STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165209	A. Building B. Wing	06/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southridge Specialty Care	309 West Merle Hibbs Boulevard Marshalltown, IA 50158

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35434 Based on observation, clinical record review, policy review, staff and resident interviews, the facility failed to ensure a dignified existence for 2 of 24 residents reviewed by failing to speak to a resident in a respectful and dignified manner (Resident #32) and by placing a resident's disposable incontinent pad in view of others (Resident #21). The facility reported a census of 73 residents. Findings: 1. Resident #32's Minimum Data Set (MDS) assessment dated [DATE], identified a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. The MDS included diagnoses of heart failure, non Alzheimer's dementia, and morbid obesity. A 12/28/22 Care Plan entry directed staff to speak to her in a calm manor. On 6/19/24 at 12:55 PM, via phone, Staff A Certified Nursing Assistant (CNA), stated she and Staff B, CNA, cared for Resident #32 and Resident #32 told them that she alerted her call light several times prior to them coming to help her. Staff A stated that Staff B told Resident #32 that the aides were on their time and not on her time. Staff A stated she felt the comment was rude. On 6/20/24 at 9:12 AM, Resident #32 stated a staff member told her that she had other residents to see that were sicker than she was. She stated the staff member told her this after she was in the hospital and was really sick. She stated this made her feel like she didn't count. 2. Resident #21's MDS assessment dated [DATE], identified a BIMS score of 12, indicating moderately impaired cognition. The MDS listed Resident #21 as occasionally incontinent of urine. The MDS included diagnoses of heart failure, seizure disorder, and schizophrenia. On 6/17/24 at 11:13 AM, Resident #21 wheeled himself down the hallway in his wheelchair. He had a disposable incontinent pad under him which protruded out from under him several inches. Resident # was in a common area where staff and other residents were present. At 2:40 PM, the pad remained under him and was visible to others. Care Plan entries, dated 3/22/22, reflected Resident #21 had occasional incontinence of urine. (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

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility policy Dignity revised February 2021, stated the facility would care for residents in a manner which promoted and enhanced the sense of well being and feelings of self worth and self-esteem. The policy directed staff to treat residents with dignity and respect at all times. On 6/20/24 at 12:07 PM, the Director of Nursing (DON) acknowledged staff should speak to residents in a dignified manner. She stated the incontinent pads do usually stick out because the residents wanted the larger size.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35434 Based on grievance forms, policy review, staff, and resident interviews, the facility failed to make a prompt effort to resolve a grievance related to missing items for 1 of 1 resident reviewed for missing property (Resident #23). The facility reported a census of 73 residents. Findings: Resident #23's Minimum Data Set (MDS) assessment dated [DATE], identified a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. The MDS included diagnoses of anxiety disorder, diabetes, and depression. On 6/18/24 at 9:16 AM, Resident #23 stated she had a lot of clothes disappear including 7 T shirts and a couple pairs of pants. She stated she provided the Administrator with a list of missing items but they hadn't done anything. A Grievance/Concern Investigation Form, dated 5/2/24, stated Resident #23 had a missing a pair of pants. A 5/14/24 addendum stated the pants were located and the facility would replace other missing items when Resident #23 provided a list. The facility policy Grievances/Complaints, Recording and Investigating revised April 2017, stated the facility would investigate all grievances and complaints filed and would carry out corrective actions. On 6/20/24 at 12:20 PM, the Administrator stated with regard to missing items, the facility would investigate and look into replacing them. He stated he had a list from Resident #23 but needed to purchase the replacements.

