

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 01/15/2025
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>47079</p> <p>Based on resident observations, record review, staff interview, and policy review, the facility failed to treat residents with dignity by failing to provide an alternate method of obtaining toileting assistance which resulted in the resident walking to the unit hallway intersection and yelling for help to be changed. Dignity was reviewed for eleven residents, concerns were found for Resident#8. The facility reported a census of 73.</p> <p>Findings include:</p> <p>On 1/14/25 at 7:16 AM, an Environmental Services (EVS) staff member was observed leaving the south hall of the Chronic Confusion Dementing Illness (CCDI) unit.</p> <p>At 7:22 AM, Resident #8 walked to her room doorway and asked to be changed. The resident was instructed to follow her normal method of contacting staff for assistance as the surveyor was not authorized to help.</p> <p>At 7:26 AM, the resident ambulated with her walker to the south hall main corridor intersection and yelled down the hall for someone to change her.</p> <p>At 7:30 AM, another EVS staff member entered the south hall and got the wet floor sign.</p> <p>At 7:32 AM, Staff B, Certified Nursing Aide (CNA) entered the south hall and asked Resident #8 if she wanted to go to breakfast. The resident asked to be changed.</p> <p>The Admission Minimum Data Set (MDS) for Resident#8 dated 10/21/24 revealed a Brief Interview for Mental Status (BIMS) score was not performed as the resident was rarely or never understood. It included diagnoses of Chronic Kidney Disease (CKD), paranoid Schizophrenia, and Post-Traumatic Stress Disorder (PTSD). It also indicated the resident required setup assistance for eating, maximal assistance for bathing, and moderate assistance for all other Activities of Daily Living (ADLs). It further indicated she was occasionally incontinent of urine and frequently incontinent of stool.</p> <p>The Resident's Care Plan with revision date of 11/12/24 did not include staff directives for incontinence care.</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
---	-------	-----------

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 01/15/2025
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>A policy titled Promoting/Maintaining Resident Dignity revised 1/30/24 indicated all staff members are involved in providing care to residents to promote and maintain resident dignity and respect resident rights. It also directed staff to respond to requests for assistance in a timely manner.</p> <p>On 1/15/24 at 9:33 AM, the Director of Nursing (DON) stated if staff aren't currently assisting another resident, they should attend to the resident's request.</p>		

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 01/15/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>47079</p> <p>Based on observations, staff interviews, and policy review, the facility failed to properly secure medications from unauthorized access for one of one medication cart observed. The facility reported a census of 73 residents.</p> <p>Findings include:</p> <p>On 1/13/25 at 3:31 PM, an observation revealed an unattended, unlocked medication cart in a resident hall. There were no staff members present. Staff A, Licensed Practical Nurse (LPN), exited a resident's room and came to the medication cart. She locked the medication cart and stated the medication cart should not have been unlocked.</p> <p>A policy titled Medication Storage in the Facility revised 11/2018 indicated medication rooms, carts, and medication supplies are locked when not attended by persons with authorized access.</p> <p>On 1/15/25 at 9:33 AM, the Director of Nursing (DON) stated staff should ensure the medication cart is locked if they are leaving the cart.</p>

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 01/15/2025
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>47079</p> <p>Based on observations and staff interviews, the facility failed to properly protect resident information from unauthorized access for one of one laptop reviewed. The facility reported a census of 73 residents.</p> <p>Findings include:</p> <p>On 1/13/25 at 3:31 PM, an observation revealed an opened laptop with Resident #11's Electronic Health Record (EHR) viewable. There were no staff members present. Staff A, Licensed Practical Nurse (LPN), exited a resident's room and came to the medication cart. She exited the resident's EHR and accessed a screen that displayed 16 residents' EHR information.</p> <p>At 3:33 PM, Resident #10 activated her call light and called out for help. Staff A walked into the resident's room. The laptop was observed opened with 16 residents' EHR information viewable.</p> <p>At 3:37 PM, Staff A returned to the medication cart and stated the EHR information should not be unlocked.</p> <p>On 1/14/25 at 6:48 AM, an observation revealed an opened laptop with Resident #2's EHR viewable. Another staff member locked the drawer.</p> <p>On 1/15/25 at 7:51 AM, the Administrator emailed the facility didn't have a policy regarding securing resident records. She added it was a standard of care.</p> <p>On 1/15/25 at 9:33 AM, the Director of Nursing (DON) stated staff should ensure resident information is not displayed if they are not at the cart.</p>		

