

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165279	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/04/2024
NAME OF PROVIDER OR SUPPLIER  Monticello Nursing & Rehab Cen		STREET ADDRESS, CITY, STATE, ZIP CODE  500 Pinehaven Drive Monticello, IA 52310	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48374</b></p> <p>Based on observation, record review, and staff interview, the facility failed to protect a resident's dignity by failing to ensure the indwelling urinary drainage bag was kept in a dignity bag for one of three residents reviewed with an indwelling catheter (Resident #11). The facility reported a census of 50 residents.</p> <p>Findings Include:</p> <p>The Minimum Data Set (MDS) dated [DATE] identified Resident #11 as severely cognitively impaired with a Brief Interview for Mental Status (BIMS) score of 4 out of 15 and had the following diagnoses: Cerebral Infarction and Compression of the Brain. The MDS identified Resident #11 was dependent on staff for toileting, showers, lower body dressing, and putting on/taking off footwear and had an indwelling urinary catheter.</p> <p>Observations of the resident revealed the Foley catheter bag hanging off the bed frame without a dignity bag and visible to anyone walking by or into the room at the following times:</p> <ul style="list-style-type: none"> <li>a. On 10/29/24 at 10:11 AM, while the resident was lying in bed</li> <li>b. On 10/29/24 at 01:56 PM Observed patient in room lying in bed. The catheter bag had been emptied since last observation but there was still no dignity bag.</li> <li>c. On 10/29/24 at 3:30 PM Resident #11 asleep in bed with the indwelling urinary drainage bag which was not placed in a dignity bag.</li> <li>d. On 10/30/24 at 10:22 AM An observation of catheter care with Resident #11 was completed by facility staff. Staff C, Certified Nursing Assistant (CNA) completed the catheter care. The facility nurse consultant was also present. No dignity bag was observed on the catheter bag when entering the resident's room. Upon completion of the catheter care a dignity bag was not placed over the catheter bag.</li> <li>d. On 10/30/24 at 12:40 PM the resident was observed sleeping in bed and there was no dignity bag in place.</li> </ul> <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>e. On 10/30/24 at 3:47 PM stopped by to speak with Resident #11 and he had a visitor. The resident introduced me to his friend and I then left the room. There was not a dignity bag or any type of cover on the catheter bag.</p> <p>A review of the Care Plan dated 8/26/2024 documented resident requires indwelling urinary catheter.</p> <p>Goal: Resident will have catheter care managed appropriately as evidenced by: not exhibiting signs of infection or urethral trauma.</p> <p>Interventions:</p> <ul style="list-style-type: none"> <li>a. Assess for continued need for catheter at least quarterly.</li> <li>b. Keep catheter system a closed system as much as possible.</li> <li>c. Obtain labs as ordered.</li> <li>d. Provide catheter care BID and PRN</li> <li>e. Report UTI (acute confusion, urgency, frequency, bladder spasms, nocturia, burning, pain, difficulty urinating, low back/flank pain, malaise, n/v, chills, fever, foul odor, concentrated urine, blood in urine).</li> <li>f. Use a catheter strap. Assure enough slack is left in the catheter between the meatus and the strap.</li> </ul> <p>In an interview on 10/30/2024 at 12:45 PM Staff C, Certified Nursing Assistant (CNA) reported the following:</p> <ul style="list-style-type: none"> <li>a. When a resident has a catheter, staff would need to take the following precautions to respect the resident's privacy, the staff should place the collection bag in a dignity bag.</li> <li>b. Both nurses and nurse aides are responsible to ensure the catheter bag is in a dignity bag.</li> <li>c. Staff C advised she was probably nervous when doing catheter care this morning and forgot to put the catheter bag in a dignity bag. She typically does this.</li> </ul> <p>In an interview on 10/30/24 at 1:20 PM Staff B, Licensed Practical Nurse (LPN) reported the following</p> <ul style="list-style-type: none"> <li>a. When a resident has a catheter, staff would need to take the following precautions to protect a resident's privacy, the staff should place the bag in a dignity bag.</li> <li>b. Both nurses and nurse aides are responsible to ensure the catheter bag is in a dignity bag.</li> <li>c. She could not verify if the resident had a dignity bag on today.</li> </ul> <p>(continued on next page)</p>

