STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165251	A. Building B. Wing	11/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ravenwood Specialty Care	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, resident and staff interviews, record review and policy review the facility failed to ensure resident's rooms were clean for 4 of 4 residents who complained about the cleanliness of their rooms (Resident #40, #41, #118 and #122). In addition, the facility failed to keep dirty laundry off of the floor in the laundry room. The facility reported a census of 129 residents. Findings include: 1. In an interview on 9/30/25 at 9:05 AM Resident #40 stated they seldom have housekeeping and thinks it has been about 3 weeks since the last cleaning of his room. Stated the bathroom is terrible to the point he doesn't like to use it and most of the time he goes to the up-front bathroom. During an observation of Resident #40's bathroom on 9/30/25 at 9:08 AM noted an unpleasant odor. The observation revealed a very dirty floor and toilet bowl. A dirty seat riser sat on the floor without a barrier. During an observation of Resident #40's bathroom on 9/30/25 at 2:19 PM noted an unpleasant odor and a very dirty toilet bowl. During an observation of Resident #40's bathroom on 10/1/25 at 9:27 AM noted an unpleasant odor. The floor and toilet bowl appeared very dirty with a dirty seat riser on the floor without a barrier. 2. During an observation on 9/29/25 at 11:00 AM noted Resident #41's bathroom floor, toilet, and toilet seat riser dirty. The seat riser sat on the floor without a barrier. During an observation on 10/1/25 at 10:01 AM noted Resident #41's bathroom floor, toilet, and toilet seat riser dirty. The seat riser sat on the floor without a barrier. In an interview on 9/29/25 at 10:58 AM Resident #41 described the toilet and floor as dirty. He explained the facility didn't have a housekeeper for about 2 1/2 weeks. Resident #41 stated the seat riser always sat on the floor. 3. In an interview on 9/30/25 at 9:23 AM Resident #118 reported the facility is really short in housekeeping. In the past couple months, her room has gone weeks without cleaning. Someone swept on Sunday because she called and complained. She added the staff person said he would mop on Monday 9/29/25 but never came back. Resident #118 stated that before that, he said they last cleaned about 3 weeks ago. In an interview on 10/1/25 at 9:25 AM Resident #118 stated that she didn't see any housekeeping in her room during the week. 4. During an observation on 9/29/25 at 11:01 AM noted Resident #122's bathroom smelled. Observed the floor, toilet, and toilet seat riser dirty. The seat riser sat on the floor without a barrier. During an observation on 10/1/25 at 9:25 AM Resident #122's bathroom smelled. The floor, toilet, and toilet seat riser looked dirty. The seat riser sat on the floor without a barrier. In an interview on 9/29/25 at 11:13 AM Resident #122 stated her bathroom smelled and had a booster seat on the floor, she didn't feel it is sanitary. During an observation on 10/2/25 at 8:20 AM of Resident #40, #41 and #121's bathrooms noted all 3 rooms hadn't change since 9/29/25. The seat risers remained dirty and on the floor. In an interview on 10/2/25 at 8:30 AM Staff D, Housekeeping Supervisor, stated over the previous 3-4 months she only had 3 housekeepers and she should have one for each hall at least. Recently, she hired 3 new housekeepers but so far only 2 can be on the floor. She currently had 4 housekeepers, so she is still short staffed. Staff D stated that each room should be cleaned daily but they don't have enough staff. They sweep the rooms they looks like it needs it, but the bathrooms should be cleaned and mopped (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165251	A. Building B. Wing	11/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ravenwood Specialty Care	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	daily with the trash taken out. Staff D denied having check lists at the time for tasks but they normally do when they are fully staff. When questioned about the seat risers, Staff D replied they should be cleaned but not if on the floor. When shown Resident #40, #41 and #122's bathrooms, , Staff D described them as terrible and admitted they didn't get cleaned. In an interview on 10/2/25 at 9:45 AM the Director of Nursing (DON) stated that if a room has a toilet seat riser on the floor it should be in a plastic bag. She expected the staff would clean it prior to putting in the bag if they removed it between residents. The DON added she would remove them from Residents #40, #41, and #122's rooms if they didn't use the toilet set riser. The Cleaning and Disinfecting Residents' Rooms procedure revised August 2013 lacked information on how often the staff should clean the rooms. The undated Daily Check List directed to sweep the resident's room, mop the resident's room, clean the toilet, sweep and mop the restroom floor daily. 