

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165256	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Elmwood Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 222 North 15th Street Onawa, IA 51040	

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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48004</p> <p>Based on clinical record review, staff interview, and facility policy, the facility failed to ensure bed hold notice was sent to the resident and or the resident's responsible person after giving a verbal consent when residents transferred out of the facility for 1 of 3 residents reviewed (Residents #19). The facility reported a census of 34 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] for Resident #19 documented diagnosis of heart failure, hyperlipidemia and asthma. The MDS showed the Brief Interview for Mental Status (BIMS) score of 13 indicating no cognitive impairment.</p> <p>Review of Resident #19's progress notes revealed the following information:</p> <p>a. on 8/26/23 at 9:27 p.m.,the ambulance was at the facility to take Resident #19 to the emergency room .</p> <p>b. On 8/29/23 at 11:39 a.m., the resident returned to the facility.</p> <p>Review of Resident #19's census tab revealed the following information:</p> <p>a. 8/26/23 hospital unpaid leave</p> <p>b. 8/29/23 active</p> <p>Review of the clinical record revealed a bed hold dated 8/26/23 lacked information regarding bed hold notice that was sent to resident and or the resident's responsible person after giving a verbal consent.</p> <p>Review of an undated facility provided policy titled, Bed Hold Requirement and Notification revealed:</p> <p>a. Complete the Bed Hold Form prior to transferring the resident/patient to the hospital. In cases of an emergency transfer, written notification must be provided within twenty-</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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>four hours of transfer.</p>

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44420</p> <p>Based on clinical record review, staff interviews, and policy review the facility failed to resubmit Preadmission Screening and Resident Review (PASRR) with new mental health diagnoses and after initiation of mental health services for 1 of 2 residents reviewed for PASRR requirements (Resident #2). The facility reported a census of 34 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] for Resident #2 documented diagnoses of depression, anxiety disorder and post traumatic stress disorder (PTSD). The MDS showed a Brief Interview for Mental Status (BIMS) score of 15 indicating no cognitive impairment.</p> <p>Review of the clinical record for Resident #2 revealed a Notice of Negative Level I Screen Outcome dated 4/9/24 revealed the PASRR level 1 screen remains valid for your stay at the nursing facility and should be transferred with you if you relocate. No further level 1 screening is required unless you are known to have or are suspected of having a major mental illness or an intellectual or developmental disability and exhibit a significant change in treatment needs. Further review revealed the following questions indicated the following:</p> <p>a. Mental health conditions diagnosed or suspected included: Anxiety disorder</p> <p>b. Behavioral Health Services: No</p> <p>Review of the Psychiatric Progress Note dated 6/6/24 showed Resident #2 received mental health services. Diagnoses included major depressive disorder, anxiety disorder and PTSD.</p> <p>Review of the PASRR Level I Determination dated 4/9/24 lacked the following information:</p> <p>a. Active diagnosis of major depressive disorder and PTSD</p> <p>b. Lacked documentation of current ongoing behavioral health services</p> <p>The Pre-Admission Screening policy dated 2/15 failed to instruct staff of the requirements to resubmit a PASRR.</p> <p>In an interview on 6/12/24 at 9:11 AM, the Business Office Manager (BOM) reported that she is currently responsible for PASRR resubmission's. After reviewing Resident #2's PASRR, the BOM stated, the PASRR should have been resubmitted.</p> <p>In an interview on 06/12/24 at 2:47 PM, the Director of Nursing (DON) reported the new social worker will be responsible to complete resubmission's of PASRRs when training is completed. The DON reported the facility planned to re-establish the responsibility of PASRR reviews upon admission to the MDS Nurse.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44420</p> <p>Based on clinical record review, staff interviews, and policy review the facility failed to complete assessment and interventions for the necessary care and services, to maintain the residents' highest practical physical well-being. Clinical record review revealed the nursing staff failed to complete all required skilled assessments for 1 out of 1 residents reviewed (Resident #2). The facility reported a census of 34 residents.</p> <p>Findings included:</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] for Resident #2 documented diagnoses of paraplegia, Chronic Obstructive Pulmonary Disease (COPD) and neurogenic bladder. The MDS showed a Brief Interview for Mental Status (BIMS) score of 15 indicating no cognitive impairment.</p> <p>The Progress Note for Resident #2 showed the resident hospitalized from 3/1/24 and returned back to the facility on [DATE].</p> <p>The Hospital Records showed Resident #2 admitted to the skilled care unit of the hospital on 4/22/24 with a chief complaint of Acute Kidney Injury.