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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>In an interview on 10/31/24 at 10:53 AM the Director of Nursing (DON) advised the resident should have had a dignity bag on over this catheter bag. Whenever a resident is in public or if the catheter bag is in sight of others or if he has visitors there should be a dignity bag on the catheter bag. Dignity bags are available to staff in the front linen room. The DON advised the facility is working with volunteers making more dignity bags but there is always some sort of cover staff should use. The CNA's all have onboarding when they first start at the facility and the importance of dignity bags is gone over with them. Staff also complete yearly training that covers catheter care and dignity bags.</p> <p>The Facility Assessment Tool dated 10/1/2024 documented the following: Bowel/bladder toileting programs, incontinence prevention and care, intermittent or indwelling or other urinary catheter, ostomy, responding to requests for assistance to the bathroom/toilet promptly in order to maintain continence and promote resident dignity.</p>		

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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>48888</p> <p>Based on staff interview, clinical record review, and review of Centers for Medicare/Medicaid Services document, Form CMS-20052, the facility failed to provide proper notification to residents and/or resident representatives of the right to appeal decision for discharge from Medicare Part A for 3 of 3 residents reviewed for discharge from Medicare Part A with benefit days remaining (Residents #18, #303, and #304). The facility reported a census of 50 residents.</p> <p>Findings include:</p> <p>1. Review of facility completed document titled, Beneficiary Notice- Residents discharged Within the Last Six Months, revealed Resident #18 had discharged from Medicare Part A and stayed in facility, on 8/23/24 with remaining Medicare benefit days and again discharged from a second Medicare Part A covered stay on 9/30/24 to home or lesser care, with remaining Medicare benefit days.</p> <p>On 8/21/24 at 3:32 PM, a Nursing Progress Note, informed that a Care Conference was held with Resident #18 and resident's spouse, in which both were notified that Resident #18 would be discharged from therapy on 8/23/24.</p> <p>Review of Electronic Health Records (EHR) for Resident #18, lacked documentation of notification prior to discharge from Medicare Part A benefits on 9/30/24.</p> <p>Review of Form CMS-20052, completed by facility, revealed Medicare Part A Skilled services began 7/15/24 with the last covered day of Part A service dated 8/23/24, in which the facility initiated discharge when service days were not exhausted. Facility failed to complete form as no selection had been made, when asked if Form CMS-10055 had been provided to the Resident. No selection made when asked if Notice of Medicare Non-Coverage (NOMNC), Form CMS-10123, had been provided to the Resident. Facility unable to provide either completed form upon request.</p> <p>2. Review of facility completed document titled, Beneficiary Notice- Residents discharged Within the Last Six Months, revealed Resident #303 had discharged from Medicare Part A and stayed in facility, on 10/23/24 with remaining Medicare benefit days.</p> <p>Review of Electronic Health Records (EHR) for Resident #303, lacked documentation of notification prior to discharge from Medicare Part A benefits on 10/23/24.</p> <p>The facility provided a document titled, Discharge Notice from Therapies, dated 10/18/24, which indicated Resident #303 would have last treatment date for Physical, Occupational, and Speech Therapies on 10/22/24, signed by staff nurse notifying family on 10/21/24.</p> <p>(continued on next page)</p>		

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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Form CMS-20052, completed by facility, revealed Medicare Part A Skilled services began 8/20/24 with the last covered day of Part A service dated 10/22/24, in which the facility initiated discharge when service days were not exhausted. Facility failed to complete form as no selection had been made, when asked if Form CMS-10055 had been provided to the Resident. No selection made when asked if Notice of Medicare Non-Coverage (NOMNC), Form CMS-10123, had been provided to the Resident. Facility unable to provide either completed form upon request.</p> <p>3. Review of facility completed document titled, Beneficiary Notice- Residents discharged Within the Last Six Months, revealed Resident #304 had discharged from Medicare Part A and stayed in facility, on 8/24/24 with remaining Medicare benefit days.</p> <p>Review of Electronic Health Records (EHR) for Resident #304, lacked documentation of notification prior to discharge from Medicare Part A benefits on 8/24/24.