5. During an observation on 10/2/25 at 9:00 AM of the laundry room revealed a pile of approximately 2 feet high by 4 feet wide of resident's dirty personal clothing. The clothing sat on the floor of the dirty side of laundry room, without a barrier between the clothing and floor, in the corner next to dirty laundry bins. During an interview on 10/2/25 at 9:00 AM Staff F, Laundry Aide, reported she didn't work for 2 days and the room shouldn't look that way, as dirty laundry shouldn't be on the floor. She described herself as the full-time laundry person. Staff F reported she had instructions written but the other staff didn't always follow her instructions. Review of the facility Environmental Guidelines and Protocols dated March 2013. Floors shall be kept clean and dry at all times. Facility staff will handle, store, process, and transport linens so as to prevent the spread of infection. Keep soiled linens in carts or bins, not on floor. During an interview on 10/2/25 at 11:17 AM with the Infection Preventionist reported they should use dirty linen bins to put dirty clothes in and not put them on the floor.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165251	A. Building B. Wing	11/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ravenwood Specialty Care	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)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, policy review, resident and staff interviews, the facility failed to provide sufficient staffing to ensure resident safety and meet their needs. The facility reported a census of 129 residents. Findings include: 1. Resident #31's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview of Mental Status (BIMS) score of 15, indicating intact cognition. The MDS included diagnoses of hypertension (high blood pressure), heart failure, and diabetes. On 9/29/25 at 11:28 AM Resident #31 reported the food as cold and added at times she didn't get a tray. Resident #31 on 10/1/25 at 12:55 PM reported she didn't have concerns with the food for the past three days. Resident #31 reported the facility had staff helping the aides, who don't normally help on the floor. 2. Resident #131's MDS assessment dated [DATE] identified a BIMS score of 15, indicating intact cognition. The MDS documented Resident #131 has a limb prosthesis (fake body part). The MDS included diagnoses of hypertension (high blood pressure), anxiety, and diabetes. The Care Plan Focus revised 9/26/25 regarding Activities of Daily Living documented Resident #131 needed assistance of one staff member with bathing, transfers, and personal hygiene. In addition, the Care Plan described Resident #131 as noncompliant with waiting for assistance to transfer and he would self-transfer. During a continuous observation on 9/30/25 at 7:12AM to 7:32 AM outside of the shower room on hall C. As the staff walked the halls at 7:21 AM Staff K, Certified Nurse's Aide (CNA), went into the shower room, as they opened the door noted Resident #131 in the shower room unattended. Resident #131 on 9/30/25 at 9:00 AM reported from time to time the staff leave him unattended in the shower room, usually only for 2-5 minutes at the most. Resident #131 reported when in the shower room he sat in the shower chair and had a stump to his left leg. On 10/1/25 at 1:26 Staff K reported on a normal day, the facility had only one aide on hall C. Staff K reported she had extra staff that day and the day before due to state being in the building. Staff K verbalized the Restorative Aide would help in the morning with transfers but they helped all the halls so they didn't stay long. Staff K reported staff left Resident #13 in the shower on Tuesday and in the past as well, due to him being safe and he would put on his light on when he got done. Staff K reported otherwise the residents wouldn't get showers because it is a lot of work for one person but the management knew and didn't change the staffing. 