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	07/25/2024

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49056 Based on observations, interviews, and record review, the facility failed to complete assessments for 1 of 1 resident reviewed (Resident #26) to determine if his abilities remained unchanged or declined. Resident #26 had impairment on both sides of his upper and lower extremities. He did not have a restorative nursing program. The facility reported a census of 34. Findings include: Resident #26's Minimum Data Set (MDS) dated [DATE], indicated he had an impairment on one side of his upper and lower extremities. Resident #26's MDS dated [DATE], indicated he had an impairment on both sides of his upper and lower extremities. The Care Plan reviewed lacked a restorative nursing program. The Nursing to Therapy Communications dated 12/11/23 indicated physical and occupational therapy to evaluate and treat due to admission to the facility. The Occupational Therapy Treatment Encounter Note(s) dated a. 12/22/23 reflected Resident #26 stated he is weak and would benefit from a Restorative Nursing Program (RNP). Therapy educated Resident #26 and the staff on his RNP. Resident #26 could demonstrate tolerance. b. 12/24/23 indicated Resident #26 discharged from therapy due to declination of payment from managed care payor. The note identified Resident #26 would benefit from continued Occupational Therapy under a different payor source if he chooses to do so. A Restorative Nursing Program in place to maintain current level of function. (continued on next page)

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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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/24/24 at 9:41 AM, interview with the Director of Nursing (DON) and MDS Coordinator revealed that Resident #26 just finished Physical Therapy for strengthening and weakness. Therapy would send a Restorative program to the MDS Coordinator. The program would trigger a Restorative Care Plan, which will trigger the staff to document in the electronic health record. The DON revealed the facility didn't really have a Restorative program due to the fact that they didn't have the residents to participate, as only maybe one or two participated. The DON reported they tried to restructure the program. As of the time of interview, Resident #26 didn't have a Restorative Care Plan as he just finished therapy on 7/18/24. On 7/24/24 at 10:15 AM, the Occupational Therapist described the process as they wrote the RNP when the resident discharged from therapy and give it to the MDS coordinator. On 7/24/24 at 1:30 PM, interview with the Administrator reported Resident #26 admitted to the facility at a skilled level of care. After he discharged from therapy, the facility didn't receive recommendations for the Restorative program. In December 2023 they completed the RNP on paper and the facility couldn't find the RNP or documentation that Resident #26 had a restorative program. Currently they document the process as a therapy to nursing communication. They did receive an RNP that day (7/24/24) from his last therapy. The Restorative Nursing Services policy revised July 2017 directed the facility to provide Residents with a restorative nursing care as needed to help promote optimal safety and independence. a. Restorative nursing care consists of nursing interventions accompanied with or without formalized rehabilitative services (e.g., physical, occupational or speech therapies). b. Residents may start on a restorative nursing program upon admission, during the course of stay or when discharged from rehabilitative care. c. They individualize and resident center the Restorative goals and objectives. The resident's Plan of Care includes the outline of the Restorative goals. d. The facility will include the resident or representative in determining goals and the Plan of Care. e. Restorative goals may include, but not limited to supporting and assisting the resident in: i. Adjusting or adapting to changing abilities; ii. Developing, maintaining or strengthening his/her physiological and psychological resources; iii. Maintaining his/her dignity, independence and self esteem; and iv. Participating in the development and implementation of his/her plan of care.

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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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40907 Based on observations, interviews, and record review, the facility failed to change and label oxygen (O2) tubing for 1 of 2 residents reviewed (Resident #87). Review of Resident #87's July 2024 Medication Administration Record/Treatment Administration Record (MAR/TAR) reflected the facility failed to add weekly O2 tubing change on to Resident #87's record. The facility reported a census of 34 residents. Findings include: Resident #87's Census listed an admitted [DATE], a hospitalization on [DATE], and then return to the facility on [DATE]. The Clinical Physician Orders reviewed on 7/25/24 at 8:31 AM, included an order dated 7/5/24 for O2 via nasal cannula (NC) at 2 liters (L) while awake and 3 L while sleeping. The orders lacked an order to change Resident #87's 02 tubing. Resident #87's MAR/TAR printed on 7/25/24 at 11:08 AM, identified an order with a start date of 7/28/24 to change the oxygen tubing weekly and as needed (PRN) one time a day every Sunday for Infection Control Change and label Oxygen tubing. On 7/24/24 at 3:41 PM, observed Resident #87's O2 tubing not labeled. Resident #87 appeared asleep and lying in bed with the O2 tubing lying on the floor. When asked about the O2 tubing, the Director of Nursing (DON) responded Resident #87 removed his tubing. This DON stated they change O2 tubing every Sunday on day shift. The DON walked down to Resident #87's room and concurred the O2 tubing didn't have a label with a date. The DON stated he knew for sure the tubing had a label on Monday, because he audited on Monday and all the residents' tubing had a label at the time of audit. The DON stated Resident #87 left the facility often and has left his O2 tubing at his house in town. The DON said his best guess was that sometime between when the DON did his audit on Monday and the time of their interview, Resident #87 went to his house in town and left the oxygen there. The DON added then on Resident #87's return to the facility, he received new tubing. This DON stated they should sign the O2 tubing changed on the MAR/TAR. When told the MAR/TAR didn't included documentation for Resident #87, he stated it should be. On 7/24/24 at 4:11 PM, the DON reported he added to change the oxygen tubing weekly on to Resident #87's MAR/TAR. The DON stated he talked with a nurse who said she changed the oxygen tubing on the prior Sunday (7/21/24). This DON acknowledged the MAR/TAR should have included the oxygen tubing change. On 7/25/24 at 9:45 AM, Resident #87 stated they haven't changed the tubing since his admission to the facility. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Oxygen Administration policy revised October 2010 defined the purpose of the procedure is to provide guidelines for safe oxygen administration. Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for oxygen administration. Review the resident's Care Plan to assess for any special needs of the resident. Assemble the equipment and supplies as needed. After completing the oxygen setup or adjustment, the staff should record the following information in the resident's medical record: a. The date and time they performed the procedure. b. The name and title of the individual who performed the procedure. c. The rate of oxygen flow, route, and rationale. d. The frequency and duration of the treatment. The reason for PRN administration. All assessment data obtained before, during, and after the procedure. e. How the resident tolerated the procedure. If the resident refused the procedure, the reason(s) why and the intervention taken. The signature and title of the person recording the data. 49056