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 01/15/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47079</p> <p>Based on observation, staff interview, and policy review, the facility failed to implement infection control policies to prevent cross-contamination. The facility reported a census of 73 residents.</p> <p>Findings include:</p> <p>1. On 1/13/25 at 1:21 pm, Staff D, Housekeeping Aide (HA) and Staff E, Certified Nurse Aide (CNA) stated purple-top sanitizing wipes (saniwipes) were used to clean Personal Protective Equipment (PPE) goggles for use in Covid+ resident rooms but were not able to locate the wipes.</p> <p>At 1:25 pm, the PPE bin at the north end of hall 200 contained only goggles for eye protection but did not contain any saniwipes for shared equipment.</p> <p>At 1:45 pm, Staff F, Registered Nurse (RN) stated PPE goggles are for individual residents but for multiple staff. He also stated the goggles get cleaned with saniwipes after use.</p> <p>At 1:45 pm, Staff E, CNA and Staff G, CNA used an EZ Stand (mechanical device used for standing assistance) to transfer Resident #2. There were no saniwipes available to clean the EZ Stand.</p> <p>At 1:53 pm, Staff D, HA stated saniwipes were not in residents' rooms.</p> <p>At 1:55 pm, a used earloop mask was observed lying on top of the north 200 hall PPE bin where PPE goggles had been stored.</p> <p>At 2:01 pm, Staff G, CNA exited a Covid+ resident's room, laid her goggles on top of the PPE bin, put the earloop mask on her face, performed hand hygiene (HH) and walked off.</p> <p>At 2:11 pm, Staff G stated the saniwipes were short since Sunday (1/12/25). She stated the saniwipes were not available on hall 200 since she arrived that morning.</p> <p>At 2:20 pm, an observation in the Chronic Confusion Dementing Illness (CCDI) unit revealed the PPE bins outside rooms 217, 406, 410, and 512 had only goggles for PPE eye protection and did not contain saniwipes. The PPE bin outside room [ROOM NUMBER] had face-shields but no saniwipes).</p> <p>At 2:28 pm, Staff H, HA was not able to locate any saniwipes but directed me to Staff I who stated saniwipes were kept in the medication rooms by the nurses.</p> <p>At 2:37 pm, the Administrator and the Regional Director of Operations (RDO) stated the facility changed vendors during the week of 1/06/25 and they obtained supplies from another of the company facilities. He also stated they were getting supplies that week.</p> <p>At 2:54 pm, a white container labeled Spectrum Advanced hand sanitizing wipes was noted on the PPE bin at the north end of hall 200. The container indicated the wipes were for hand sanitizing only, not for cleaning reusable medical equipment.</p> <p>(continued on next page)</p>

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 01/15/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>At 3:06 pm, Staff J, Licensed Practical Nurse (LPN) stated the saniwipes in central supply had been used to restock the nurses' carts and the halls.</p> <p>2. On 1/14/25 at 7:40 am, Staff K, Certified Med Aide (CMA) walked over to a resident's table, picked up the resident's fork with her left hand and stirred the contents of the resident's bowl. She then walked over to another table, picked up the resident's spoon with her left hand and stirred some of the resident's food. She assisted a third resident with his utensils then walked over to a different resident and moved the syrup and utensils on her plate. No hand hygiene was performed throughout the observation.</p> <p>On 1/15/25 at 9:33 am, the Director of Nursing (DON) stated staff should go find the saniwipes and use them on shared equipment. She also stated staff should perform hand hygiene between residents and when moving from touching non-resident items to residents.</p> <p>A policy titled Transmission-Based Precautions updated 5/06/24 indicated if use of common equipment or items is unavoidable, the items should be adequately cleaned and/or disinfected before use for another resident.</p> <p>A policy titled Hand Hygiene updated 7/29/21 directed staff to perform hand hygiene after touching a tenant or the tenant's immediate environment.</p>		