3. Resident #44's MDS assessment dated [DATE] identified a BIMS score of 5, indicating severe cognitive impairment. The MDS listed her as dependent (helper did all of the effort and the resident did none of the effort to complete the activity.) for all activities of daily living. The MDS included diagnoses of hypertension (high blood pressure), dementia, and malnutrition (inadequate intake of nutrients). On 9/30/25 during a continuous observation from 1:13 PM to 2:08 PM noted Resident #44 at the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165251	A. Building B. Wing	11/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ravenwood Specialty Care	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)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	nurses' station in her wheelchair. She had her pants and shirt are wet. In addition, she had liquid brown matter (similar to fecal matter), around the outer ring of the area appeared to be drying. At 1:44 PM the Assistant Director of Nursing (ADON) asked Resident #44 if she would like to go outside for the activity and she replied yes. When the ADON went to push her, she noted the wet pants. The ADON approached Staff K as they went into the shower room to get supplies for another resident and whispered to her about Resident #44. Staff K reported she would get to her as soon as she could because as she was working with another resident at that time and she would have to give her a shower. The ADON then went and sat at the desk watching down the hallways. At 2:08 PM Staff K went up to Resident #44 and explained she would get her cleaned up. Staff K took Resident #44 to the shower room, put on a gait belt, did hand hygiene, and applied gloves. As Staff K assisted Resident #44 to the toilet, she removed her pants that revealed a mix of wet and dried liquid stool all up her lower half of the stomach, upper thighs, buttocks and peri area. Staff K got Resident #44 to the toilet and reported she would give Resident #44 a shower due to it being so bad. Throughout the time Resident #44 sat at the nurses' station, observed other staff at the nurses' station either charting and/or watching hallways but no one got up to assist her. On 10/2/25 at 8:32 AM the ADON reported all nurses are to help staff when needed with resident care. She verbalized no residents are to be left in the shower room unattended. She reported she told staff even if they are independent, they cannot be left alone in the shower room. On 10/2/25 10:13 AM the Director of Nursing (DON) reported the nurses should assist with the care of residents when they could. Staff should answer calls-lights when they could to help the staff on the floor. She reported the facility had some residents who wanted to be left in the shower room by themselves. She reported the staff could give them privacy but be there either by the door or in the room with the privacy curtain closed. 4. Resident #35's MDS assessment dated [DATE] identified a BIMS score of 15, indicating no cognitive impairment. In an interview on 9/29/25 at 1:23 PM Resident #35 stated the staff took 30 to 45 minutes at times to answer their call light. 5. Resident #41's MDS assessment dated [DATE] identified a BIMS score of 15, indicating no cognitive impairment. In an interview on 9/29/25 at 10:58 AM Resident #41 reported sometimes getting help is not easy. Resident #41 added it didn't take long for the call light but sometimes they answer it and turn it off stating they will be back in a minute but they don't always come back. Resident #41 reported the facility only one CNA on her hall usually and she didn't feel it is enough. 6. Resident #118's MDS assessment dated [DATE] a BIMS score of 15, indicating no cognitive impairment. In an interview on 9/29/25 at 11:19 AM Resident #118 stated she thought the facility needed two aides for each hall and most of the time they only had one. Resident #118 added sometime the aides covered E and G halls, and described that as too much. F hall usually had two staff. Resident #118 explained they worried about call lights. Resident #118 stated she waited several times for 45 minutes plus and one time even an hour. They need extra help. Resident #118 added the Administrator told her they are trying to hire people. She didn't blame the staff as they don't have enough help. Also, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165251	A. Building B. Wing	11/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ravenwood Specialty Care	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)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the nurses didn't help when they didn't have a second aide available. The Administrator told her it was corporate at times. She stated she told him to ask corporate how they would feel if their family sat on the bedpan for 45 minutes. The last time they had two aides on her hall was 9/21/25 and she wrote it down as it was the first time in months having two aides and none since. She yelled out the door sometimes as she needed help and didn't want to wet the bed. 7. Resident #120's MDS assessment dated [DATE] identified a BIMS score of 15, indicating no cognitive impairment. In an interview on 9/29/25 at 1:22 PM Resident #120 described the facility as short of help, so they couldn't answer as fast as they could. Resident #120 added it sometimes took 30 to 45 minutes for the staff to answer the call light as they only had one CNA usually. 