</p> <p>Review of Form CMS-20052, completed by facility, revealed Medicare Part A Skilled services began 8/10/24 with the last covered day of Part A service dated 8/23/24, in which the facility initiated discharge when service days were not exhausted. Facility failed to complete form as no selection had been made, when asked if Form CMS-10055 had been provided to the Resident. No selection made when asked if Notice of Medicare Non-Coverage (NOMNC), Form CMS-10123, had been provided to the Resident. Facility unable to provide either completed form upon request.</p> <p>On 10/31/24 at 1:20 PM, Facility Administrator informed that the facility had been unable to locate a completed Form CMS-10123 (NOMNC) for Resident #18, Resident #303, or Resident #304.</p> <p>The facility provided document, titled Beneficiary Notice Scenarios for Surveyors, dated 10/2022, instructed that facility complete both Skilled Nursing Facility Advanced Beneficiary Notice (SNF ABN) and NOMNC forms for residents discharged from Medicare Part A with skilled days remaining and will continue living in the facility.</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50874</p> <p>Based on clinical record review, resident, and staff interviews the facility failed to account for the resident's location when a resident chose to smoke per Care Plan for one of two residents reviewed (Resident #29). The facility reported a census of 50 residents.</p> <p>Findings include:</p> <p>Resident #29's Minimum Data set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 14 out of 15, indicating intact cognition. The MDS documented diagnoses of cancer, hypertension, and hyperlipidemia.</p> <p>The Care Plan initiated on 9/26/2023 identified Resident #29 currently using tobacco. An intervention recorded on the Care Plan indicated Resident #29 was to sign out on the Leave of Absence form when leaving the facility to smoke and sign back in upon return.</p> <p>The Release of Responsibility for Leave of Absence form was located on a ledge by the facility main entrance. The Release of Responsibility for Leave of Absence form revealed the name of the resident and facility were to be completed on the top of the form but were left blank. Under the signing out section of the form, numerous resident names were listed along with the date and time. Resident #29 documented on 10/23 at 11:45 exiting the building to smoke. There was no documented time noted for signing in for Resident #29.</p> <p>During an interview on 10/28/2024 at 10:48 AM Resident #29 revealed she is a current smoker. Resident #29 informed this surveyor she leaves the premises and smokes at the edge of the parking lot twice per day.</p> <p>On 10/30/2024 at 12:53 PM observed Staff B, Licensed Practical Nurse (LPN) provide Resident #29 with two cigarettes. Resident #29 propelled herself in her wheelchair to the exit door and exited the facility without signing out. Observed Resident #29 re-enter the facility at 1:17 PM without signing in.</p> <p>During an interview on 10/30/2024 Staff B, LPN reported the designated smoking area is off the premises of the facility grounds. Staff B, LPN verbalized she was unaware if Resident #29 was to sign out of the facility when smoking. Staff B confirmed Resident #29 left the building 2-3 times per day to smoke.</p> <p>On 10/31/2024 at 11:24 AM the Director of Nursing (DON) acknowledged any resident who chose to smoke, must do so off facility property. The DON acknowledged the Care Plan identified the intervention for Resident #29 was to sign out and in when leaving/returning to/from smoking.</p> <p>On 10/31/2024 at 11:58 AM the DON and Administrator confirmed Resident #29 signed out 1 time in the past month to smoke.</p> <p>(continued on next page)</p>		

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F 0657  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	The facility Smoking Policy revised on 10/24/2022 failed to identify responsibility for accounting for resident location when smoking.		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50874</p> <p>Based on clinical record review, resident, family, and staff interviews the facility failed to complete the facility Smoking Assessment to assess for resident's capabilities and deficits to safely smoke for 2 of 2 residents reviewed (Residents #1 and #29). The facility reported a census of 50 residents.</p> <p>Findings include:</p> <p>1. Resident #1's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 11 out of 15 indicating moderate cognitive impairment. The MDS documented diagnoses of non-traumatic brain dysfunction, coronary artery disease, hypertension, diabetes mellitus, and cerebrovascular accident.