

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165233	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER Regency Park Nursing & Rehab Center of Jefferson		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Ram Road Jefferson, IA 50129	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40905</p> <p>Based on clinical record review, staff interviews, and facility policy review the facility failed to verify the resident's advanced directive choice for 1 (Resident #46) of 12 residents reviewed. The facility reported a census of 42 residents.</p> <p>Findings include:</p> <p>The Clinical Census Sheet dated [DATE], documented Resident #46 admitted to the facility on [DATE] and Code Status, Advanced Directive of Do Not Resuscitate (DNR).</p> <p>Observation on [DATE] at 10:38 AM, resident's hard chart with sticker Full Code (initiate cardiopulmonary resuscitation (CPR) in the event resident is not breathing and has no pulse) on the outside of the chart and the inside of the chart lacked an IPOST (Iowa Physician's Order for Scope of Treatment) (document that allows a person to communicate their preferences for key life-sustaining treatments).</p> <p>The resident's electronic health record, revealed an Order Summary Report, dated [DATE], with a physician's order dated [DATE] for DNR.</p> <p>Interview on [DATE] at 10:39 AM, Staff B, Certified Medication Aide, stated when looking for a resident's code status she looks at the sticker on the outside of the chart or the inside of the chart for the IPOST.</p> <p>The resident's Care Plan initiated [DATE] documented resident requests code status of DNR.</p> <p>The facility policy Advance Directives revised ,d+[DATE], documented the plan of care for each resident will be consistent with his or her documented treatment preferences and/or advance directive.</p> <p>Interview on [DATE] at 4:50 PM, the Director of Nursing (DON) confirmed the resident's outside of the chart had sticker for Full Code, no IPOST in the chart and had an order in the electronic health record for a DNR order. The DON stated her expectation for all documentation to match and be correct representing the resident's wishes.</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>40905</p> <p>Based on clinical record review, resident and staff interview the facility failed to followed a physician's order for 1 resident (Resident #1) of 12 residents reviewed. The facility reported a census of 42 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) for Resident # 1, dated 12/19/24, documented she scored 15 on the Brief Interview of Mental Status indicating intact cognition. The MDS included diagnoses of cerebral palsy, and documented received a scheduled pain medication regimen with frequent pain or hurting over the last 5 days.</p> <p>Interview on 1/14/25 at 10:22 AM, resident stated she is to receive a Lidocaine pain patch on her left shoulder every day and then removed at bedtime. The resident further stated the patch was not available today and there were also 2 weekends in December that the facility did not have the patch to apply to her. The resident stated the patch helps a lot with the shoulder pain.</p> <p>Review of the resident's Medication Administration Records documented the Lidocaine pain patch not available on the following dates in the past 3 months:</p> <ul style="list-style-type: none"> a. 11/9, 11/10, 11/11, and 11/15/24 b. 12/4, 12/6, 12/7, 12/8, 12/9, and 12/10/24 c. 1/14/25 <p>Interview on 1/14/25 at 3:30 PM, Staff C, Licensed Practical Nurse stated the resident's patch was not available today so she ordered it from the pharmacy and the patch will arrive later today. Staff C further stated there have been several times the patch was not available. Staff C stated the patch is usually ordered through the facility with stock medications but if the facility is out the patch can be ordered from the pharmacy. Staff C stated she did not notify the physician that the ordered medication was not available and does not normally notify the physician if the medication is an over the counter medication.</p> <p>Interview on 1/14/25 at 4:30 PM, the Director of Nursing stated her expectation was if the medication was not available at the facility, the staff need to order from the pharmacy and administer when delivered, to follow the physician's orders, and notify the physician when the patch was not administered.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>49990</p> <p>Based on observation, staff interview, and policy review the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety. The facility reported a census of 42.</p> <p>Findings include:</p> <p>A direct observation on 01/12/2025 at 10:23 AM of the kitchen revealed an open container of cottage cheese with a discard date of 01/11/2025. It also revealed an unmarked, undated meat product stored in the freezer in a single sheet of plastic cling wrap. The Dietary Manager identified the item as roast beef, and stated it had been prepared within a day or two of the observation.