

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165214	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/26/2024
NAME OF PROVIDER OR SUPPLIER Lantern Park Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 Oakdale Road Coralville, IA 52241	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37072</p> <p>Based on record review and staff interview the facility failed to provide baths for 1 out of 3 residents reviewed (Resident #1) The facility identified a census of 85 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) dated [DATE] for Resident #1 indicated a Brief Interview for Mental Status (BIMS) score of 15 which indicates no cognitive impairment. It further indicated diagnoses including: chronic obstructive pulmonary disease (COPD), respiratory failure and anxiety. The MDS indicated Resident #1 required moderate assist from staff for transfers, bathing, dressing and personal hygiene.</p> <p>The care plan with a date initiated of 8/12/24 revealed Resident #1 needed assistance with activities of daily living. The care plan interventions directed staff to provide assistance of one with baths on Monday and Thursday.</p> <p>The facility provided documentation of Resident #1 baths for August 2024 and he only received one bath on 8/29/24. The facility failed to provide documentation of baths in September.</p> <p>During an interview on 9/26/24 at 10:42 AM Staff A, Registered Nurse (RN) stated residents should get baths 2 times a week. There is a designated bath aide and if there are not available certified nursing assistants will complete the bath.</p> <p>During an interview on 9/26/24 at 10:46 AM Staff B, RN stated the bath aides are responsible for giving baths. If the bath aides get pulled we have them do them on Sunday as a make up day. There is a master list of room numbers is how the aides know who should get a bath and the list is done by room numbers. There is a master sheet that has all the room numbers and this is how they know who needs a bath. The bath aide also have a sheet they should fill that the sign off when they are done and also note on there if they have any skin problems.</p> <p>On 9/26/24 at 11:03 AM Staff C, Certified Nurse Assistant (CNA) stated baths are assigned to resident by their room number then staff complete. I have a bath list on who to do the bath for and they all have assigned days. New admission are assigned by room number and they always keep those bath days for that room number. Residents should get baths 2 x a week if they request sometimes it is on the care plan for 3 times a week.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/26/24 at 11:10 AM the Regional Director of Clinical Services states typically resident get baths 2 times a week. We assign bath days, normally it would be done on admission they would sign on a task bar in the electronic health record and it would flow over to a careplan. She stated we do usually give baths 2 times a week.</p> <p>The facility provided a policy titled Supporting Activities of Daily Living dated March 2018 which directed staff to:</p> <p>Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with:</p> <ul style="list-style-type: none"> a. Hygiene (bathing, dressing, grooming, and oral care); b. Mobility (transfer and ambulation, including walking); c. Elimination (toileting); d. Dining (meals and snacks); and e. Communication (speech, language, and any functional communication systems).