

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165217	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Caring Acres Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 Hillcrest Drive Anita, IA 50020	

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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>48004</p> <p>Based on clinical record review, facility record review, policy review, and staff interviews the facility failed to notify the Long-Term Care Ombudsman of a transfer to a hospital for 2 of 3 residents (Resident #1, and #23) reviewed. The facility reported a census of 28 residents.</p> <p>Findings include:</p> <p>1. Review of Resident #1's Electronic Health Record (EHR) revealed Resident #1 in the hospital from 7/29/23 through 7/31/23 and again in the hospital from 8/1/23 through 8/10/23. Further review of the EHR page titled, Clinical Census, confirmed the resident in the hospital on these dates.</p> <p>2. Review of Resident #23's EHR revealed Resident #23 in the hospital from 1/30/23 through 2/1/23. Further review of the EHR page titled, Clinical Census, confirmed the resident in the hospital on this date.</p> <p>Review of a facility provided document titled, Notice of Transfer Form to Long-Term Care Ombudsman with dates on it from August 2023 to September 2023 revealed Resident #1 not on the document.</p> <p>During an interview 3/20/24 at 10:40 AM with Staff A Social Services revealed that the previous Administrator was responsible for Ombudsman notifications and now she assumed the role. Staff A further revealed that it is her expectation for Ombudsman notification to be completed every month with a report when residents are transferred out of the facility.</p> <p>On 3/20/24 at 10:58 AM during an interview with the Administrator revealed his expectations would be for Ombudsman notifications to be sent out monthly and for any resident who was transferred out of the facility to be included on the report. The Administrator then revealed he had no Ombudsman notification for January of last year as well.</p> <p>Review of an undated facility provided document titled, Required Discharge and Transfer Notices, revealed:</p> <p>a. Transfer and discharge notices must have a copy sent to the Long-Term Care Ombudsman.</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>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>48004</p> <p>Based on clinical record review, staff interviews, and policy review the facility failed to obtain bed hold notifications for 2 of 3 residents (Residents #1, #23) reviewed. The facility reported a census of 28 residents.</p> <p>Findings include:</p> <p>1. Review of Resident #1's Electronic Health Record (EHR) revealed Resident #1 was in the hospital from 7/29/23 through 7/31/23 and again in the hospital from 8/1/23 through 8/10/23. Further review of the EHR page titled, Clinical Census, confirmed the resident in the hospital on these dates.</p> <p>2. Review of Resident #23's EHR revealed that Resident #23 in the hospital from 1/30/23 through 2/1/23. Further review of the EHR page titled, Clinical Census, confirmed the resident in the hospital on this date.</p> <p>Review of bed hold notification for Residents #1, and #23 revealed no bed hold forms to review for the dates of hospitalization .</p> <p>During an interview 3/19/24 at 2:00 PM with Staff A, Social Services, revealed she did not have the bed hold forms for the dates Resident #1 and #23 went to the hospital. Staff A further revealed her expectation would be to obtain bed hold notifications every time a resident is transferred out of the facility.</p> <p>During an interview 3/19/24 at 2:09 PM with the Director of Nursing (DON) revealed her expectation would be for bed holds to be obtained every time that a resident is transferred to the hospital.</p> <p>Review of a facility provided undated policy titled, Bed Hold Policy, revealed:</p> <p>a. The bed hold will be provided to the resident each time the resident is transferred from the facility.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47079</p> <p>Based on clinical record review, staff interview, and policy review, the facility failed to fully review and revise the comprehensive care plan for 1 of 1 resident reviewed (#18). The facility reported a census of 28.</p> <p>Findings include:</p> <p>The quarterly Minimum Data Set (MDS) for Resident #18 dated 7/10/23 included diagnoses of cancer, congestive heart failure, pulmonary edema (fluid in the lungs), hypertension, and cellulitis of the bilateral lower legs. It indicated the resident received an anticoagulant medication within the seven (7) day look-back period. It also identified a Brief Interview of Mental Status (BIMS) score of 15 of 15, which indicated intact cognition.</p> <p>The quarterly MDS dated [DATE] indicated the resident routinely received the anticoagulant medication.</p> <p>A review of physician medication orders revealed the anticoagulant medication prescribed on 5/02/23 for a history of an acute embolism and thrombosis of a deep vein in the right lower extremity (blood clot in the right lower leg deep vein).</p> <p>The Care Plan initiated 4/06/23 did not include a focus for the anticoagulant medication therapy nor provide staff directives regarding therapy interventions.</p> <p>The resident's Medication Administration Records (MAR) dated 3/24 revealed the anticoagulant therapy routinely administered since 5/02/23.</p> <p>The Director of Nursing (DON) stated the Care Plan should be updated within one week after a resident's status change.</p> <p>A policy titled Care Plan Revisions Upon Status Change revised 1/01/224 indicated the resident's comprehensive care plan will be reviewed, and revised as necessary, when a resident experienced a status change. It also indicated the Care Plan would be updated with the new or modified interventions.</p>		