</p> <p>A direct observation on 01/14/2025 at 09:33 AM of the kitchen dining service Staff A, Cook, was observed wearing the same pair of disposable vinyl gloves while prepping three unique food items, touching different utensils, the walls, as well as other contaminated surfaces before returning to prepare ground meat for the lunch service. During the same observation, Staff A was witnessed coughing into the same pair of vinyl gloves without changing them. While preparing the ground meat, Staff A removed a paper menu from the wall and placed it on the clean preparation surface, then used the menu to place utensils used for preparing food on the menu. After having placed the utensils on the menu, and without having sanitized them, Staff A scooped freshly ground meat from the blender into the storage container. When the utensil Staff A was using proved to be too big to get all of the food out of the blender, Staff A utilized her soiled gloves from the above observation to scoop the remaining ground meat from the blender. Only then did Staff A change gloves and sanitize their hands.</p> <p>A direct observation on 01/14/2025 at 10:56 AM revealed Staff A coughing into ungloved hands. She did not perform hand sanitation, and continued to prepare food for lunch service.</p> <p>A direction observation of the lunch dining service on 01/14/2025 at 11:27 AM revealed the Assistant Director of Nursing (ADON) made direct ungloved contact with a pudding style dessert, then placed a lid on the dessert and carried it to a resident. While walking down the hall pudding could be observed on the ADON's ungloved hands.</p> <p>A direct observation of the lunch dining service on 01/14/2025 at 11:30 AM revealed the Director of Nursing (DON) holding resident plates with her thumbs on the top of the plate, this occurred again at 11:32 AM.</p> <p>In an interview on 01/14/2025 at 11:44 AM with the Registered Dietician, she acknowledged she had seen the same issues with dining service as the surveyor had. She stated the ADON should have replaced the food she made contact with, and the DON should not be touching the top of a plate being served to a resident.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 01/15/2025 at 01:23 PM with the Dietary Manager, she stated she had seen the ungloved contact with food occur on 01/14/2025 as well. She stated the food should have been disposed of and a fresh one offered to the resident. She stated it is prohibited to make ungloved contact with a resident's food. She acknowledged she had also seen the DON carry at least one plate by the top serving side, and confirmed that this action is also prohibited based on her knowledge of food safety protocol. She stated gloves have been an issue in the past with the facility, but staff should change gloves every time they switch to a new task. Gloves should have been disposed of and hand hygiene performed after coughing into hands. She acknowledged that placing serving utensils on soiled surfaces was prohibited, as was using soiled gloves to scoop food out of the blender.</p> <p>In an interview on 01/15/2025 at 01:47 PM with the Director of Nursing, she acknowledged she had made a mistake touching the top serving surface of several plates during lunch service the prior day. She stated she was kicking herself, and noted she does not normally serve food to residents but was attempting to assist her team during the survey process. She informed the surveyor that proper protocol is to hold a plate only from the bottom, avoiding any surface that a resident will eat from.</p> <p>Review of a facility provided document titled Food Preparation and Service, with a last revised date of October 2017, stated in a section labeled Food Service/Distribution, subsection four; food and nutrition service staff, including nursing services personnel, will wash their hands before serving food to residents. It further stated in subsection five staff must be free of communicable disease. It continued in subsection six to state bare hand contact with food is prohibited.</p> <p>Review of a facility provided document titled Food Receiving and Storage, last revised in July of 2014, stated all foods stored in the refrigerator or freezer will be covered, labeled, and dated.</p>		

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<p>F 0948</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that paid feeding assistants have the training they need.</p> <p>40905</p> <p>Based on observation, record review, staff interviews, and facility policy review the facility failed to ensure a person that assisted a resident to eat was a certified paid feeding assistant for 1 (Resident #36) of 15 residents reviewed. The facility reported a census of 42 residents.</p> <p>Findings include:</p> <p>The MDS for Resident #36, dated 12/23/24, indicated a Brief Interview for Mental Status score of 99, indicating the resident was unable to complete the interview, indicated severe cognitive impairment for decision-making.</p> <p>Observation on 1/13/25 at 12:00 PM, in the dining room with the Assistant Director of Nursing present, the resident was assisted to eat by another resident's wife.</p> <p>Facility policy Assistance with Meals revised March 2022, documented facility staff will serve resident trays and will help residents who require assistance with eating.</p> <p>Interview on 1/13/25 at 3:57 PM the Director of Nursing stated expectation for family/visitors to not assist non-family member residents to dine.</p>