

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 04/16/2026
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 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on the review of the Quality Assurance Performance Improvement (QAPI) sign in sheets, staff interview and policy review, the facility failed to ensure all required members attended the quarterly Quality Assessment and Assurance (QAA) meetings. The facility reported a census of 28 residents. Findings include: Review of the QAPI Meeting Attendance sign-in sheets from March 2025 to April 2026 revealed all required team members did not attend a quarterly QAA meeting since 5/27/25. On 4/15/26 at 12:40 PM, the Director of Nursing (DON) acknowledged not all required team members have attended the QAA meeting quarterly. She said there have been staff members that have come and gone along with changes in leadership positions. She said the Infection Preventionist has had to work the floor as a charge nurse and has not been able to attend the meetings at times. The facility QAPI Plan updated 3/1/26 documented the facility would meet monthly to discuss ongoing or new issues in the nursing home. Involved in the QA meetings include the Administrator, DON, MDS Coordinator, Infection Preventionist, Medical Director (at minimum every 3 months), Activity Director, Social Worker and Dietary Manager.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interviews and observation the facility failed to provide professional standards of care by administering medications for 1 of 12 residents reviewed (Resident #4). The facility reported a census of 30 residents. Findings include: The Minimum Data Set (MDS) assessment dated [DATE] for Resident #4 documented diagnoses of hypertension, heart failure, anxiety and depression. The MDS showed the Brief Interview for Mental Status (BIMS) score of 15, indicating no cognitive impairment. On 04/15/26 at 7:35 am, Staff E, a Certified Medication Aid (CMA), was observed administering the Ipratropium-Albuterol Inhalation Solution (0.5-2.5 MG/3 ML) via nebulizer to Resident #4. During the administration of the Ipratropium-Albuterol Inhalation Solution (0.5-2.5 MG/3 ML) via nebulizer, Staff E handed Resident #4 the Budesonide-Formoterol Fumarate Inhalation Aerosol (160-4.5 inhaler). Resident #4 removed the nebulizer mask and immediately inhaled two puffs of the inhaler before returning it to Staff E. Staff E failed to instruct Resident #4 to wait until the nebulizer treatment was complete, or to wait one minute between puffs, or to offer mouth-rinsing after the inhaler was administered. Review of the manufacturer's instructions for Budesonide-Formoterol Fumarate Inhalation Aerosol (160-4.5 inhaler) instructs to rinse your mouth out with water (without swallowing) after use to prevent oral thrush. The facility does not have a policy related to medication administrations. During an interview on 04/15/2026 at 9:30 am, the Director of Nursing (DON) stated she had no prior knowledge of the action. She confirmed the expectation is for staff to wait five minutes between administering medications and to offer an oral rinse after the inhaler.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on resident, staff interviews and record review, the facility failed to provide a restorative program to a resident with mobility concerns for 1 of 1 resident reviewed (Resident #6). The facility reported a census of 30 residents. Findings include: The Minimum Data Set (MDS) assessment dated [DATE] for Resident #6 documented diagnoses of quadriplegia, depression, bipolar disorder and cerebrovascular accident (CVA). The MDS showed a Brief Interview for Mental Status (BIMS) score of 15 indicating no cognitive impairment. Review of the Care Plan with an initiated date 9/12/2012 revealed the restorative rehab program includes: Shoulder pulleys 2.5# plate each side, 3 sets for 5 reps each 2-3 times a week bilateral upper extremities (BUE) proximal range of motion (PROM): Remove arm braces. 10 reps each - Slow 3-5 seconds, Hands, use table, layout digits for extension 10-15 seconds, wrist - flex, extend Forearm - supination/pronation Elbow - flex, extend shoulder - flex, extend horizontal abdomen. (across body) scapular retractions (when in chair) hands at shoulders, gentle pressure, pull back hold 10-15 seconds shoulder abduction/adduction x 10 reps x 3 sets with yellow theraband 2-3 times a week. Lower extremity range of motion, stretch only to point of resistance, no further. Each of the stretches should be performed for 10 reps of 10 second holds each: Stretches may be performed supine in bed or seated in wheelchair. 