

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165219	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/21/2024
NAME OF PROVIDER OR SUPPLIER  Laurens Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  304 East Veterans Road Laurens, IA 50554	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46875</b></p> <p>Based on clinical record review, staff interviews and review of Medicare guidelines, the facility failed to provide a notice of Medicare Non-coverage 48 hours in advance of services ending for 1 of 3 residents reviewed (Resident #2). The facility also failed to provide the correct Skilled Nursing Facility Advance Beneficiary Notice of Non-Coverage (SNF ABN) form for 2 of 2 residents (Resident #2 and #6) whose skilled stay ended and continued to reside in the facility. The facility reported a census of 30 residents.</p> <p>Findings include:</p> <p>1. Resident #2 ' s Minimum Data Set (MDS) dated [DATE] assessment identified Brief Interview for Mental Status (BIMs) score of 15, indicating intact cognition. The MDS identified Resident #2 was dependent on two persons with bed mobility and transfers. Resident #2 ' s MDS included diagnoses of neurogenic bladder (lack bladder control due to nerve damage), urinary tract infection in the past 30 days, quadriplegia (paralysis that affects all limbs and body from the neck down), seizure disorder, and respiratory failure.</p> <p>The Clinical Census revealed Resident #2 was readmitted to the facility on [DATE] for a Medicare Part A Skilled stay.</p> <p>A Progress Note dated 9/28/23 at 2:39 PM revealed Resident #2 returned to the facility for SNF (Skilled Nursing Facility) level of care post hospitalization for pneumonia.</p> <p>A Progress Note titled Social Services Note dated for 10/4/2023 at 4:27 PM revealed the social worker was advised on 10/4/23, Resident #2 ' s last covered day for SNF level of care was on 10/2/23. The note documented the social worker completed the notice paperwork and apologized to Resident #2 for the notices being completed late. The note documented Resident #2 stated understanding and signed the notice forms.</p> <p>A CMS (Center of Medicare and Medicaid Services) form (10123-NOMNC)(Approved 12/31/2011) titled Notice of Medicare Non-Coverage documented Resident #2 SNF services would end on 10/2/23. Resident #2 signed the form on 10/04/23.</p> <p>Resident #2 signed the CMS form (CMS-R-131) (Exp. 6/30/2023) titled Advance Beneficiary Notice of Non-coverage (ABN) on 10/04/23.</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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Resident #6 ' s Minimum Data Set (MDS) dated [DATE] assessment identified Brief Interview for Mental Status (BIMs) score of 15, indicating intact cognition. The MDS identified Resident #6 required partial to moderate assistance with bed mobility and supervision/touchin assistance with chair/bed to chair transfers and toilet transfers. Resident #6 ' s MDS included diagnoses of anemia, hypertension (high blood pressure), pneumonia, and cerebrovascular accident (CVA/stroke).</p> <p>The Clinical Census revealed Resident #6 was readmitted to the facility on [DATE] for a Medicare Part A Skilled stay.</p> <p>A Progress Note titled Social Services Note dated 8/29/23 revealed Resident #6 ' s last covered day for SNF level of care was on 9/1/23. The note documented Resident #6 stated understanding and signed the notice forms.</p> <p>Resident #2 signed the CMS form (CMS-R-131) (Exp. 6/30/2023) titled Advance Beneficiary Notice of Non-coverage (ABN) on 8/29/23.</p> <p>On 3/19/24 at 10:46 AM, Staff C, Social Worker verified and acknowledged the wrong SNF ABN form had been given to Resident #2 and #6. Staff C also verified the Notice of Medicare Non-coverage was given late to Resident #2. Staff C stated she was notified on 10/4/23 that Resident #2's SNF services ended on 10/2/23.</p> <p>On 3/19/24 at 11:14 AM, the Administrator reported the facility does not have a policy for administering the Advance Beneficiary Notices (ABNs). The Administrator reported the facility follows CMS regulations. The Administrator reported the general rule of thumb was written notification to be issued within 48 hours of discharge from skilled services.</p>

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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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44420</b></p> <p>Based on clinical record review, interviews, and facility policy, the facility failed to ensure bed hold notice was signed by resident and or the resident's responsible person when residents transferred out of the facility for 2 of 4 residents reviewed (Residents #4 and #35). The facility reported a census of 30 residents.</p> <p>Findings include:</p> <p>1.The Minimum Data Set (MDS) assessment dated [DATE] for Resident #35 documented diagnoses of spinal stenosis, heart failure and renal insufficiency. The MDS showed the Brief Interview for Mental Status (BIMS) score of 15 indicated no cognitive impairment.</p> <p>The Clinical Census for Resident #35 revealed the following:</p> <p>a. 1/23/24- active</p> <p>b. 1/29/24- hospital</p> <p>c. 1/30/24- resumed stay</p> <p>The Progress Notes for Resident #35 revealed the following information:</p> <p>a. On 1/29/24 at 1:51 PM, Resident #35 sent to the Emergency Department (ED).