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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 - Some	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 #2, #33 and #87). The facility reported a census of 34 residents. Finding include: 1. Resident #2's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. Resident #2 required total assistance from staff for transfers, bed mobility, dressing and toilet use. The MDS included diagnoses of hypertension (high blood pressure), heart failure, renal insufficiency (impaired kidney function), depression and post-traumatic stress disorder (PTSD). On 7/25/24 at 8:00 AM with Resident #2 reported he waited for someone to answer the call light longer than 15 minutes frequently. Resident #2 reported he tracked the time by looking at his watch. 2. Resident #33's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. Resident #33 required maximal assistance with transfers, bed mobility, and toilet use. The MDS included diagnoses of hypertension (high blood pressure), heart failure, diabetes mellitus, and arthritis. On 7/22/24 at 10:53 AM, Resident #33 stated, they waited longer than 15 minutes for the staff to answer their call light. When asked how she knew it took longer than 15 minutes, Resident #33 replied she looked at the clock on the wall when she pushed the call light. 3. Resident #87's Brief Interview for Mental Status (BIMS) assessment completed on 7/23/24 identified a score of 15, indicating intact cognition. Resident #87's Medical Diagnoses reviewed on 7/25/24 at 8:30 AM included hemiplegia (weakness to half of the body), chronic obstructive pulmonary disease (long-term lung disease), diabetes mellitus and depressive disorder. The Care Plan Focus initiated 7/5/24 related to activities of daily living (ADLs) included Interventions for Resident #87 that reflected he needed assistance from staff for transfers and toilet use. On 7/22/24 at 11:28 AM Resident #87 stated, he had to wait longer than 15 minutes for the staff to answer his call light. When asked how he knew how long it took, he responded he looked at his watch. On 7/25/24 at 9:47 AM the Director of Nursing (DON) reported he expected the staff to answer the call lights within 15 minus. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The Answering the Call Light policy revised March 2021 defined the purpose of the procedure as to ensure timely responses to the resident's requests and needs.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 49056 Based on observations, staff interviews, and facility policy review the facility failed to prepare and serve food under sanitary conditions. The facility identified a census of 34 residents. Findings include: On 7/24/24 at 11:55 AM watched Staff A, Cook, during the noon meal. Without preforming hand hygiene, Staff A applied gloves started to prepare and serve the meal. Staff A touched the plates, utensils, serving pans, and paper menus. Without changing their gloves or completing hand hygiene, Staff A reached into the bread sack to get a piece of bread, placed it on the plate, added meat with the utensil, and then used the knife to cut the sandwich. Staff A continued with the soiled gloves touching the meat and bread to pull them apart to add the mashed potatoes in between them. Staff A removed their gloves to get a cup of butter and barbeque sauce for another staff person. Staff A washed his hands and applied new gloves. Staff A continued to serve the noon meal with his gloved hands touching the utensils, serving pans, menus, plates, meat, and bread. On 7/24/24 at 1:45 PM the Administrator and the Dietary Manager reported they knew Staff A served the meal wrong and needed to figure out a different way to serve that meal type. The Food Preparation and Service policy revised April 2019 defined the food and nutrition services employees prepare and serve food in a manner that complied with safe food handling practices directed the following: a. Food and nutrition services staff, including nursing services personnel, wash their hands before serving food to residents. b. Employees also wash their hands after collecting soiled plates and food waste prior to handling food trays. c. Staff must wear gloves when handling food directly and change them between tasks.