STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165290	A. Building B. Wing	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Crest Living Center	34 Northcrest Drive Council Bluffs, IA 51503

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49628 Based on clinical record review, staff interviews and policy review, the facility failed to obtain complete resident records to honor the resident wishes as stated on the Iowa Physician Order for Scope and Treatment. The facility failed to obtain a physician order for DNR for 1 of 14 residents (Resident #32) reviewed. The facility reported a census of 56 residents. Findings include: According to the documents, Code Status Form and and the Iowa Physician Orders for Scope of Treatment (IPOST), signed by Resident #32 on [DATE] and physician on [DATE], the resident indicated a do not resuscitate (DNR) with limited interventions, no artificial nutrition by tube, and transfer to the hospital. Review of Resident #32's Clinical Physician Orders in the electronic medical records, signed physician orders for ,d+[DATE] and ,d+[DATE], the facility failed to obtain a signed order for a DNR status. On [DATE] at 8:30 AM Staff A, Social Worker, confirmed Resident #32 had a DNR status and there was not a physician order in the electronic medical record. On [DATE] at 9:25 AM the Administrator stated orders for a DNR status should be reflected in the medical record. Review of the facility provided document, CPR Guideline, undated, revealed the facility will provide or withhold cardiopulmonary resuscitation (CPR) based on the resident wishes and physician orders. The document further revealed DNR orders will be obtained following state specific guidelines and regulations.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165290	A. Building B. Wing	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Crest Living Center	34 Northcrest Drive Council Bluffs, IA 51503

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44420 Based on clinical record review, policy review, and staff interviews, the facility failed to notify the physician immediately after a sudden change in the resident's condition, and failed to notify the physician immediately after transferring a resident to the emergency department (ED) with chest pain and shortness of breath for of 1 of 16 resident reviewed (Resident #28). The facility reported a census of 56 residents. Findings include: The Minimum Data Set (MDS) dated [DATE] for Resident #28 revealed diagnoses of heart failure, pulmonary hypertension, respiratory failure and stroke. The same MDS documented a Brief Interview for Mental Status (BIMS) score of 14, which indicated no cognitive impairment. In an interview on 9/16/24 at 10:34 AM, Resident #28 reported on 6/16/24 she transferred to the ED for a cough, sharp chest pain and shortness of breath. The Progress Note dated 6/16/2024 at 2:46 PM documented Resident #28 called the nurse into the room with complaints of sharp chest pain, shortness of breath, and indigestion. The resident rated her chest pain at 7 on a scale of 0-10. The facility sent Resident #28 to ED for further assessment. The facility then contacted the resident's family. The Progress Note failed to show the facility notified the PCP. The Physician Notification fax dated 6/16/24 lacked a time the facility sent the fax to the Primary Care Physician (PCP). The fax reported Resident #28 transferred to the ED for shortness of breath, sharp chest pain and indigestion. The PCP's response dated 6/17/24 documented, I was on call and received no call about this. Who gave the order to send her out? In an interview on 9/18/24 at 2:11 PM, the PCP reported the facility failed to immediately notify her of the resident's condition or that the resident transferred to the ED. The PCP stated, I expect a call before they send a resident to the ED, but if they can't because of the emergency situation, then I should be called immediately afterwards. The Notification of Changes policy dated 2017 identified it is the policy of this facility that changes in a resident's condition or treatment are immediately shared with the resident and or the resident's representative, according to their authority, and reported to the attending physician or delegate hereafter designated as a physician. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165290	A. Building B. Wing	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Crest Living Center	34 Northcrest Drive Council Bluffs, IA 51503

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 9/19/24 at 10:56 AM, the Director of Nursing (DON) reported the facility notified the PCP of Resident #28's change in condition and transfer to ED via fax and acknowledged the fax was sent back to the facility on [DATE]. The DON stated, we notified her. That's all I'm going to say. When asked if Resident #28 went to the ED by ambulance, the DON reported all transfers to ED are done by ambulance. When asked if she expected staff to notify the physician before or immediately after a resident was sent to the ER, the DON stated, our emergency was over, we sent her out. When asked if the DON was concerned staff failed to notify the PCP immediately after Resident #28 left the facility, the DON reported she sent a text message to the nurse with education.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165290	A. Building B. Wing	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Crest Living Center	34 Northcrest Drive Council Bluffs, IA 51503

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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. 48004 Based on clinical document review, staff interview, and policy review the facility failed to notify a resident 48 hours in advance when the end of a medicare part A stay or when all of part B therapies were ending to 1 of 3 residents (Resident #146) reviewed. The facility reported a census of 56 residents. Findings include: Review of Resident #146's Advanced Beneficiary Notice (ABN) revealed there was no ABN to review. Interview 9/18/24 at 2:34 PM with the Administrator revealed that he could not provide a ABN form for Resident #164, as the facility could not locate a copy of the form. The Administrator further revealed that ABN's should be given with proper notice to the resident. Follow up interview 9/19/24 at 10:41 AM with the Administrator revealed the facility does not have a policy, but does follow the federal regulations.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165290	A. Building B. Wing	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Crest Living Center	34 Northcrest Drive Council Bluffs, IA 51503