8. Resident #122's MDS assessment dated [DATE] identified a BIMS score of 15, indicating no cognitive impairment. In an interview on 9/29/25 at 11:13 AM Resident #122 stated call lights sometimes could take a while, once it took about 30 minutes. In an interview on 9/30/25 at 12:15 PM Staff A, CNA, stated the facility normally only had one CNA in G hall. Staff A explained it use to be the independent wing but most of them are no longer independent. She used to be able to do showers right away in the morning but now she couldn't. Staff A described it as tough with one. Staff A explained the work as too much for one CNA anymore as the hall had 3 who used standing mechanical lifts. Unless they are care planned for 1 person, she needed to find help from another hall unless the nurse had time. Staff A reported it as tough when they have 4-5 showers to get done as she can't be on the floor for the call lights. Staff A explained she need to take residents to the toilet after meals and lay people down. Staff A stated she thought the facility should have 2 CNAs down the hall so one could do baths while the other answered the call lights. Staff A, added it would be easier to help residents use the toilet after meals and have help with transfers. In an interview on 9/30/25 at 2:15 PM Staff E, Certified Medication Aide (CMA) described herself as an agency nurse and always worked by herself on Hall G. Staff E explained she also always worked by herself on Hall F which is worse as there are 3 residents that needed help with eating, residents who need mechanical lifts, and one very heavy resident. When she found out the facility had State there, she told her agency she wouldn't work the F Hall as she didn't want to lose her license. She added that on Hall G she prioritizes what needs to be done and she worries about the showers the most. Stated that there is nobody to answer the call lights when giving showers. The nurses don't help and even say that answering call lights is not their job. That's why they went to nursing school. Finally, she stated that there should be 2 CNAs on Hall G and definitely on Hall F, as they might need more.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165251	A. Building B. Wing	11/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ravenwood Specialty Care	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, staff interview and policy review, the facility failed to complete an accurate skin assessment for 1 of 2 residents reviewed (Resident #31). The facility reported a census of 129 residents. Findings include: Resident #31's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview of Mental Status (BIMS) score of 15, indicating intact cognition. The MDS included diagnoses of hypertension (high blood pressure), heart failure, and diabetes. Observation on 9/29/25 at 11:42 AM noted bruises to both of Resident #31's hands. The right hand had a band-aid on part of the bruised area. On 9/29/25 at 11:42 AM Resident #31 and his wife reported he had the bruises and the covered area for a few days. Observation on 10/1/25 at 10:45 AM noted the bruises remain on both hands. The right hand has a new band- aid on it. On 10/1/25 at 11:59 AM Staff I, Registered Nurse (RN), reported she did the weekly skin assessments and documented them in the Electronic Health Record (EHR). Staff I reported the Certified Nurses' Aides (CNA) also let the nurses know about new skin areas. Staff I verbalized she didn't know about Resident #31's areas on his hands. The staff should have documented the areas. Resident #31's September 2025's Treatment Administration Record reflected he had weekly skin assessment completed 9/30/25. Resident #31's EHR lacked documentation of any bruises to the hands or the band-aide to the right hand. In addition, his EHR lacked documentation of a Report of Incident/Accident for the areas. On 10/1/25 at 12:03 PM the Director of Nursing (DON) reported the nurses did the skin assessments weekly and they should document any new areas. The EHR should have an evaluation of the skin assessment. The facility policy titled Skin Tear-Abrasions and Minor Breaks, Care of revised September 2013 directed to complete a Report of Incident/Accident after the discovery of an abrasion, skin tear, or bruise.