

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165251	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Ravenwood Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE 2651 St Francis Drive Waterloo, IA 50702	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25858</p> <p>Based on clinical record review, resident, family and staff interview the facility failed to complete oral cares as required for 1 of 4 residents reviewed (Resident #1). The facility census was 120 residents.</p> <p>Findings include:</p> <p>Resident #1's Minimum Data Set (MDS) assessment dated [DATE], identified a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. The MDS listed Resident #1 as dependent on staff for oral care and eating. The MDS included diagnoses of hypertension (high blood pressure), cerebrovascular accident (stroke), hemiplegia or hemiparesis, (muscle weakness or partial paralysis on one side of the body that affect the arms, legs and facial muscles), anxiety and depression. The MDS documented Resident #1 denied pain.</p> <p>The Care Plan Focus of activities of daily living (ADLs) initiated 9/29/23 included an intervention that Resident #1 required maximum assistance of 1 person with oral hygiene.</p> <p>Resident #1's February 2025 Documentation Survey Report lacked documentation on 2/2/25, 2/6/25, 2/14/25 and 2/23/25, indicating he didn't receive oral care those days.</p> <p>Resident #1's March 2025 Documentation Survey Report lacked documentation on 3/2/25, 3/17/25, 3/18/25, 3/19/25, 3/22/25, and 3/24/25 indicating he didn't receive oral care those days.</p> <p>Interview on 4/8/25 at 4:45 PM, Resident #1, stated sometimes his teeth get brushed and sometimes they don't. He added it depended on who worked. He denied mouth pain.</p> <p>Interview on 4/9/25 at 2:00 PM, Resident #1's family reported they expected staff to brush Resident #1's teeth after every meal.</p> <p>Interview on 4/9/25 at 3:00 PM, the Director Of Nursing (DON) verified they expected the staff to do oral cares twice daily. After reviewing the Documentation Survey Report for February and March 2025, the DON acknowledged Resident #1 didn't receive oral cares twice daily.</p> <p>On 4/10/25 at 8:30 AM, observed Resident #1 had missing top and bottom teeth. As he received oral cares, his upper gums started to bleed. Resident #1 denied having pain during oral cares.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Activities of Daily Living Supporting Policy/Procedure dated March 2018, directed the residents would receive care, treatment, and services as appropriate to maintain or improve their ability to carry out activities of daily living. Residents who can't carry out ADLs independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene. Residents will receive appropriate care and services who are unable to carry out activities of daily living independently, with the consent of the resident and in accordance with the plan of care, including appropriate supports and assistance with hygiene (bathing, grooming and oral care). Interventions to improve or minimize a resident's functional abilities will be in accordance with the resident's assessed needs, preferences, stated goals, and recognized standards of practice.</p>		