

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165252	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Westview Acres Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 203 S W Lorraine Leon, IA 50144	

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 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident when there is a significant change in condition</p> <p>Based on electronic health record review, document review, and staff interviews the facility failed to complete and submit a comprehensive assessment related to a significant change for 1 of 5 residents reviewed (Resident #5). The facility reported a census of 35 residents.</p> <p>Finding include:</p> <p>A review of the Electronic Health Record (EHR) for Resident #5 section Minimum Data Set (MDS) revealed the latest quarterly assessment completed on 3/13/2025.</p> <p>A review of the Care Plan for Resident #5 reflected a focus area Hospice initiated on 3/19/2025 due to a decline in health status. Interventions/Tasks documented the hospice services company name and a contact number for emergency services. It further describes steps to take in care of any decline and/or improvement in health.</p> <p>In an interview with the Director of Nursing (DON) on 6/05/25 at 11:10 am, she stated a significant change in Resident #5's health status occurred when the Care Plan was updated with the Hospice services initiated on 3/19/2025. The DON reviewed the EHR and noted there was no MDS entry made on or within 14 days of the health status change. The DON requested that the MDS Coordinator review the Resident #5's MDS section of the EHR.</p> <p>On 6/05/25 at 11:15 am in an interview the MDS Coordinator stated she recalled updating the Care Plan section for Resident #5 but missed submitting MDS changes at that time. She further confirmed that the significant change had to be reflected on Resident #5's MDS and she will need to complete a late submission of the MDS Significant Change update to reflect the current health status of Resident #5.</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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