

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165255	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2024
NAME OF PROVIDER OR SUPPLIER Via of Carlisle		STREET ADDRESS, CITY, STATE, ZIP CODE 680 Cole Street Carlisle, IA 50047	
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 observation, clinical record review, staff interview, resident interview, a volunteer ombudsman interview, review of the facilities Employer Handbook and review of the facilities Residents' [NAME] of Rights the facility failed to treat 1 of 3 residents with dignity and respect while preserving her rights. (Resident #1) The facility identified a census of 65 residents,</p> <p>Findings include:</p> <p>During an interview 5.2.24 at approximately. 3:30 p.m. the facilities Volunteer Ombudsman voiced a concern related to the facilities refusal to allow Resident #1 to have vaped an electronic nicotine device because the facility had allegedly being a non-smoking facility minus 2 residents that were grandfathered in at the time of the policy change. The Ombudsman confirmed staff as able to have smoked. The Ombudsman indicated not to long ago (a few weeks) he drove by the facility around 7:30 p.m. and observed several staff smoking in the designated resident smoking area to the South side of the building. An observation at the same time, confirmed by the Ombudsman revealed 2 staff members as they smoked outside on the North side of the building on facility grounds and not in the resident designated smoking area.</p> <p>A Quarterly Minimum Data Set (MDS) assessment form dated 3.6.24 indicated the Resident with had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 (cognitively intact).</p> <p>During an interview 5.2.24 at 3:33 p.m. the Resident verbalized discontent because staff failed to allow her to vape even though staff did so on a regular basis plus there had been 2 residents who had been grandfathered into what had been the facilities no smoking policy. The Resident verbalized a real preference to vape. The Resident felt what was good for one resident should have been good for everyone.</p> <p>During an interview 5.2.24 at 3:50 p.m. the Director of Nursing (DON), Administrator and the Resident all reviewed the facilities smoking policy and the DON reviewed the Resident's Admission Agreement which the resident signed even thou she felt like her rights had been violated. The said agreement identified the facility as a non- smoking campus. The Resident then stated, when she arrived at the facility 2 years ago she was not of sound mind because of having taken Methadone (pain medication) at the time and she felt her ability to have clear though processes had been skewed.</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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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview 5.3.24 at 10:40 a.m. the DON indicated the facility planned to allow the Resident to vape outside in the designated area and staff and residents could no longer smoke at the North side of the building rather only the designated area to the South of the building outside the door across from the kitchen.</p> <p>Review of the Admission Agreement signed by the Resident 5.11.22 included the following in it's exact wording :</p> <p>[NAME] Care Center for Wellness & Rehab is a Smoke Free Campus</p> <p>To protect and enhance our indoor and outdoor air quality and to contribute to the health and well-being of all employees, Residents, and Visitors of [NAME] Center for Wellness & Rehab (CCCWR) shall be entirely smoke free effective January 1, 2020. Additionally, effective with this same date the use of all tobacco products through pipes, cigars and cigarettes including chewing tobacco, is banned from CCCWR property. Electronic smoking/vaping battery operated devices that can closely resemble cigarettes, commonly referred to as electronic cigarettes, vapes or e-cigarettes, although there are no current laws or regulations banning the use of electronic devices in public places, employers are not required to allow their use in the workplace. Therefore, these are also banned from CCCWR property.</p> <p>Smoking/Vaping, the use of tobacco products, is prohibited in all areas within CCCWR's property lines, without exception. This includes common work areas, conference and meeting rooms, private offices, hallways, break room, stairs, restrooms, employer owned or leased vehicles, and all other enclosed areas of the facility. This also includes common outdoor areas, parking lots, walkways and all other open-air areas within property lines.</p> <p>Review of the facilities Employee Handbook revised 2.1.13 included the following related to smoking:</p> <p>Smoking had been absolutely prohibited while on duty. During rest periods and lunch periods, however, staff may have smoked in designated areas.</p> <p>Review of the Residents' [NAME] of Rights revised 2.2020 included the following in it's exact wording:</p> <p>L Residents Rights. The resident has a right to a dignified existence, self determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>25854</p> <p>Based on observation, clinical record review, resident interview, staff interview and review of Resident Council Meeting Minutes the facility failed to follow physician orders for 1 of 3 residents reviewed with an acute and chronic illness. (Resident #4) The facility identified a census of 65 residents.</p> <p>Findings include:</p> <p>1. A Medication Administration Record (MAR) form dated 5.1.24 thru 5.31.24 for Resident #4 directed the facility staff to have administered Lispro insulin (short acting insulin) 3 units subcutaneously (SQ) with meals and to hold if blood sugars registered less than 90 related to Diabetes Mellitus (DM) due to an underlying condition with hyperglycemia. That order had been in addition to a sliding scale of Lispro insulin. (started 3.25.24 at 6 p.m.) The resident's Lispro sliding scale went as follows with a Physician's directive to have been administered with meals. (started 3.20.24 at 6 p.m.)