</p> <p>b. On 1/29/24 at 5:16 PM, Resident #35 will be admitted to the hospital for intravenous antibiotics.</p> <p>The clinical record lacked a Bed Hold form for Resident #35 regarding the ED and hospital stay that occurred on 1/29/24.</p> <p>The undated facility policy identified upon admission the facility provides information regarding facility bed hold policy and also at the time of temporary absence from hospital to the Residents or responsible party. Residents are eligible to request that their bed be held while out of the facility overnights and/or for an indefinite number of days. When the Residents shall be charged the then current Bed Hold Rate. Residents who are hospitalized or therapeutic leave exceeds the bed-hold period under the state rules, will be readmitted to the facility immediately upon the first availability of a bed in a semi private room if the Residents: Requires the services provided by the facility and, is eligible for Medicaid nursing facility services.</p> <p>46875</p> <p>(continued on next page)</p>		

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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>2. Resident #4 ' s Minimum Data Set (MDS) dated [DATE] assessment identified a Brief Interview for Mental Status (BIMs) score of 12, indicating moderately impaired cognition. Resident #4 's MDS included diagnoses of anemia, hypertension (high blood pressure), renal disease (kidney), neurogenic bladder (lack bladder control due to nerve damage), pneumonia, diabetes mellitus and a cerebrovascular accident with hemiplegia (stroke affecting the right side).</p> <p>The Clinical Census revealed Resident #4 was on a hospital leave that began on 12/8/23.</p> <p>A Progress Note dated 12/8/23 at 12:39 PM revealed Resident #4 was admitted to the hospital for a urinary tract infection and intravenous therapy (give fluid/medications directly into the vein).</p> <p>The clinical record lacked documentation the facility provided a bed hold notice to Resident #4 and/or resident representative upon discharge to the hospital.</p> <p>On 3/19/24 at 1:40 PM, the Administrator reported she could not locate a bed hold notice for Resident #4 for 12/8/23.</p> <p>In an interview on 3/19/24 at 2:12 PM, the Director of Nursing (DON), indicated the facility lacked a completed Bed Hold form for Resident # 4 and #35. When asked if the DON expected staff to complete Bed Hold forms for those residents transferred out of the facility, she replied, They should have had one done.</p>

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<p>F 0729</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining.</p> <p>46875</p> <p>Based on personnel file review, interviews, and review of the Direct Care Worker (DCW) Registry the facility failed to verify and assure a student certified nursing assistant (CNA) actually became certified and registered after completing the CNA course and taken the written exam for 1 of 5 CNAs reviewed (Staff G). The facility reported a census of 30 residents.</p> <p>Findings include:</p> <p>The personnel file for Staff G, student CNA documented a hired date of 3-23-23. Review of the personnel file lacked documentation Staff G, student CNA was registered on the Iowa Direct Care Worker Registry (DCW) The personnel file documented Staff G had passed the skills competency exam on 8-10-23 and the written exam with a 71% final score on 9/18/23.</p> <p>Review of the DCW registry on 3/20/24 at 10:43 AM revealed Staff G was not on the registry. The status documented No Test and no certification date.</p> <p>A facility form titled Skills Competency Checklist of Environmental Aides who have taken CNA course documented the following competencies where completed with Staff G on 8/3/23: feeding, dressing (top half of resident who transfers with mechanical lift), oral cares, application of ted hose or other compression wear, application of lotion, washing or resident hands/face.</p> <p>On 3/20/24 at 12:15 PM, Staff F, Business Office Manager reported Staff G, student CNA took the CNA class in either June or July 2023. Staff F stated she had periodically checked the registry and again on the evening of 3/19/24 and the registry documented Staff G had no test. Staff F stated Staff G was hired to be a housekeeper and then switched over to be a CNA. Staff F stated that the Director of Nursing (DON) was going to message the college to inquire about the registry.</p> <p>On 3/20/24 at 12:20 PM, the DON reported she had been in contact with the college. The DON stated she was trying to get copies of the written exams that Staff F has taken. She stated the tests results the college had were not lining up with the test results the facility had that were provided by Staff G. The DON stated Staff G was hired as an Environmental Aide in March and then switched over to be a CNA after the facility had sent her to the CNA class. The DON reported Staff G had been taken off work at this time.</p> <p>On 3/20/24 at 12:30 PM, the DON reported Staff G has taken the written exam three different times. Review of the written exam test results provided by the college and Staff G revealed the following information:</p> <p>*8/10/23- 1st test- Did not pass with a 67% result- Both test copies match</p> <p>*8/17/23- 2nd test- Did not pass with a 69% result- Both test copies match</p> <p>(continued on next page)</p>		

