STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165270	A. Building B. Wing	06/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stratford Specialty Care	1200 Highway 175 East Stratford, IA 50249

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)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49056 Based on record review, staff, and resident interviews, the facility failed to ensure staff answered resident call lights and responded to resident needs in a timely manner, within fifteen minutes, for 3 out of 3 residents interviewed (Residents #1, #3 and #7). The facility reported a census of 36 residents. Finding included: 1. Resident #1's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. Resident #1 required total assistance from staff for transfers, bed mobility, dressing, and toilet use. The MDS included diagnoses of hypertension (high blood pressure), heart failure, and renal insufficiency (poor kidney function). In an interview on 6/13/24 at 10:45 AM, Resident #1 reported he waited for someone to answer his call light for longer than 15 minutes frequently. Resident #1 reported that he tracked the time by looking at his watch. 2. Resident #3's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. The MDS showed Resident #3 is dependent on transfers, bed mobility, dressing and toileting. The MDS diagnosis included multiple sclerosis, functional quadriplegia, and muscle weakness. In an interview on 6/13/24 at 10:45 AM, Resident #3 said he has waited longer than 15 minutes for the staff to answer his call light. When asked Resident #3 how he knows it's been longer than 15 minutes, he explained he looked at the clock on the wall when he pushed the call light. 3. Resident #7's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. Resident #7 required assistance from staff for transfers, bed mobility, dressing and toilet use. The MDS included diagnoses of fracture, osteoporosis (weakened bone density), and diabetes mellitus. Interview on 6/13/24 at 2:00 PM with Staff I reported that it depended on the day if they have enough staff to answer the call lights in a timely manner, she reported if they had call in's then no, but when all the staff show up then yes, they do. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165270	A. Building B. Wing	06/17/2024

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 6/17/24 at 10:45 AM, Resident #7 reported she waited for someone answer the call light longer than 15 minutes at least once a day. Resident #7 reported she tracked the time by looking at the clock on the wall. Interview on 6/17/24 at 10:30 AM, questioned Staff J and Staff K, if the facility had sufficient staff to answer call lights timely, they reported it depended on how staffing is, stated it got better that last month, but before they didn't have enough staff for 4 out 7 days. Interview on 6/17/24 at 11:59 AM Staff L reported she didn't feel they had enough staff to answer call lights in a timely manner. Interview on 6/17/24 at 11:40 AM the Assistance Director of Nursing (ADON) reported they expected the staff to answer the call lights within 15 minus. They asked all staff to answer the call light and if it is something that this staff member can't do, the ADON expected them to find another staff member who could to assist the resident. The Answering the Call Light policy revised March 2021 directed to ensure timely responses to the resident's requests and needs by completing the following: a. Upon admission and periodically as needed, explain and demonstrate the use of the call light to the resident. b. Ask the resident to return the demonstration. c. Explain to the resident that a call system is also located in his/her bathroom. d. Be sure that the call light is plugged in and functioning at all times. e. When the resident is in bed or confined to a chair be sure the call light is within easy reach of the resident. f. Some residents may not be able to use their call light. Be sure you check these residents frequently. g. Report all defective call lights to the nurse supervisor promptly.