</p> <p>A blood sugar of 0-150 = no units of Lispro insulin</p> <p>151-200 = 2 units.</p> <p>201-250 = 4</p> <p>251-300 = 6</p> <p>301-350 = 8</p> <p>351-400 = 10</p> <p>An observation 5.3.24 at 9:14 a.m. revealed Staff H, Licensed Practical Nurse (LPN) as she administered 3 units of scheduled Lispro insulin along with 2 units of sliding scale Lispro insulin to the resident's left arm as he layed in bed. The staff member confirmed the resident already ate breakfast.</p> <p>According to the MAR on 5.3.24 the routine and sliding scale Lispro had been administered at 9:14 a.m. with a blood sugar of 172 checked at 8 a.m.</p> <p>Review of the resident's meal intake record 5.3.24 revealed Staff E, Certified Nursing Assistant (CNA) documented the resident's meal intake of 75-100% of his breakfast meal at 8:55 a.m.</p> <p>During an interview 5.3.24 at approximately 9:30 a.m. Staff E confirmed the resident ate in the dining room around 7:15 a.m. to 7:30 a.m. and that she documented his actual meal intake at 8:55 a.m.</p> <p>During an interview 5.3.24 at 9:45 a.m. a Nurse Practitioner (NP) indicated the administration of insulin as documented above had not been how she would have administered the insulin and she expected staff to follow Physician orders.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Review of Resident Council Meeting Minutes revealed the following concerns as dated:</p> <p>a. 1.31.24 (no time indicated) - Night medications not passed on time.</p> <p>b. 2.29.24 (no time indicated) - Medications not administered on time.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>25854</p> <p>Based on observation, record review, staff interview, resident interview, review of Steamtable Temperature logs, review of Resident Council Meeting Minutes and facility policy review the facility failed to maintain hot food served at a temperature greater than 140 degrees during a meal service. The facility identified a census of 65</p> <p>Findings include:</p> <p>An observation and interview on 5.2.24 at 12:58 p.m. revealed Staff A, Cook as she tempted the food at the immediate end of the food service with the results as follows:</p> <ul style="list-style-type: none"> a. Taco casserole - 135 degrees Fahrenheit (F) b. Rice - 137 F c. Mashed potatoes - 120 F. As the staff member took this temp she confirmed the temperature as low because there had been no room on steam table so she positioned the serving pan on top of the table and not around the heating elements. d. Chicken strips - 164 e. Hamburger patty - 151 <p>Staff A reported she had been required to maintain food temps at 140 to 165 degrees F for hot food.</p> <p>Review of the facilities Steamtable Temperatures logs revealed the facility staff failed to check the food temperatures for the following meals as dated:</p> <ul style="list-style-type: none"> a. 4.14.24, 4.23 and 4.26.24 - Breakfast meals. b. 4.2.24, 4.3, 4.6, 4.7, 4.9, 4.14, 4.18, 4.21, 4.23, 4.26 and 4.30.24 - Lunch meals. c. 4.7.24, 4.9 and 4.18.24 - Supper meals. <p>During an interview 5.2.24 at 1:00 p.m. Staff B, Dietary Manager confirmed staff supposed to check temps before meal service. The staff member reviewed the food temperature logs and confirmed they had not been completed thoroughly per facility policy.</p> <p>During an interview 5.3.24 at 11:15 p.m. Staff B offered to share the previous food temp records prior to his date of hire and stated, they were much worse.</p> <p>During an interview 5.2.24 at 3:33 p.m. Resident #1 confirmed the facility staff served cold food at times.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview 5.8.24 at 2:26 p.m. Staff C, Certified Nursing Assistant (CNA) and Certified Medication Aide (CMA) confirmed resident's described their room trays as cold.</p> <p>During an interview 5.8.24 at 2:33 p.m. Staff D, CNA/CMA indicated that sometimes the resident's food trays had been served cold.</p> <p>During an interview 5.8.24 at 2:37 p.m. Staff E, CNA confirmed resident food trays as served cold and the meals in the Cottage dining area.</p> <p>During an interview 5.8.24 at 2:46 p.m. Staff F, CNA/CMA confirmed resident room trays and meals in main dining areas as served cold.</p> <p>Review of Resident Council Meeting Minutes revealed the following concerns as dated:</p> <p>a. 1.31.24 (no time indicated) - Food not hot.</p> <p>b. 2.29.24 (no time indicated) - Food a little cold, to burnt and dry meat.</p> <p>Review of the facilities Food Temperatures policy dated 2021 included the following as stated below:</p> <p>The temperatures of all food items will be taken and properly recorded prior to service of each meal,</p> <p>Procedure:</p> <p>1. All hot food items must be cooked to appropriate internal temperatures, held, and served at a temperature of at least 135o F.</p> <p>a. Cooking temperatures must be reached and maintained according to regulations' laws, and standardized recipes while cooking.</p> <p>b. Hot food items may not fall below 135 F after cooking, unless it is an item which is to be rapidly cooled to below 41 F and reheated to at least 165' F (for a minimum of 15 seconds) prior to serving. Caution should be taken to avoid serving food and liquids at temperatures that are too hot to avoid the risk of burns.</p> <p>3. Temperatures should be taken periodically to assure hot foods stay above '135 F and cold foods stay below 41 F during the holding and plating process and until food leaves the service area.</p>		