

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/06/2025
NAME OF PROVIDER OR SUPPLIER Stratford Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<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** 25858</p> <p>Based on clinical record review, policy/procedure review, resident and staff interview the facility failed to treat residents with respect and dignity in a manner that promotes maintenance or enhancement of his or her quality of life for 1 out of 10 resident reviewed. (Resident #9). The facility identified a census of 37 residents.</p> <p>Findings include:</p> <p>Resident #9's Minimum Data Set (MDS) dated [DATE], indicated they could make themselves understood and could understand others. The MDS identified a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. The MDS listed Resident #9 as dependent with putting on/taking off footwear and showers/baths. The MDS included diagnoses of cancer, anemia (low blood iron), hypertension (high blood pressure), anxiety, depression and reduced mobility.</p> <p>The Care Plan Focus initiated 2/10/23 indicated Resident #9 could independently meet their emotional, intellectual, physical and social needs. The Interventions included:</p> <ol style="list-style-type: none"> a. All staff will converse with her while providing care. b. Resident #9 enjoyed writing letters to her friends c. Invite her to scheduled activities. d. Monitor and document her feelings relative to sadness, anxiety and depression. <p>An undated Summary Report, documented during an investigation, the facility determine Resident #9 had issues with a staff member. Resident #9 stated sometimes in the evenings she didn't like to ask for help. She stated all but one staff member treated her well. She identified Staff A, (Certified Nursing Assistant) CNA, as the staff member. Resident #9 stated Staff A said to her, what do you want now? Can't you take your own socks off. Resident #9 has a BIMS score of 15. Staff A stated she and Resident #9, joked around a lot. Staff A stated this is something they do often and she would never say something to intentionally hurt Resident #9's feelings.</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>Interview on 1/2/25 at 11:00 AM, Resident #9 confirmed Staff A liked to joke and she wanted the joking to stop. Resident #9 did not feel Staff A degraded or demeaned them. Resident #9 just wanted to be treated with dignity and respect at the facility.</p> <p>Interview on 12/31/24 at 2:15 PM, the facility Administrator confirmed and verified that the expectation of the staff are to treat residents with dignity and respect at all times.</p> <p>The Residents [NAME] of Rights dated January 2017, instructed that the resident had the 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, 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>		