

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165215	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2024
NAME OF PROVIDER OR SUPPLIER Lyon Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1010 South Union Rock Rapids, IA 51246	

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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44420</p> <p>Based on clinical record review, staff interviews, and facility policy, the facility failed to completed a bed hold notice with the resident and or the resident's responsible party prior to departing from the facility for a planned therapeutic leave for 1 of 3 residents reviewed (Residents #33). The facility reported a census of 37 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] for Resident #33 documented diagnosis of pelvic mass, pulmonary nodule and muscle weakness. The MDS lacked a score for the Brief Interview for Mental Status (BIMS).</p> <p>The Clinical Census for Resident #33 showed an interruption of care less than three days occurred 3/28/24.</p> <p>The Progress Notes for Resident #33 showed:</p> <p>a. On 3/28/24 at 12:12 PM- Resident #33 taken by family to Mayo Clinic for testing.</p> <p>b. On 3/30/24 at 1:45 PM- Resident #33 returned to the facility.</p> <p>The Bed-Holds and Returns policy dated March 2017 identified residents may return to and resume residence in the facility after hospitalization or therapeutic leave as outlined in the policy. Prior to a transfer, written information will be given to the residents and the resident representatives that explains in detail:</p> <p>a. The rights and limitations of the resident regarding bed-holds;</p> <p>b. The reserve bed payment policy as indicated by the state plan (Medicaid residents);</p> <p>c. The facility per diem rate required to hold a bed (non-Medicaid residents), or to hold a bed beyond the state bed-hold period (Medicaid residents); and</p> <p>d. The details of the transfer (per the Notice of Transfer).</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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the clinical chart on 7/23/24 at 1:40 PM showed the facility lacked a bed hold notice for Resident #33 for the therapeutic leave from 3/28/24 through 3/30/24.</p> <p>Interview on 7/24/24 at 1:17 PM, the Administrator reported the facility failed to complete a bed bed hold notice on 3/28/24 for Resident #33. The Administrator reported he expected staff to complete a bed hold notice when residents leave the facility for therapeutic leave.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44420</p> <p>Based on observations, record review and interviews the facility failed to properly use a mechanical lift in a manner that prevented accidents and hazards for 1 of 2 residents reviewed (Resident #23). The facility reported a census of 37 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment dated [DATE] for Resident #23 failed to document a Brief Interview for Mental Status (BIMS) score. The MDS showed Resident #23 dependent on staff for care and transfers. The MDS diagnoses included dementia, traumatic brain dysfunction, and an altered mental status.</p> <p>The Care Plan on 10/12/23 for Resident #33 showed the facility initiated use of a mechanical lift for transfers.</p> <p>Observation on 7/24/24 at 11:18 AM revealed Staff A, Certified Nurse's Aide (CNA), and Staff B, CNA used a mechanical lift to transfer Resident #6 from the bed to the wheelchair. Staff failed to lock the wheelchair brakes before lowering the resident down into the wheelchair from the mechanical lift.</p> <p>The Lift- Mechanical policy last revised on 4/8/24 instructed staff to lock the wheelchair brakes before using a mechanical left to lower the resident into the wheelchair.</p> <p>In an interview on 7/24/24 at 11:22 AM, the Director of Nursing (DON) reported staff needed to lock the wheelchair brakes before using a mechanical left to lower the resident into the wheelchair.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>44420</p> <p>Based on review of the menu, observation, and staff interviews the facility failed to serve the full portions of food and failed to consistently fill and empty scoop utensils when preparing meals for residents (Resident #1 and #30). The facility identified a census of 37 residents.