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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165257 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/19/2025 |
| NAME OF PROVIDER OR SUPPLIER Golden Age Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 1915 South 18th Street Centerville, IA 52544 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>22506</p> <p>Based on staff and resident interview and clinical record review, the facility failed to provide restorative activity as planned for 1 of 1 resident reviewed. (Resident #3) The facility reported census was 38.</p> <p>Findings include:</p> <p>According to a Minimum Data Set (MDS) with a reference date of 2/3/25, Resident #3 had a Brief Mental Status (BIMS) score of 15 indicating an intact cognitive status. Resident #3 required moderate assistance with transfers, mobility, dressing, toilet use and personal hygiene needs. Resident #3 was coded as having a catheter and occasional incontinent bowel functioning. Resident #3's diagnosis included atrial fibrillation, renal insufficiency, neurogenic bladder, and diabetes mellitus.</p> <p>According to the Nursing Restorative Care Program from January 28, 2025 through March 14, 2025, Resident #3 has the following restorative tasks which all are to be performed 3-6 times per week:</p> <ol style="list-style-type: none"> 1. Active range of motion to both upper extremities: trunk flex pulling/pushing tabletop therabar 1x15 reps seated rows across the blue bands 1x15 reps. 2. 2# ankle weights: ankle pumps LAQ's, hip flexion, hip abduction HS curls. 3. Continuous cycling 10-15 minutes 2# resistance alternative forward rotation and backward rotation every other day. 4. Nu-Step for both upper extremities and both lower extremities: 10-15 minutes at 2# resistance- 1x15 table slides side to side forward/back with 2# wrist weights applied. 5. STS 3-5 reps at hallway rail or parallel bar and hold as long as possible. 6. Cone reaching crossing midline seated. <p>Documentation of restorative tasks completed indicated:</p> <p>January 2025: tasks 2, 5 and 6 were not worked on that month</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>February 2025: tasks 1, 4, 5 and 6 were not worked on that month.</p> <p>March: 2025 tasks 2, 4, 5 and 6 were not worked on that month.</p> <p>In an interview on 3/17/25 at 11:20 a.m. Staff C, Rehab Director, was queried regarding Resident #3's involvement with therapy services. Staff C stated Resident #3 had been in therapy services on and off for over a year. Their goals have always been to increase his mobility. Early on they discovered he had some loose screws in his hip which limited his weight bearing. In between formal physical and occupational therapies, they developed a plan for a restorative aide to continue with therapy. At one point the restorative aide had Resident #3 walking in the hall, but was unsure when and why that stopped. Resident #3 just started back receiving physical therapy 3 times per week today.</p> <p>In an interview on 3/19/25 at 11:20 a.m. Resident #3 was queried about therapy. Resident #3 stated he broke his hip in February 2024 and had a rod placed in his leg. His original goal was to be walking by April 2025. Resident #3 stated he had therapy that was altered due to loose screws in his leg. Resident #3 stated once that healed he returned to therapy and then a restorative aide (Staff O) took over, but she might only show up once a week, if that. Resident #3 stated he was frustrated that he was not progressing like he would have liked and blames some of that on a lack of restorative therapy.</p> <p>In an interview on 3/19/25 at 1:00 p.m. Resident #3 was shown his monthly restorative recorded activity and asked if he felt the activity recorded was accurate. Resident #3 stated February and March seemed to be the months in which the restorative aide was pulled to the floor and unable to provide restorative tasks.</p> <p>In an interview on 3/19/25 at 12:40 p.m. the Assistant Director of Nursing (ADON) was asked who the restorative nurse was. The ADON stated in the future they are wanting herself and another nurse to track and ensure programs are being followed, but right now she does not know who would be responsible for that. The ADON stated she has been involved with updating plans and providing monthly forms to track the services. The ADON was queried as to why restorative tasks for Resident #3 were not completed in January, February and March 2025. The ADON stated the restorative aide will sometimes do what the resident prefers, but noted Resident #3 had always prioritized improving his ambulation.