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165251	A. Building B. Wing	11/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ravenwood Specialty Care	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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, observation, staff interviews, and policy review, the facility failed to ensure safe and accurate delivery of oxygen therapy for one of one resident reviewed for respiratory care (Resident #95). The facility reported a census of 129 residents.Findings include:Resident #95's Minimum Data Set (MDS) assessment dated [DATE] included diagnoses of Coronary Artery Disease (CAD or impaired blood flow from the heart), pneumonia (an infection of the lungs), Chronic Obstructive Pulmonary Disease (COPD or long-term damage to the lungs affecting breathing), pulmonary hypertension (damaged blood vessels from the heart to the lungs, increasing the pressure in the lungs), and hypoxemia (low blood oxygen). The Care Plan Focus revised 8/23/24 indicated Resident #95 had altered respiratory status/difficulty breathing related to COPD. The Intervention directed Resident #95 had oxygen at 2 liters (L) continuous via (/) Nasal Cannula (NC) to keep saturations greater than 90%. The Order Details dated 7/8/25 listed an order for oxygen continuously at 2L/NC. The Order Details dated 10/1/25 ordered oxygen continuously via NC at 2L per minute, as Resident #95 allowed. Chart refusal of oxygen or removal of the NC. The Progress Notes lacked documentation of Resident #95 asking for or refusing her oxygen. In addition, the progress notes lacked documentation of her taking off her oxygen. Resident #95's September and October 2025 Electronic Treatment Administration Record (ETAR) indicated Resident #95 continuously wore her oxygen for at least the last 60 days with no refusals. During an observation on 10/1/25 at 9:15 AM Resident #95 did not wear her oxygen. The observation revealed she had a concentrator and an oxygen container on the back of her wheel chair in her room with neither running. During an observation on 10/1/25 at 9:20 AM Staff B, Certified Nurse Assistant (CNA) took Resident #95 to the bathroom next to the nurse's station. During an observation on 10/1/25 at 10:23 AM noted Resident #95 wore a NC supplying oxygen from an oxygen cannister on her wheelchair at 2L. In an interview on 10/1/25 at 9:15 AM Resident #95 stated she got up that morning at 7:00 AM and the staff never put on her oxygen. She went to breakfast and back without her oxygen. Resident #95 guided to put on her call light. In an interview on 10/1/25 at 9:55 AM Resident #95 reported she still didn't have on her oxygen. Resident #95 reported she told the staff, who said she told the nurse who has to do it but she was busy. In an interview on 10/1/25 at 10:23 AM Resident #95 stated the nurse didn't turn on her oxygen and she felt a little short of breath. She added her granddaughter, Resident #83, turned it on to 2 L and she put the NC on by herself. In an interview on 10/1/25 at 10:24 AM Resident #83 stated she turned on Resident #95's oxygen cannister on the back of her wheel chair. In an interview on 10/1/25 at 10:25 AM Staff B stated Resident #95 told her she wanted her oxygen turned on. Staff B explained she can't turn on the oxygen to the oxygen cannister but she did tell the nurse she wanted her oxygen. In an interview on 10/1/25 at 10:40 AM Staff C, Registered Nurse (RN), stated Resident #95 should receive oxygen at 2 L/NC continuously. Staff C reported a CNA couldn't turn on the oxygen to an oxygen cannister but they could turn on the room concentrator. Staff C explained Resident #95, per her own discretion, could ask the staff to turn on or off her oxygen. Resident #95 didn't ask her to turn on her oxygen that morning and went to breakfast that morning so she must not want the oxygen. In an interview on 10/1/25 at 2:45 PM the Director of Nursing (DON) stated residents that have an order for continuous oxygen have the right to take their oxygen off if they want. The DON verbalized they didn't have to ask to have their oxygen put on. When asked about Resident #95, the DON responded she took off and put on her oxygen by herself. The DON added Resident #95 had an extensive Care Plan that indicated noncompliance, refusal of cares, and false accusations. The DON stated Resident #95's Care Plan oxygen orders should match her current order for oxygen. When the DON asked if the nurse got questioned, the surveyor replied Staff C stated Resident #95 must not wanted to have her oxygen on as she didn't ask for the oxygen. The Oxygen Administration policy revised October 2010 directed to review the physician's orders or facility protocol for oxygen administration. In addition, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165251	A. Building B. Wing	11/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ravenwood Specialty Care	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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	review the resident's Care Plan to assess for any special needs. The policy lacked direction of documentation of refusals or residents removing their oxygen.