STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165278	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Living Center West	1050 4th Avenue SE Cedar Rapids, IA 52403

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, staff interviews, and policy review the facility failed to provide written bed hold notices at the time of hospital transfer for 1 of 1 residents reviewed for hospitalization (Resident #68). The facility reported a census of 67 residents.Findings include:Resident #68's Minimum Data Set (MDS) assessment dated [DATE] documented an admission date of 6/19/25. The MDS included diagnoses of heart failure, renal insufficiency (poor working kidneys), respiratory failure (lungs unable to work efficiently), and pneumonia (lung infection).The Clinical Census reviewed 8/27/25 listed a status of stop billing on 7/12/25.The Clinical - MDS list reviewed 8/28/25 listed a Discharge Return Anticipated (left the facility overnight but planned to return)/End of PPS Part A stay (end of Medicare Stay) MDS assessment dated [DATE].The Communication with Physician Note dated 7/12/25 at 9:49 AM indicated at 9:00 AM the facility notified Resident #68's provider of his change in condition of diminished lung sounds (difficult to hear air moving in the lungs) with difficulty breathing, confusion, weakness, pale, cool clammy skin, and slurred speech. The provider directed the facility to send Resident #68 to the hospital.On 8/27/25 at 10:49 AM when asked for Resident #68's bed hold and transfer documentation, Staff C, Nurse Consultant, responded they didn't have a completed bed hold form for his transfer to the hospital on 7/12/25. She stated his clinical health record included a note that the facility discussed a bed hold information with him or his family.On 8/28/25 at 9:11 AM the Director of Nursing (DON) indicated the facility didn't generate a bed hold form in the electronic health record. The DON described the Bed Hold form as a separate piece of paper the nurses needed to complete.The facility's admission Agreement, revised December 2024 documented when a resident is temporarily absent from the facility for medical treatment, the facility shall provide written information to the resident specifying (1) the duration of the bed hold policy under applicable governmental regulations, if any, during which the Resident shall be permitted to return and resume residence in the facility and (2) the facility's policies regarding bed hold periods. The facility shall then ask the resident or the resident's representative if he or she wishes the facility to hold open the bed. The facility shall document in the resident's records the fact that such information was given and the response of the resident or the resident's representative.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, and facility policy review the facility failed to utilize Enhanced [NAME] Precaution (EBP) for high contact resident care for one of four residents reviewed (Resident #2). The facility reported a census of 67 residents. Findings includeResident #2's Minimum Data Set (MDS) assessment dated [DATE], reflected a Brief Interview for Mental States (BIMS) score of 5, indicating severe cognitive impairment. The MDS listed Resident #2 had an indwelling urinary catheter. The MDS identified Resident #2 had an unhealed pressure ulcer. Resident #2's Medical Diagnosis list reviewed 8/28/25 listed diagnoses dated 8/8/25 of retention of urine and a pressure ulcer of the right buttock.The Care Plan Focus dated 8/18/25 indicated Resident #2 dated needed EBP related to a pressure ulcer and catheter. The Goal listed precautions would reduce the spread of infectious agent and minimize the transmission of infection. The Interventions directed the following dated 8/18/25:a. Wear a gown and gloves for high contact activities.b. Have PPE available for staff near the entrance to the resident's room.c. Maintain signage on/outside resident's door regarding precautions needed, required PPE and high-contact resident care activities. Resident #2's August 2025's Treatment Administration Record (TAR) included an order dated 8/20/25 to apply wound paste two times a day and as needed to the left buttock.On 8/28/25 at 7:53 AM Staff B, Certified Nurse Aide (CNA), pushed the full body lift into Resident #2's room and stated she needed to check her care card for the transfer. Staff B reported she needed to get a sling to transfer Resident #2 and left the room. Observed Resident#2's urinary catheter bag hang on the left side of the bed.On 8/28/25 at 7:58 AM in Resident #2's room Staff B and Staff A, CNA, placed the full body sling under Resident #2 as she laid in her bed. Staff A picked up the catheter bag from the left side of the bed with her ungloved hands and placed it by the Resident #2's feet in the bed. The 2 CNAs hooked the sling under Resident #2 to the full body lift and moved her to the wheel chair (w/c). Staff A dropped the catheter bag on the floor then hooked it under the w/c. Staff A and Staff B failed to wear PPE during the transfer and moving of Resident #2's urinary catheter bag.On 8/28/25 at 9:35 AM Resident #2's husband sat in her room and reported the CNA's just helped her to the bed from the w/c. He reported they wore gloves during the transfer but failed to wear a gown. The blue PPE bag hung on the back of the door containing gloves and masks, but failed to have gowns. On 8/28/25 at 9:39AM, Staff A reported the facility had PPE on the back of the room doors. When the resident had a sign on the door that told them to use PPE and what PPE they needed. She didn't know why they failed to use PPE during Resident #2's transfer.On 8/28/25 at 11:50 AM, the Infection Preventionist (IP) reported she expected the CNAs to use the EBP with all hands on high contact cares including transfers. She confirmed she added the EBP sign to Resident#2's room on 8/27/25 after breakfast. She confirmed she expected the staff to wear gloves when handling the catheter bag.On 8/28/25 at 12:15 PM, the Director of Nursing (DON) confirmed she expected the staff to wear the EPB with transfers and cares.Resident #2's room door had a sign hanging that directed the following:a. Gloves and gown shall be donned (applied) prior to high-contact care activity.b. High-contact care activities include: i. Transferring in resident room and common shower room ii. Device care or use: central line, urinary catheter, feeding tube.The Transmission Based Precautions policy dated 6/5/24, defined Enhanced Barrier Precautions as an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities.EBP is used in conjunction with standard precautions and expands the use of PPE to donning gowns and gloves during high-contact resident care activities that provide opportunities for transfer of multidrug resistant organisms (MDRO)s to staff hands and clothing. EBP are indicated for resident with any of the following:Infection or colonization with a Centers for Disease Control (CDC)-targeted MDRO when contact precautions do not otherwise apply; or chronic wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO.a. Chronic wounds include, (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	but are not limited to, pressure ulcers.b. Indwelling medical device include, but are not limited to, urinary catheters.