</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>22506</p> <p>Based on clinical record review and staff interviews, the facility failed to ensure residents are appropriately assessed and provided interventions to maintain their optimal health and well-being for 1 of 3 residents reviewed. (Resident #3) The facility reported census was 38.</p> <p>Findings include:</p> <p>According to a Minimum Data Set (MDS) with a reference date of 2/3/25, Resident #3 had a Brief Mental Status (BIMS) score of 15 indicating an intact cognitive status. Resident #3 required moderate assistance with transfers, mobility, dressing, toilet use and personal hygiene needs. Resident #3 was coded as having a catheter and occasional incontinent bowel functioning. Resident #3's diagnosis included atrial fibrillation, renal insufficiency, neurogenic bladder, diabetes mellitus.</p> <p>According to a Progress Note dated 1/26/25 at 7:07 a.m. written by Staff G, Registered Nurse, Resident #3 was agitated and complaining of a sore groin and peri area. Staff G indicated the area was reddened and tender to touch. Staff G stated she would check on getting something, but noted doctors do not come in on Sundays and staff must have an order for creams. (No skin sheet was produced related to Resident #3's redness and tenderness in his groin area)</p> <p>The Progress Note dated 1/26/25 at 12:07 p.m. written by Staff G, Registered Nurse, a request for a cream to apply on Resident #3's groin area was placed in the PCC folder at the nurse's station.</p> <p>The Progress Note dated 1/26/25 at 2:03 p.m. written by Staff G, Registered Nurse, Resident #3 continues to voice discomfort in his groin area and frustration of not being able to get the discomfort under control. Staff G reminded Resident #3 that an antifungal powder was applied that morning. (There was no order for an antifungal powder to be used for Resident #3)</p> <p>The Progress Note dated 1/28/25 at 4:54 p.m. written by Staff H, wound nurse. Weekly skin assessments completed. (No skin sheet was produced related to Resident #3's redness and tenderness in his groin area)</p> <p>The Progress Note dated 2/4/25 at 2:52 p.m. written by Staff H, wound nurse. Weekly skin assessments completed.(No skin sheet was produced related to Resident #3's redness and tenderness in his groin area)</p> <p>The Progress Note dated 2/6/25 at 3:45 p.m. written by Staff N, Licensed Practical Nurse, indicated the Nurse Practitioner ordered PeriGuard (barrier cream) twice daily to bilateral peri area and groin. (8 days after Resident #3 first complained of groin discomfort due to irritation)</p> <p>According to Resident #3's January Treatment Administration Record (TAR), there was no order for an antifungal powder to be used on Resident #3's peri and groin area. Also there were two barrier related creams that were available as needed for peri rectal excoriation had Staff G thoroughly reviewed the TAR.</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>In an interview on 3/17/25 at 4:12 p.m. Staff G, Licensed Practical Nurse, was queried regarding an incident involving Resident #3 complaining of excoriation in his groin area. Staff G stated Resident #3 was complaining of excoriation and discomfort in his peri area (1/26/25). Staff G stated she assessed Resident #3 and he was a little red and tender. Resident #3 stated he had been complaining for 3 days to get some cream and no one had done anything. Staff G stated Resident #3 was disrespectful and threatened to take Staff G's license. Staff G explained it wouldn't be possible on a weekend (Sunday) to get the cream. Staff G consulted with other nurses and they agreed using a fungal powder until a cream could be obtained was reasonable. Staff G put a request in to order cream and used the powder that morning. Staff G understood this to be the process when dealing with nonemergent situations. Staff G was asked if she had reviewed the January 2025 Treatment Administration Record (TAR) for Resident #3 and seen that there were actually two orders which may have helped relieve Resident #3 s discomfort. One was for Dermaseptin topically twice daily as needed to peri rectal area as needed for wound treatment and the other Cavilon Emollient External Cream applied to reddened peri rectal area topically as needed for excoriation twice daily as needed until healed. Both are barrier creams. Staff G stated she must have missed seeing those orders. Record review noted there were no orders for Nystatin powder.</p> <p>In an interview on 3/17/25 at 1:20 p.m. the Director of Nursing (DON) was queried regarding the process when a resident has a complaint of pain, discomfort or illness. The DON indicated she would assess the resident and if deemed necessary, she would contact the physician for consultation and orders as necessary. When asked about on weekends, the DON stated the only difference may be to contact the on-call physician.</p> |