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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** 48452 Based on observation, resident and staff interviews, the Payroll Based Journal (PBJ) Staffing Report, and policy review the facility failed to maintain staffing levels to consistently answer call lights within a reasonable amount of time for 5 of 24 residents reviewed for staffing (Residents #24, #30, #32, and #56). Residents and staff reported low staffing caused delayed cares. The facility reported a census of 73 residents. Findings include: 1. A document titled PBJ Staffing Report revealed the facility reported Excessively Low Weekend Staffing data to the Centers for Medicare and Medicaid Services. An interview with the Administrator on 6/19/24 at 11:20 AM determined one Scheduling Coordinator did the staffing. At 11:26 AM on 6/19/24 the Scheduling Coordinator stated the facility staffed based on census for each side. They completed the schedule about a month in advance. A typical schedule included 3 aides on the north side, 3 aides on the south side, and a float during the day, with 1 aide on each side and a float overnight. She stated staffing was the same on the weekends, but no restorative or shower aides. The Coordinator stated staff were supposed to find their own coverage if they had to call in, but it was management's responsibility if they could not. She also said they might have only 2 aides per side and a float if they could not find coverage, and confirmed that could slow down cares. On 6/19/24 at 2:31 PM the Director of Nursing stated the facility had a manager on duty on the weekends. They worked 4 hours a day and mostly day shift. If someone called in, they tried to replace them. She stated they were short staffed on second shift for a while, then on third, and thought it was getting better. She reported no weekend staffing concerns at the time of the interview. The Daily Staffing Sheet, reviewed 6/19/24, revealed the following weekend shifts with empty circles and/or crossed out names: a. 6/16/24: 11:30 AM 2:00 PM north 3 CNA b. 6/16/24: 2:00 PM 6:00 PM south 2 CNA c. 6/16/24: 10:00 PM 6:00 AM south CNA d. 6/15/24: 6:00 AM 10:00 AM north 1 CNA e. 6/2/24: 4:00 AM 6:00 AM float CNA f. 6/1/24: 2:00 PM 10:00 PM north 3 CNA g. 5/26/24: 2:00 PM 6:00 PM north 2 CNA (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	h. 5/26/24: 6:00 PM 10:00 PM south CNA i. 5/25/24: 2:00 AM 6:00 AM float CNA An interview with the Administrator on 6/20/24 at 9:55 AM confirmed the circled sections of the Daily Staffing Sheet without a name were shifts not filled. He further stated staff should answer the call lights as soon as possible, no later than 15 minutes. 2. Resident #24's Minimum Data Set (MDS) dated [DATE] identified a Brief Interview of Mental Status (BIMS) score of 15, indicating intact cognition. Resident #24 total staff assistance for toilet use, hygiene, and substantial/maximal assist with bathing and upper body dressing. An interview with Resident #24 on 6/17/24 at 11:38 AM revealed she waited between one to one and a half hours on Saturday (6/15/24) for someone to answer her call light. In addition, she explained some staff came in, turned off the light saying they needed to get more help, and then didn't come back. Other staff told her their help would have to be quick and hurried through cares. She felt staff were in too big of a hurry to get out of her room and made excuses not to take care of everything she needed. Resident # stated staff made her feel like she was too picky. Resident #25 reported staff got upset if she told them everything she needed up front, and other staff got upset if she waited until after they completed her first request. She stated staff have walked out of her door while she was still talking to them and asking for more help, and said they had too much to do. She just wanted them to slow down and make sure she had everything she needed. A facility policy titled Answering the Call Light, revised March 2021, documented the purpose of the procedure was to ensure timely responses to resident's requests. The policy lacked a time frame for call light response. 46513 3. In an interview on 6/17/24 at 11:38 AM, Resident #30 relayed the facility didn't have enough staff, the wait is unpredictable and could be over a half hour. She explained she timed wait via her computer or phone. Resident #30's Minimum Data Set (MDS) assessment dated [DATE] identified a BIMS score of 15, indicating intact cognition. 4. In an interview on 6/17/24 at 12:31 PM, Resident #32 reported usually having to wait about 30 minutes for someone to answer her call light. She relayed she used the wall clock and television clock to time the wait. Resident #32's Minimum Data Set (MDS) assessment dated [DATE] identified a BIMS score of 15, indicating intact cognition. 5. In an interview on 6/17/24 at 12:54 PM, Resident #56 stated the weekends staffing is the worst, you won't see cars in the parking lot, there may be one staff on each side and one float staff sometimes. It can take a long time for the response to the call light. Last weekend (6/15/24 to 6/16/24) it was short staffed, and is usual for most weekends. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #56's Minimum Data Set (MDS) assessment dated [DATE] identified a BIMS score of 15, indicating intact cognition.