

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165234	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2025
NAME OF PROVIDER OR SUPPLIER Parkview Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 516 13th Street Wellman, IA 52356	

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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. (continued on next page)

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interviews, and the facility policy, the facility failed to update a care plan to reflect a resident's risk for exploitation for 1 of 4 residents reviewed for inadequate nursing supervision (Resident #1). The facility reported a census of 52 residents. Findings include: The Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #1 scored an 8 out of 15 on the Brief interview for Mental Status (BIMS) exam, which indicated cognition moderately impaired. The MDS indicated resident independent with mobility and used a walker. The MDS revealed medical diagnoses for metabolic encephalopathy, non-Alzheimer's dementia, depression, and adjustment disorder with mixed disturbance of emotions and conduct. The Care Plan revealed a focus area revised on 12/9/25 for Resident #1 drawn to other female residents and female staff. Resident #1 will show affection to residents by holding hands, hugging and a kiss on the cheek. Found in bed with female staff. The interventions dated 12/9/25 indicated social worker visits twice weekly; staff will monitor resident to ensure affection is displayed in an appropriate manner. The General Progress Note late entry dated 12/7/25 at 3:16 PM revealed Director of Nursing (DON) notified by Certified Nurse Aide (CNA), [name redacted] that Resident #1 was found unclothed in another female resident's bed. DON observed both resident's unclothed and kissing in the female resident's bed, no penetration observed by DON or [name redacted]. Resident stated the female resident was his girlfriend and they didn't do anything wrong. Full head-to-toe skin assessment completed by DON, no bruising or marks noted. Staff assisted both residents to get dressed attempting to separate residents, but residents continued to stay in bed. Staff were able to convince Resident #3 to use the bathroom, and staff were able to convince male resident to come to lobby to get a snack. Voicemail left with Power of Attorney (POA) to return phone call. Staff continued to monitor both residents and staff were able to keep residents apart. Both residents ate lunch at the same table without incident. Voicemail left with POA. The Facility Verbal Informed Sexual Consent Assessment Tool dated 12/10/25 revealed the following questions and answers: a .Legal/Illegal Questions 1. Do you know of any sexual behaviors that are against the law? No answer documented 2. Is it okay to watch a porno film? Yes 3. Is it okay to pay money to have sex? 4. Yes, I guess it is. Yes it is ok where or who makes a difference. You don't want to do in a a grocery store and not get a (unable to read handwriting) 5. It is okay for an adult to have sex with a child? No 6. What is a child? 12 or under because over 12 has an idea what is going on [NAME] (because) the size of the my penis to the size of her vagina can hurtb. The Four Principles of Sexual Informed Consent: 1. Does the Resident demonstrate the following: 2. Cognitive ability to make informed decisions by scoring an 8-12 (moderately impaired) or 13-15 (cognitively intact) on the BIMS assessment. If the resident's BIMS score 7 or below, does the interviewer observe that the resident is capable of giving informed consent by being able to understand content of interview questions? If they have a Guardian and guardianship paperwork has specified orders allowing the guardian to make decisions about the resident's sexual behavior, the guardian must also be okay with the resident engaging in sexual behavior. BIMS score: 08 3. An awareness of the nature of sexual acts and the ability to choose to engage or abstain- Yes 4. An understanding of how to avoid STDs- Yes 5. The ability to identify harmful situations and to avoid being exploited- Noc. Based on the answers to the assessment questions and the resident's ability to demonstrate the Four Principles of Sexual Informed Consent (above), the resident falls into one of the three groups: 1. Resident fulfills requirements of principles and can give verbal informed sexual consent. This determination is made only if all 4 of the above principles area answered yes- left blank 2. Resident cannot give verbal informed sexual consent at this time as he/she has not fulfilled the requirements of principles as evidenced by: left blank 3. The resident's ability to provide verbal informed sexual consent is vague and could not be determined at this time as evidenced by: left blankThe facility lacked documentation the Care Plan updated to reflect the above assessment. During an interview on 12/17/25 at 1:41 PM, the Administrator queried on the verbal informed sexual consent assessment for Resident #1 and the Administrator stated they perceived that Resident #1 would had not been able to give verbal consent based the informed verbal sexual consent assessment. The Administrator stated she thought Resident #1 could be the victim in the incident that occurred between Resident #1 and Resident #3. The Administrator stated it was a difficult situation and it should be care planned, but didn't know how to word it. During an interview on 12/17/25 at 2:34 PM, Social Services queried on the completion of the verbal informed consent assessment and Social Services stated she missed the question on the back page. Social Services asked the determination of the assessment and</p>		