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<p>F 0729</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>*9/18/23- 3rd test- Discrepancy with the test results. The test exam the college provided documented a 67% result which indicated Staff G did not pass (time stamped on 9/18/23 at 1:20 PM). The copy of the test exam Staff G provided documented a 71% result which indicated Staff had passed the exam (time stamped on 9/18/23 at 1:47 PM).</p> <p>The DON reported she did not know why the copies of the third exam are not the same. She stated she received a text message from Staff G on 9/18/23 stating she had passed. The DON reported she does not do the registry part so she was not aware Staff G was not on it until 3/19/24. The DON stated Staff G denied changing or altering the third test exam.</p> <p>On 3/20/24 at 1:08 PM, Staff F, Business Office Manager reported Staff G was changed to a CNA on 9-25-24 after she had notified the facility she had passed her exam and provided a copy of the pass results. Staff F stated she would have expected Staff G to have been on the registry within a couple of weeks after passing the exam. Staff F stated the facility has had issues in the past with the registry so that is why the facility makes sure to get copies of the passed results from the staff. Staff F stated last night (3/19/24) she was going through the employee files and rechecked the Direct Care Worker Registry for Staff G and learned she was still not on the registry.</p> <p>On 3/20/24 at 1:55 PM, Staff G, student CNA stated she started working at the facility in the middle of March as an environmental aide. She reported she went to the college for the CNA class in June or July and finished either the end of July or in August. Staff G reported she took the written exam three different times and on the third attempt she passed with a 71%. Staff G stated she gave the pass results to Staff F in the business office. She stated after the facility received her results she was changed to a CNA and put on the floor to train. She stated she does not know why her copy of the third exam results does not match the college results. She stated she text the DON on the day she passed the test. Staff G denied changing the test results.</p> <p>On 3/20/24 at 2:02 PM, the DON reported the facility does not have a policy on the nurse aide registry checks.</p> <p>On 3/20/24 at 2:37 PM, The DON verified Staff G had worked full time as a CNA on the 2-10 shift and had been active on the schedule.</p> <p>On 3/20/24 at 4:05 PM, the College Health Industry Trainer Programmer reported the Direct Worker Registry showed Staff G failed the exam three times. She stated the college submits the results to a third party and they give the written scores to the DCW registry. She reported she compared the written exam results from college to the written exam results that Staff G provided the facility. She stated the form that Staff G provided the facility has different format/spacing and wording. She stated it appeared the document had been recreated.</p> <p>A form called DCW Test Scores revealed Staff G failed the written exam on 8/10/23, 8/17/23 and on 9/18/23.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44420</b></p> <p>Based on observation, infection control policy, and staff interview, the facility failed to use personal protective equipment (PPE) and perform hand hygiene when exchanging water pitchers for residents suspected of having the Norovirus for rooms 208, 209 and 213. The facility reported a census of 30 residents.</p> <p>Findings included:</p> <p>In an interview on 3/18/24 at 9:00 AM, the Administrator reported some residents required isolation precautions due to a possible norovirus outbreak.</p> <p>Observation on 3/18/24 at 10:20 AM showed PPE supplies, a contact isolation sign that stated PPE requirements of a gown, gloves and designed equipment required for contact isolation located outside of room [ROOM NUMBER]. Staff A, Certified Nurses Aide (CNA), observed to enter room [ROOM NUMBER] without PPE, placed a water pitcher on the bedside table, picked up the used water pitcher, and secured the used pitcher against herself by using her forearm. Staff A exchanged the other water pitcher and exited the room. Staff A next placed the used water pitchers on the second shelf of a wheeled cart and proceeded to the next room without performing hygiene. Staff A then pushed the cart to room [ROOM NUMBER], placed a water pitcher on the bedside table, picked up the used water pitcher, and secured the used pitcher against herself by using her forearm. Staff A exchanged the other water pitcher and exited the room. Staff A next placed the used water pitchers on the second shelf of a wheeled cart and proceeded to the next room without performing hygiene. room [ROOM NUMBER] also showed PPE supplies, a contact isolation sign that stated PPE requirements of a gown, gloves and designed equipment required for contact