</p> <p>In an interview on 6/11/24 at 11:22 AM, the Director of Nursing (DON) reported skilled assessments for Resident #2 should have been completed twice a day from readmission on 5/29/24 through 6/7/24.</p> <p>The Clinical Assessment for Resident #2 showed the facility failed to complete both skilled assessments on:</p> <ul style="list-style-type: none"> a. 6/4/24 b. 6/5/24 c. 6/6/24 <p>The Clinical Assessment for Resident #2 showed the facility failed to complete one skilled assessments on:</p> <ul style="list-style-type: none"> a. 5/30/24 b. 5/31/24 c. 6/1/24 d. 6/2/24 e. 6/5/24 <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>The Skilled Services Documentation dated August 2015 instructed staff to enter a narrative note in the electronic documentation once a day. The policy lacked instruction for the frequency of skilled assessments.</p> <p>In an interview on 6/12/24 at 3:49 PM, the Director of Nursing (DON) reported that she reviewed the skilled assessments for Resident #2 and found staff failed to complete skilled assessments. When asked if additional documentation could be found in the Progress Notes, the DON replied, no.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44420</p> <p>Based on observations, clinical record review, medical equipment manufacturer guide review, policy review and staff interview the facility failed to follow mechanical lift requirements to avoid hazards and prevent accidents for 1 of 2 residents reviewed (Resident #2). The facility reported a census of 34 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] for Resident #2 documented diagnoses of paraplegia, chronic obstructive pulmonary disease (COPD) and neurogenic bladder. The MDS showed a Brief Interview for Mental Status (BIMS) score of 15 indicating no cognitive impairment. The MDS showed the resident to be totally dependent on toilet hygiene, lower body dressing and personal hygiene.</p> <p>The Care Plan last revised on 6/7/24 identified Resident #2 required total assistance with transfers and two staff for the use of the mechanical lift.</p> <p>Observation on 6/4/24 at 3:10 PM revealed Staff A, Certified Nurse's Aide (CNA), and Staff B, CNA used a mechanical lift to transfer Resident #2 from the bed to the wheelchair. Staff failed to lock the wheelchair brakes before lowering the resident down into the wheelchair from the mechanical lift.</p> <p>The undated Owner's Guide for the mechanical left directed staff when transferring a resident from bed to a wheelchair, the wheelchair brakes must be locked.</p> <p>The Lift Devices policy last revised March 2017 instructed staff to place the wheelchair at the foot of the bed, parallel to it and approximately 3 feet away, and to lock the brakes.</p> <p>In an interview on 6/12/24 at 3:49 PM, the Director of Nursing (DON) reported in this case she would have followed the lift operator's guide and applied the wheelchair brakes before lowering the resident into the wheelchair.</p>

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>44420</p> <p>Based on observation, review of facility menus, staff interviews, and facility policy review the facility failed to follow the menu for mechanical soft diets for 4 of 34 meals observed (Residents #8, #11, #27 and #138). The facility reported a census of 34 residents.</p> <p>Findings include:</p> <p>The therapeutic mechanical lunch menu for 6/12/24 diet included:</p> <p>a. 4 ounces of buttered waxed beans</p> <p>On 6/12/24 at 12:13 PM, the Dietary Manager (DM) served Resident #8, #11, #27 and #138 peas instead of buttered waxed beans for mechanical soft diets.</p> <p>In an interview on 6/12/24 at 12:23 PM, the Dietary Manager asked to review the menu for mechanical soft diets. After reviewing the menu the DM reported buttered wax beans should have been served instead of peas. The DM stated, sorry about that. I'll add them to my grocery list. When asked if she knew why wax beans should be served instead of peas, the DM replied, I don't know. Maybe because they can choke. When asked what the next steps would be if peas are a choking hazard, the DM told staff to get Resident #138's tray. When asked about the other mechanical soft diets that received peas, the DM left the kitchen to retrieve the peas from Residents #8, #11 and #27.</p> <p>On 6/12/24 at 1:35 PM the Dietician stated staff needed to follow the menu. When asked if peas could be a choking hazard for Resident #8, with past swallowing issues, the Dietician stated, no. The Dietician explained that Resident #8 had a dental problem and not an issue with the mechanics of swallowing. When asked if residents with mechanical soft diets should have served buttered waxed beans instead of peas, to prevent possible eating or swallowing issues, the Dietician stated, yes.