</p> <p>The Admission Nursing Assessment completed on 3/07/2024 at 4:34 PM by Staff A, Registered Nurse (RN) documented Resident #1 as a current smoker.</p> <p>A Care Plan focus area initiated on 06/10/24 identified Resident #1 as currently using tobacco. Facility interventions include assessing Resident #1's capabilities and deficits quarterly to determine if supervision was required.</p> <p>A review of the clinical record revealed the facility completed no Smoking Assessment to assess Resident #1 capabilities and deficits to safely smoke. The facility failed to assess Resident #1 upon admission and quarterly to safely smoke.</p> <p>During an interview on 10/28/2024 at 3:49 PM Resident #1 verbalized he was a current smoker.</p> <p>On 10/30/2024 at 4:09 PM, Resident #1's daughter confirmed he was a current smoker.</p> <p>On 10/31/2024 at 11:19 AM, Staff A, RN acknowledged completing the Admission Nursing Assessment for Resident #1 identifying Resident #1 as a current smoker. Staff A, RN confirmed she did not initiate or complete a Smoking Assessment for Resident #1.</p> <p>2. Resident #29's MDS assessment dated [DATE] identified a BIMS score of 14 out of 15, indicating intact cognition. The MDS documented diagnoses of cancer, hypertension, and hyperlipidemia.</p> <p>The Care Plan initiated on 9/26/2023 identified Resident #29 currently using tobacco. Facility interventions include assessing Resident #29 capabilities and deficits quarterly to determine if supervision was required.</p> <p>During an interview on 10/28/2024 at 10:48 AM, Resident #29 verified she was a current smoker. Resident #29 verbalized she exited the building twice per day and smoked 2 cigarettes without supervision each time.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review identified the facility completed Smoking Assessments on 9/24/2023, 1/04/2024, and 10/31/2024. The facility failed to assess Resident #29 quarterly to safely smoke.</p> <p>On 10/31/2024 at 11:24 AM the Director of Nursing (DON) verbalized the Smoking Assessment is completed upon admission and quarterly for current identified smokers. The MDS Coordinator or Care Coordinator are responsible for completing assessments timely. The DON acknowledged missed Smoking Assessments for Resident #29 occurred on 03/28/24, 04/21/2024 and 07/18/2024. Furthermore, the DON acknowledged that no Smoking Assessments were completed for Resident #1. The DON verbalized Smoking Assessments for Resident #1 should have been completed on 03/14/24, 06/06/2024, 07/04/24, 08/08/2024 and 09/26/2024. The facility failed to complete 8 assessments on current residents.</p> <p>The facility Smoking Policy revised on 10/24/2022 failed to identify assessing resident's capabilities and deficits to safely smoke.</p>

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34821</p> <p>Based on clinical record review, resident and staff interviews, and facility policy review the facility failed to maintain consistent records of Hemodialysis communication for 2 out of 2 months for 1 out of 1 resident reviewed (Resident#10). The facility reported a census of 50 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment dated [DATE], for Resident #10 listed diagnoses of chronic kidney disease (CKD), congestive heart failure. The MDS reflected her Brief Interview for mental status score of 15 out of 15 (intact cognition).</p> <p>The Care Plan for Resident#10 dated 9/29/21, identified she needed dialysis related to CKD, and will have no signs or symptoms of complications from dialysis. The Care Plan directed: encourage Resident#10 to go for the scheduled dialysis appointments Monday, Wednesday, and Fridays.</p> <p>Resident#10's clinical record failed to include Hemodialysis communication forms for September and October 2024.</p> <p>The Dialysis Book for Resident#10 on 10/30/24, failed to hold any Hemodialysis communication forms.</p> <p>On 10/31/24 at 11:28 AM, Staff A, RN reported she failed to know they had a Dialysis book, she thought the pre/post assessment Hemodialysis communication forms went in Resident # 10's chart.</p> <p>On 10/30/24 at 4:18 PM, the Director of Nursing (DON) reported the Hemodialysis assessments are in a binder not in the resident chart.</p> <p>On 10/31/24 at 12:08 PM, the DON reported she expected the Hemodialysis forms to be in the dialysis book. The DON reported she found one sheet for the past 2 months.</p> <p>The facility provided a policy titled Dialysis Care dated 2/2/2017, the policy directed nursing shall assess and document vital signs, including blood pressure in the arm where the access site is not located, weights if ordered, and communicate the information including the resident's status with dialysis facility prior to and post dialysis.</p>		