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165251	A. Building B. Wing	11/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ravenwood Specialty Care	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, policy review and staff interviews the facility failed to ensure all medications were dated when opened. The facility reported a census of 129. Findings include:During an observation of medication administration on 10/2/25 at 7:00 AM, Staff G, Licensed Practical Nurse (LPN), opened the D wing cart and pulled out a vial of Lantus for a resident. Staff G described the vial as opened but it didn't have an open date on the vial. The pharmacy label identified the vial as Lantus INJ 100 milliliter (ML) with a dispensed date of 9/24/25. The label had a refrigerate sticker attached to it. Staff G stated the vial should have a date when they opened the vial and removed the vial from the medication cart. During an observation of medication administration on 10/1/25 at 9:01 AM Staff H, Registered Nurse (RN), pulled out a box of Artificial Tears for a different resident with the top of the packaging removed. The packaging and Artificial Tears bottle didn't have an opened date. Staff H removed the Artificial Tears from the medication cart. Staff H acknowledged the packaging/bottle should have an opened date. Inspection of the C wing medication cart on 10/1/25 at 1:28 PM revealed the following opened medications without a date opened on the packaging:a. Stock Fiber Powder-Psyllium Husk 19-ounce bottle (fiber supplement)b. Stock Reguloid - Dietary Fiber Supplementc. Stock Calcium Acetate 667 mg (calcium supplement)d. Stock Basic Standardized Cranberry tablets 250 mge. Stock [NAME] & Thrive Calcium 600 mg + Vitamin D3 Plus Mineralsf. Resident #12's Carboxymethyl cellulose Sodium 0.5% eye dropsStaff I, RN, acknowledged the items identified lacked open dates. Staff I verbalized they should date everything when opened. Inspection of the D wing medication cart on 10/1/25 at 1:50 PM revealed the following opened stock medications without an opened date on the packaging:a. Stock Acetaminophen 325 mgStaff G acknowledged the bottle didn't have a date opened and it should have one. Inspection of the E wing medication cart on 10/1/25 at 1:53 PM revealed the following opened medications without a date opened on the packaging:a. Stock [NAME] & Thrive Anti-Diarrheal Loperamide Hydrochloride tablets 2 mgb. Stock [NAME] & Thrive Acid Reducer Famotidine Tablets 20 mgc. Stock Geri Care Vitamin D 25 mcg tabletsd. Stock Geri Care Thiamin Vitamin b-1 100 mg tabletse. Stock Geri Care Vitamin B-12 500 mcg tabletsf. Stock Geri Care Polyethylene Glycol 3350 Powder for Solution Osmotic Laxative 14-ounce bottleg. Stock Geri Care Vitamin C 250 mg tabletsh. Stock [NAME] & Thrive Extra Strength Pain Reliever - Acetaminophen 500 mgi. Stock Geri Care Aspirin 81 mgj. Stock [NAME] & Thrive Ibuprofen 200 mg tabletsStaff H acknowledge the identified items did not have date open on the packaging and had been unsure if date opened was needed. Inspection of the F wing medication cart on 10/1/25 at 2:01 PM revealed the following opened medications without a date opened on the packaging:a. Stock [NAME] & Thrive Acid Reducer Famotidine Tablets 20 mgb. Stock [NAME] & Thrive Anti-Diarrheal Loperamide Hydrochloride tablets 2 mgc. Stock Geri Care Extra Strength Pain- Reliever Acetaminophen 250 mgd. Stock Geri Care Geri-Dryl Allergy Relief Diphenhydramine HCL 25 mge. Stock Marlex Vitamin B-1 (Thiamine HCL) 100 mgf. Stock [NAME] & Thrive Melatonin 3 mcgStaff J, LPN, acknowledged the identified items should have a date when opened. Inspection of the skilled medication storage room on 10/1/25 at 2:01 PM revealed an unlabeled Basaglar Kwik pen (insulin glargine injection) laying in loose a plastic basket. Staff J, verbalized the pen should be in a bag with a resident's name on the pharmacy label. In an interview on 10/1/25 at 2:15 PM the Director of Nursing (DON) verbalized she saw the Basaglar Kwik pen (insulin glargine injection) laying in the plastic basket earlier that morning but didn't dispose of it at that time. The DON acknowledged she meant to come back to take care of the insulin pen but forgot. The DON verbalized they expected medications to have a date when they open the medication. The facility provided Administering Medications police revised April 2019, directed the following:a. The expiration/beyond use date on the medication label is check prior to administering. When opening a multi-dose container, the date opened is recorded on the container. b. Insulin pens are clearly (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165251	A. Building B. Wing	11/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ravenwood Specialty Care	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	labeled with the resident's name or other identifying information. Prior to administering insulin with an insulin pen, the Nurse verified that the correct pen is used for that resident.