</p> <p>The Menu Planning Guide last revised March 2022 identified the house mechanical soft. The use of this texture modification is for individuals who have difficulty chewing but are able to tolerate a wide variety of foods. It may also be used for individuals with missing teeth, ill-fitting dentures, general weakness and other chewing problems. It may also be useful for those with esophageal stricture. It is designed to permit easy chewing. The Regular/NAS diet is modified in consistency and texture by cooking, grinding, chopping, mincing or mashing any foods that are more difficult to chew. Modifications to this diet need to be individualized according to the person's needs. The following foods are adjusted or omitted:</p> <p>Omit: raw or undercooked vegetables, vegetables with tough skins, whole kernel corn, peas, dried fruit, coconut, chunk pineapple, fruits with tough skins, breads with tough, dry or hard crusts, nuts, seeds, popcorn, wild rice, whole meats, meats with thick or hard breading, crunchy peanut butter, tough legumes</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 6/12/24 at 3:49 PM, the Director of Nursing (DON) reported knowledge that certain foods potentially caused eating or swallowing issues. The DON reported that she expected staff to serve the therapeutic menus planned. The DON stated, I'll be watching closer from now on.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>44420</p> <p>Based on observations, staff interviews, and facility policy review the facility failed to ensure sanitary conditions where staff prepared and stored food. The facility identified a census of 34 residents.</p> <p>Findings included:</p> <p>The initial kitchen walkthrough on 06/10/24 at 11:34 AM revealed the following:</p> <ul style="list-style-type: none"> a. The stove top showed a thick layer of grease with food splatter and a variety of food debris. b. Open shelving contained food debris and dried liquid. c. Two carts contained a variety of scattered food debris. d. The floor contained an accumulation of food debris and a variety of dried liquid. <p>During the kitchen walkthrough the Dietary Manager (DM) reported that she expected the stove, shelves, carts and floor to be clean and free of food, dried liquid, and debris. When reviewing the cleaning logs, the DM stated, We complete the routine cleaning and sign our logs. There is a problem with someone that worked this past weekend. I'll follow up.</p> <p>The Cleaning and Sanitizing policy last revised June 2015 identified the facility promotes a clean and sanitary environment for its employees, resident/patients, and visitors. The entire Nutrition Services team maintains clean and sanitary kitchen facilities and equipment. Walls, floors, ceiling, equipment, and utensils are clean, sanitized, and in good working order.</p> <p>All local, State, and Federal regulations are followed in order to assure a safe and sanitary Nutrition Services Department.</p> <p>In an interview on 06/12/24 at 1:32 PM, the Administrator relayed that the DM talked with her about the findings in the kitchen. When asked if she expected the DM to keep the stove, open shelving, carts and floor clean and sanitary, the Administrator replied, yes.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>48004</p> <p>Based on observation, staff interviews, Center for Disease Control (CDC) guidelines and infection control policy the facility failed to use universal infection control measures and Enhanced Barrier Precautions (EBP) during wound care for 1 of 3 residents reviewed for infection control (Resident #25). The facility reported a census of 34 residents.</p> <p>Findings include:</p> <p>Observation on 6/13/24 at 9:12 AM Staff D Registered Nurse (RN) completed hand hygiene and donned gloves prior to removing Resident #25's old dressing to the left heel. Staff D then doffed her gloves and completed hand hygiene again. Staff D then donned new gloves and completed the dressing change as ordered by the physician. During the procedure Staff D failed to wear a gown as required per Enhanced Barrier Precautions (EBP).</p> <p>In an interview on 6/13/24 at 9:30 AM Staff D revealed she had not been trained on EBP, and that she probably should have worn a gown while completing the wound care for Resident #25.</p> <p>In an interview on 6/13/24 at 9:35 AM with the Director of Nursing (DON) revealed her expectation would be for gowns to be worn during wound cares. The DON further revealed that there will be an all staff reeducation on extended barrier precautions.</p> <p>Review of the facility provided policy titled, Infection Control Manual with the subject of Enhanced Barrier Precautions documented:</p> <p>a. Wear a gown to protect skin and to prevent soiling of clothes during procedures and resident/patient care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions. Wear a gown when providing care to chronic wounds.</p> <p>Centers for Disease Control and Prevention website titled, Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs), visited 6/13/24 and updated 7/12/22 revealed recent changes included, additional rationale for the use of Enhanced Barrier Precautions (EBP) in nursing homes, including the high prevalence of multidrug-resistant organism (MDRO) colonization among residents in this setting. Expanded residents for whom EBP applies to include any resident with an indwelling medical device or wound (regardless of MDRO colonization or infection status). Expanded MDROs for which EBP applies. Clarified that, in the majority of situations, EBP are to be continued for the duration of a resident's admission. EBP may be indicated (when Contact Precautions do not otherwise apply) for residents with any of the following: Wounds or indwelling medical devices, regardless of MDRO colonization status and Infection or colonization with an MDRO. Effective implementation of EBP requires staff training on the proper use of personal protective equipment (PPE) and the availability of PPE and hand hygiene supplies at the point of care.</p>