorded a completion date of 4/21/25, which was 21 days after hospice election.</p> <p>4. The Census Line portion of the Electronic Health Record of Resident #34 documented the resident enrolled in hospice care on 7/18/24. The Medicare Hospice Election form additionally dated 7/18/24 as the date of hospice services to begin for Resident #34.</p> <p>The Significant Change MDS of Resident #31 was dated 7/24/24. Page 58 of the MDS recorded a completion date of 8/5/24, which was 18 days after hospice election.</p> <p>5. The Census Line portion of the Electronic Health Record of Resident #45 documented the resident enrolled in hospice care on 2/8/25. The Medicare Hospice Election form additionally dated 2/8/25 as the date of hospice services to begin for Resident #45.</p> <p>The Significant Change MDS of Resident #45 was dated 2/18/25. Page 58 of the MDS recorded a completion date of 3/4/25, which was 24 days after hospice election.</p> <p>(continued on next page)</p>		

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<p>F 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>According to the 2024 RAI Manual, a Significant Change (comprehensive) assessment is required to be performed when a terminally ill resident enrolls in a hospice program. The RAI states the MDS completion date must be no later than 14 days after the determination that the criteria for a Significant Change are met.</p> <p>On 5/7/24 at 11:24 am, the Director of Nursing stated education will be provided to the MDS Coordinator regarding the timing of MDS completions.</p> <p>On 5/7/25 at 1:47 pm, via email, Regional Clinical Reimbursement Specialist stated the facility had no policy regarding MDS Assessments. She stated the facility follows the RAI manual.</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47079</p> <p>Based on clinical record review, resident and staff interview, and guidance from the Centers for Disease Control and Prevention (CDC), and policy review, the facility failed to offer and provide the recommended COVID-19 vaccine to eligible residents for 1 of 5 resident reviewed for vaccines (#40). The facility reported a census of 47 residents.</p> <p>Findings include:</p> <p>The vaccine record of Resident #40 indicated the resident refused the appropriate COVID 19 vaccine.</p> <p>The Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated completely intact cognition. It included diagnoses of heart failure, chronic kidney disease, diabetes mellitus, seizure disorder, anxiety, depression, and asthma. It also indicated the resident was not up to date with her COVID-19 vaccination.</p> <p>The Electronic Health Record (EHR) Progress Notes included documentation dated 11/26/24 which indicated the resident declined the COVID-19 vaccine.</p> <p>On 5/07/25 at 1:08 PM, a document titled COVID-19 2024-2025 Vaccine Consent Form included the written statement Refused 11/26/24 with no resident or staff signatures.</p> <p>On 5/07/25 at 3:46 PM, Resident #40 stated she was not offered the COVID-19 vaccine. She confirmed she declined the influenza and pneumococcal vaccines, but stated she would take the COVID-19 vaccine if offered.</p> <p>On 5/07/25 at 3:50 PM, the Director of Nursing (DON) stated she didn't know why the COVID-19 declination form lacked the resident's or staff member's signature.</p> <p>The CDC document titled 2024-2025 COVID-19 Vaccination Guidance for People 6 months of Age and Older dated 3/14/25 included the following guidance for adults age [AGE] years of age and older:</p> <p>a) Unvaccinated (0 doses); Give 1 dose now, followed by 1 dose 6 months later.</p> <p>b) Any number of previous doses of any COVID-19 vaccine, NOT including 1 dose of any 2024-25 COVID-19 vaccine; Give 1 dose at least 8 weeks after the last dose, followed by 1 dose 6 months later.</p> <p>c) Any number of previous doses of any COVID-19 vaccine, INCLUDING 1 dose of any 2024-25 COVID-19 vaccine; Give 1 dose 6 months after the last dose of the 2024-25 COVID-19 vaccine.</p> <p>d) Any number of previous doses of any COVID-19 vaccine, INCLUDING 2 doses of any 2024-25 COVID-19 vaccine; No further doses are indicated.</p> <p>(continued on next page)</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/08/25 at 11:49 AM, the DON stated the resident should have given and staff should have obtained a signature on the declination when she was originally asked if she wanted a vaccine. Staff use consents and declinations to determine if a resident was asked if they wanted a vaccine.</p> <p>A policy titled Vaccination of Residents dated 10/2019 indicated all residents will be offered vaccines that aid in preventing infectious diseases unless the vaccine is medically contraindicated or the resident has already been vaccinated. It also indicated:</p> <ol style="list-style-type: none"> 1. Prior to receiving vaccinations, the resident or legal representative will be provided information and education regarding the benefits and potential side effects of the vaccinations. (See current vaccine information statements at https://www.cdc.gov/vaccines/hcp/vis/index.html for educational materials.) 2. Provision of such education shall be documented in the resident's medical record. 		