isolation located outside of the room Staff A observed to enter room [ROOM NUMBER] without PPE, placed a water pitcher on the bedside table, picked up the used water pitcher, and secured the used pitcher against herself by using her forearm. Staff A exchanged the other water pitcher and exited the room. Staff A next placed the used water pitchers on the second shelf of a wheeled cart and proceeded to the next room without performing hygiene. room [ROOM NUMBER] also showed PPE requirements of a gown, gloves and designed equipment required for contact isolation located outside of the room. Staff A observed to enter room [ROOM NUMBER] without PPE, placed a water pitcher on the bedside table, picked up the used water pitcher, and secured the used pitcher against herself by using her forearm. Staff A exchanged the other water pitcher and exited the room. Staff A next placed the used water pitchers on the second shelf of a wheeled cart and proceeded to the next room without performing hygiene.</p> <p>In an interview on 3/18/24 at 10:50 AM, Staff B, Licensed Practical Nurse (LPN), reported the residents in rooms 208, 209 and 213 required contact isolation precautions due to symptoms of suspected norovirus. Staff B reported PPE of a gown and gloves required for contact isolation.</p> <p>(continued on next page)</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>In an interview on 3/18/24 at 11:01 AM, the Infection Preventionist (IP) reported test results were pending for the norovirus. The IP explained residents experienced symptoms of nausea, vomiting and diarrhea.</p> <p>In an interview on 3/18/24 at 3:14 PM, the Director of Nursing (DON), and the IP confirmed rooms 208, 209 and 213 required PPE for contact isolation precautions. When asked if the DON expected staff to follow contact isolation precautions every time staff entered rooms [ROOM NUMBER], the DON replied, yes.</p> <p>The email regarding the possible norovirus information provided by the IP on 4/18/24 at 11:24 AM showed residents isolated to rooms as symptoms start:</p> <p>a. 3/13/24-rooms [ROOM NUMBERS]</p> <p>b. 3/14/24- rooms 213</p> <p>Standard Precautions The Standard Precautions/Transmission based precaution system is designed to prevent the transmission of infectious agents. It requires the use of work practice controls and protective apparel for all contact with blood and body substances, but uses airborne infection isolation, droplet, and contact precautions for patients with diseases known to be transmitted in whole or in part by these routes. Standard precautions include consistent and prudent prevention measures to be used at all times regardless of their patient's known affection status and include:</p> <p>Hand hygiene: Practice hand hygiene: practice hand hygiene after touching blood, body fluids, secretions, excretions, or contaminated items, whether or not gloves are worn. Wash hands immediately after gloves are removed, between patient contacts, and when otherwise indicated to avoid transfer of microorganisms to other patients or environments.</p> <p>Gloves: Wear gloves (clean, non sterile gloves are adequate) when touching blood, body fluids, secretions, excretions, or contaminated items. Put on clean gloves just before touching mucous membranes and non intact skin. Change gloves between tasks and procedures. Practice hand hygiene whenever gloves are removed.</p> <p>Gown: Wear a gown (a clean, non sterile gown is adequate) to protect skin And to prevent soiling of clothing during procedures and patient care activities that are likely to generate splashes or sprays of food, body fluids, secretions, or excretions. Carefully, remove a soiled gown as promptly as possible, to avoid contamination of personal clothing, and wash hands.</p>		

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<p>F 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation.</p> <p>46875</p> <p>Based on personnel file reviews, facility policy review and staff interview, the facility failed to provide the required 2 hour dependent adult abuse training within 6 months of hire for 2 of 9 employees reviewed (Staff D and E). The facility identified a census of 30 residents.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The personnel file for Staff D, Certified Nursing Assistant (CNA) documented a hired date of 3-23-23. Review of the Dependent Adult Abuse Mandatory Reporter Training Certificate documented Staff D, CNA completed the 2 hour training on 11/24/23.</li> <li>2. The personnel file for Staff E, CNA documented a hired date of 5/15/23. Review of the Dependent Adult Abuse Mandatory Reporter Training Certificates documented Staff E, CNA completed the 2 hour dependent adult abuse training on 11/24/23.</li> </ol> <p>The facility policy titled Abuse, Prevention, Identification, Investigating, and Reporting Policy revised 4-1-17 revealed each employee shall be required to complete two hours of training relating to the identification and reporting of dependent adult abuse within six months of initial employment.</p> <p>On 3/20/24 at 1:54 PM, Staff F, Business Office Manager verified and acknowledged Staff D and Staff E completed the dependent adult abuse training late and not within 6 months of hire.</p>