</p> <p>Findings included:</p> <p>The facility's Week 1 menu identified the following items as part of the planned menu for the lunch meal on 7/24/24 for residents on a regular diet:</p> <p>Open faced turkey sandwich</p> <p>Mashed potatoes 1/2 cup</p> <p>Turkey gravy 2 ounces</p> <p>Mixed vegetables 1/2 cup</p> <p>Melon 1 cup</p> <p>The facility's Week 1 menu identified the following items as part of the planned menu for the lunch meal on 7/24/24 for residents on a mechanical diet:</p> <p>Open faced ground turkey sandwich</p> <p>Mashed potatoes 1/2 cup</p> <p>Turkey gravy 2 ounces</p> <p>Mixed vegetables 1/2 cup</p> <p>Melon 1 cup</p> <p>Observation on 7/24/23 at 12:36 PM, revealed mixed vegetables were substituted for wax beans. Staff C, [NAME] used a size #6 scoop to serve a 1/2 cup of wax beans to residents. Staff C failed to obtain more beans when needed, and served Resident #30 approximately 1/4 scoop of beans. Staff C used a size #8 scoop to serve ground turkey. Staff C failed to obtain more ground turkey when needed, and served Resident #1 approximately 1/2 scoop of ground Turkey. Staff C failed to properly fill and empty the scoop when serving waxed beans throughout meal service. Staff C stated, we had enough beans for 40 residents but for some reason I ' m out. The last two residents received carrots as a vegetable substitution.</p> <p>The Kitchen Weights and Measures policy last revised April 2007 identified:</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ol style="list-style-type: none"> 1. Cooks and Food Services staff will be trained in weights and measures, volume and weights, appropriate utensil use, and food can sizes. 2. Staff will be trained in the comparison of volume and weight measures (e.g., 2 cups (volume) water = 1 pound (weight), 1 oz. weight = 1 oz. volume, etc.). 3. Staff will be trained in size conversion of food cans to improve accurate measurements. Can size tables will be prominently posted for reference. 4. Recipes will specify consistent use of metric or U.S. measurement guidelines. 5. Serving utensils used will be consistent with choice of metric or U.S. measure used. 6. Staff will be trained in the appropriate measurement and type of serving utensil to use for each food. Signs or posters explaining coded measurement indicators (e.g., color-coded) on utensils will be prominently displayed for reference. 7. The Food Service Supervisor will ensure cooks prepare the appropriate amount of food for the number of servings required. <p>In an interview on 7/24/24 at 1:09 PM, when asked if the Dietary Manager expected staff to serve correct portions of food by using the scoop utensils appropriately, he replied, absolutely. It's important residents get the proper nutrition.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>44474</p> <p>Based on observation, infection control policy, clinical record review and staff interview, the facility failed to provide proper hand hygiene with incontinence care with 1 of 2 residents observed (Resident #38). The facility reported a total census of 37 residents.</p> <p>Findings include:</p> <p>On 7/24/24 at 10:51 a.m., observation of Staff A, Certified Nursing Assistant (CNA) and Staff B, CNA performing perineal care on Resident #35 revealed Staff A was performing perineal care and with their left gloved hand took the trash can from Staff B and sat the trash can on the floor. Staff A did not change their gloves or perform hand hygiene after touching the garbage can. Staff A took a clean wipe into her left gloved hand from Staff B and continued to perform perineal care on Resident #35 with soiled gloves. Staff A touched the soiled catheter tubing and leg strap on Resident #38's leg and did not change gloves or perform hand hygiene and continued perineal care with soiled gloves. Staff A completed perineal care. Staff A with the same soiled gloves cleansed the catheter tubing. When completed with perineal care and catheter tubing care Staff A and Staff B removed their gloves and performed hand hygiene.</p> <p>Review of facility provided policy titled Handwashing or Hand Hygiene with a revised date of August 2019 revealed this facility considers hand hygiene the primary means to prevent the spread of infections.</p> <p>Review of facility provided policy titled Gloves with a revised date of July 2009 revealed employees must receive training relative to the use of gloves and other protective equipment prior to being assigned tasks that involve potential exposure to blood or body fluids and when new or modified protective equipment or procedures have been introduced into the workplace.</p> <p>Interview on 7/24/24 at 12:30 p.m., with the Director of Nursing revealed she expected the staff to have changed their gloves and perform hand hygiene after the gloves became soiled after touching the trash can, soiled catheter tubing and leg strap.</p>		