1) hip flexion 2) hip adduction 3) hip internal rotation 4) knee flexion 5) knee extension 6) ankle dorsiflexion Complete 5-7x per week. During an interview on 04/13/2026 at 1:48 pm, Resident #6 disclosed that the facility was not providing her with restorative therapy five days a week. Resident #6 explained that she does not receive the therapy when the restorative aide is off duty, stating that a backup should be in place. Review of the electronic health record for last 30 days from 3/18/26 to 4/15/26 revealed Resident #6 did not receive restorative therapy on March 20th, March 25th, March 27th, March 30th and April 10th. During an interview on 04/16/2026 at 9:30 am with Staff A, restorative aid, disclosed that she works Monday through Friday except when she has to work every 3rd weekend as a certified medication aid (CMA), then she is off that Friday and Monday. Staff A stated that the aids on the floor are to complete the restorative therapy, there are instructions in the electronic health record. Staff A stated that she will look when she returns to work to see if it got done. During an interview on 04/16/2026 at 11:39 am with Staff C, Certified Nursing Assistant (CNA), disclosed that she wasn't aware they were supposed to do restorative therapy with Resident #6 if the restorative aid was gone. During an interview on 04/16/26 at 11:46 am with Staff D, CNA, disclosed that they don't provide restorative nursing with Resident #6, she stated she recognizes there is an as needed button in their electronic health record but doesn't utilize it. During an interview on 04/16/26 at 11:20 am with the Director of Nursing (DON), she revealed the restorative aid will talk with the staff and let them know she will be gone so they know they need to complete it. The DON stated that it would be her expectation to have staff complete the same routine as the restorative aid. The facility has no policy regarding restorative therapy.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>Based on clinical record review, staff interview, Centers for Disease Control and Prevention (CDC) guidelines the facility failed to screen for eligibility, offer, provide education, and document vaccine consent or refusal for the pneumococcal immunizations for 3 of 5 resident reviewed (Residents #6, #22, and #27) for immunizations. The facility reported a census of 30 residents. Findings include:1)The Minimum Data Set (MDS) dated for 2/7/26, Resident #6 had a Brief Interview for Mental Status (BIMS) score of 15 indicated intact cognition. Review of the Immunization tab in the electronic health record revealed the last Pneumococcal Immunization was PVC 13 (pneumonia vaccine) on 10/5/2015. The clinical record failed to document that Resident #6 was educated about, offered, or consented to (or refused) pneumonia vaccinations (PCV20, or PVC21). 2) The Minimum Data Set (MDS) dated for 4/1/26, Resident #22 had a Brief Interview for Mental Status (BIMS) score of 13 indicating intact cognition. Review of the Immunization tab in the electronic health record revealed the last Pneumococcal Immunization was Pneumo 23 on 10/15/2017.The clinical record failed to document that Resident #22 was educated about, offered, or consented to (or refused) pneumonia vaccinations (PCV20, or PVC21). 3) The Minimum Data Set (MDS) dated for 1/28/26, Resident #27 had a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. Review of the Immunization tab in the electronic health record revealed the last Pneumococcal Immunization was PVC 13 on 9/26/2017. The clinical record failed to document that Resident #27 was educated about, offered, or consented to (or refused) pneumonia vaccinations (PCV20, or PVC21).The CDC Recommendations dated March 2025 for adults 50 years or older who have received the PCV13 recommended giving one dose of PCV20 or PVC21 at least one year after the PCV13. The CDC Recommendations dated March 2025 for adults 50 years or older who have received the PPSV23 recommended giving one dose of PCV20 or PVC21 at least one year after the PPSV23 or the PCV15. On 4/15/26 at 12:50 pm, the IP (Infection Preventionist) verified the facility relies on physicians to track and notify staff when pneumococcal vaccines are due, as there is currently no internal process for managing these.An undated facility policy titled Vaccines/Immunizations revealed the facility will offer vaccines per physician order and following the current recommendations by the CDC or Iowa Department of Public Health.</p>		