

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/13/2025
NAME OF PROVIDER OR SUPPLIER Chautauqua Guest Home #3		STREET ADDRESS, CITY, STATE, ZIP CODE 302 Ninth Street Charles City, IA 50616	

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 0550</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 a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25854</p> <p>Based on clinical record review, staff interview and review of the Resident Right the facility staff failed to treat one (1) resident of 1 resident with dignity and respect while providing personal cares (Resident #3). The facility reported a census of 44 residents.</p> <p>Findings include:</p> <p>Resident #3's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 3, indicating severely impaired cognitive status.</p> <p>On 3/7/25 at 12:09 PM observed Staff A, Certified Nursing Assistant (CNA), Staff B, CNA, and Staff C, Registered Nurse (RN), as Staff A and Staff B provided perineal cares and changed Resident #3's clothes. After completing care for Resident #3, he requested to stay in bed so the staff members positioned him for comfort and covered him, with his sweat pants positioned around his ankles and his disposable undergarment around his knees. Both CNA's indicated they completed his care and left the room along with Staff C. All 3 staff returned to the room after a request, Staff C confirmed the disposable undergarment and sweat pants positioned as documented above and agreed with the dignity issue.</p> <p>On 3/7/25 at 12:30 PM witnessed Staff A and Staff B as they returned to Resident #3's room and pulled up his disposable undergarment and sweat pants while they apologized several times.</p> <p>Review of the facilities Residents' [NAME] of Rights dated December 2016 directed the staff that each resident had the right to a dignified existence.</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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