

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165224	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Mount Ayr Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1504 East South Street Mount Ayr, IA 50854	

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 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** 40905</p> <p>Based on clinical record review, resident interviews and staff interviews, the facility failed to include the resident in the care plan participation conference for two (Residents #4 and #12) of twelve residents reviewed. The facility reported a census of 33 residents.</p> <p>Findings include:</p> <p>1. A Minimum Data Set (MDS) assessment dated [DATE] for Resident #4, documented the resident admitted on [DATE] and a Brief Interview for Mental Status (BIMS) score of 15 indicated no cognitive impairment for decision-making.</p> <p>The Care Plan Conference Note dated 6/6/24 documented the resident attended the meeting.</p> <p>Interview on 6/25/24 at 10:01 AM, Resident #4 stated she had never been invited to or attended a care conference and she would attend if invited.</p> <p>2. A MDS assessment dated [DATE] for Resident #12, documented the resident admitted on [DATE] and a BIMS score of 11 indicated mild cognitive impairment for decision-making.</p> <p>The Care Plan Conference Note dated 4/18/24 documented the resident attended the meeting.</p> <p>Interview on 6/24/24 at 1:57 PM, Resident #12 stated she was unsure of attending any care plan conferences.</p> <p>Interview on 6/25/24 at 1:40 PM, Staff B, Certified Nurse Aide stated resident care conferences are on Thursday afternoons and the residents and families do not attend as they are only for the staff.</p> <p>Interview on 6/25/24 at 1:47 PM, Staff B stated she misunderstood and the residents are invited but do not want to attend and when asked again if residents or families attend, Staff B stated no the families don't want to come either.</p> <p>Interview on 6/25/24 at 3:35 PM, the Activity Director stated she attends residents' care conferences, sometimes the staff are not all together at the same time, the facility does not have conferences on a specific day, and the residents are not at their care conference.</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 6/26/24 at 3:49 PM, Staff A, Director of Nursing stated they do meet with the residents and discuss if everything is going ok and confirmed the team doesn't meet with the resident and whole care plan team at the same time. Staff A also stated the facility does not have a care conference policy.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49628</p> <p>Based on observations, clinical record review, staff interviews, and facility policy review the facility failed to update the infection control policy and failed to maintain infection control practices for catheter cares for 1 of 2 residents reviewed (Resident #4). The facility reported a census of 33 residents.</p> <p>Findings include:</p> <p>1. Review of the facility policy titled Infection Control Policy, revealed it was last reviewed and dated on 4/8/20 by Staff D and the Director of Nursing (DON).</p> <p>On 6/26/24 at 7:56 AM Staff A, the current DON/Infection Preventionist (IP) stated the infection control policies were reviewed annually at the first Infection Control Committee/Quality Assurance and Performance Improvement (QAPI) meeting. Staff A concurred the facility Infection Control Policy was dated as last reviewed on 4/8/20. The staff stated the facility did not use signature sheets to indicate policies were reviewed.</p> <p>On 6/27/24 at 7:14 AM the Administrator stated the facility policies were reviewed annually but may not have signatures indicating they were reviewed within the past year.</p> <p>40905</p> <p>2. A Minimum Data Set (MDS) assessment for Resident #4, dated 5/30/24, included diagnosis of renal insufficiency and documented resident had an indwelling catheter (tube to drain bladder). The MDS documented a Brief Interview for Mental Status score of 15, indicating no cognitive impairment for decision making.</p> <p>Observation on 6/26/24 at 9:25 AM, with the Director of Nursing (DON) observing, Staff B, Certified Nurse Aide (CNA) and Staff C, CNA applied gowns and gloves and entered Resident #4's room. Staff C proceeded with her gloved hands and touched the door, cabinet and pulled a curtain and with the same gloved hands proceeded to cleanse the catheter bag drainage port tube with an alcohol swab, empty the catheter bag into the measuring graduate, cleanse the port again, and empty and rinse the graduate. Staff C then removed her gloves and gown and sanitized her hands.</p> <p>Facility policy, Closed System Drainage Bag and Leg Bag Procedure reviewed 10/2/19, directed staff to wash hands and apply gloves, empty the drainage bag into appropriate receptacle.</p> <p>Interview on 6/26/24 at 9:30 AM, the DON confirmed she observed Staff C touch contaminated items with gloves prior to catheter care with the same gloves and stated expectation for staff to use clean gloves prior to emptying the catheter and not touching other contaminated surfaces with gloves prior to providing care of the catheter.</p>		