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 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48004 Based on clinical record review, staff interview, and policy review the facility failed to obtain bed hold notifications for 2 of 3 residents (Resident #1, #60) reviewed. The facility reported a census of 56 residents. Findings include: 1. Review of Resident #1's Electronic Health Record (EHR) page title progress notes revealed an entry dated 9/14/24 at 10:22 AM documenting that Resident #1 was sent to the emergency room for treatment of a laceration to the forehead after a fall. Review of bed hold notification for Residents #1 revealed there was no bed hold form to review. 49628 2. Review of Resident #60's Minimum Data Set (MDS) dated [DATE] revealed a most recent admitted from an acute hospital stay dated 9/7/24. Review of Resident #60's Electronic Health Record (EHR) revealed hospitalization for Resident #60 from 8/31/24 through 9/3/24. On 9/18/24 at 12:55 PM the Administrator acknowledged the facility did not have a signed bed hold for the resident for the hospitalization . The Administrator stated the facility has had difficulties with obtaining bed hold documentation with weekend hospitalization s. Interview 9/18/24 at 2:25 PM with the Administrator revealed that his expectation is for bed hold notifications to be completed. Follow up interview 9/19/24 with the Administrator revealed the facility does not have a policy for bed hold notifications, but the facility does follow the regulations.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165290	A. Building B. Wing	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Crest Living Center	34 Northcrest Drive Council Bluffs, IA 51503

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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49628 Based on electronic health record review (EHR) and staff interviews the facility failed to submit a comprehensive Minimum Data Set (MDS) as directed by the Centers for Medicaid and Medicare Services (CMS) Resident Assessment Instrument (RAI) Version 3.0 Manual assessment within the required timeframe for 1 out of 16 residents reviewed (Residents #216) reviewed. The facility census was 56. Findings include: The review of Resident #216's MDS assessment data indicated assessments dated 8/26/24 Entry, 8/29/24 Medicare - 5 Day, and 9/5/24 Entry lacked transmission dates and acceptance. MDS document 9/5/24 indicated the most recent admitted [DATE]. The review of the assessment data did not include a Discharge with Return Anticipated Assessment. On 9/18/24 at 12:45 PM Staff B, MDS Coordinator, acknowledged she was still fairly new in the position and was not sure if everything had to be submitted. The staff stated if the MDS page indicated completion of an assessment, that indicated the assessment was done, and if it indicated accepted that meant the assessment had been completed and submitted to CMS for review. On 9/18/24 at 10:15 AM and 1:25 PM the Administrator indicated knowledge of the MDS submission had an effect on facility reimbursement, but did not have specific knowledge of MDS procedures regarding submission of assessments. The Administrator indicated the facility followed the RAI manual for requirements of MDS documents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165290	A. Building B. Wing	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Crest Living Center	34 Northcrest Drive Council Bluffs, IA 51503

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48004 Based on clinical record review, staff interview, and policy review the facility failed to represent an accurate picture of the resident's status during the observation period of the Minimum Data Set (MDS) by not accurately recording medication use for 2 of 5 residents reviewed (Residents #7, and #31). The facility reported a census of 56 residents. Findings include: 1. Review of Resident #7's MDS dated [DATE] revealed diagnosis of cancer, and stroke. The MDS further revealed Resident #7 received anticoagulant medications 7 out of the 7 days during the look back period. Review of Resident #7's Electronic Health Record (EHR) page titled Physician's Orders revealed that Resident #7 did not have any order for anticoagulant medications. 2. Review of Resident #31's MDS dated [DATE] revealed diagnosis of traumatic brain dysfunction, non-Alzheimer's dementia, anxiety disorder, and psychotic disorder. The MDS further revealed Resident #31 received hypnotic medication, and antianxiety medications 7 out of the 7 days during the look back period. Review of Resident #31's EHR page titled Physician's Orders revealed that Resident #31 did not have any order for hypnotic medication or antianxiety medication. Interview 9/17/24 at 1:55 PM with Staff B MDS confirmed that anticoagulants were marked on Resident #7's MDS, and that hypnotics and antianxiety medications were on Resident #31's MDS. Staff B further confirmed that these were medications that Resident #7 and Resident #31 were not taking. Staff B then revealed that she would expect the MDS to be accurate. Interview 9/17/24 at 2:12 PM with the Director of Nursing (DON) revealed that her expectations were for accurate MDS assessments to be completed. Interview 9/19/24 at 10:43 AM with the Administrator revealed that the facility does not have a policy for accurate MDS assessments, and that the facility follows the state Resident Assessment Instrument (RAI) manual.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165290	A. Building B. Wing	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Crest Living Center	34 Northcrest Drive Council Bluffs, IA 51503

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48004 Based on clinical document review, staff interview, and policy review the facility failed to provide a comprehensive care plan related to high risk medications for residents with an order for anticoagulants for 2 of 5 residents (Residents #17, and #31) reviewed. The facility reported a census of 56 residents. Findings include: 1. Review of Resident #17's Minimum Data Set (MDS) dated [DATE] revealed anticoagulant medication usage for 7 of the 7 day look back period. Review of Resident #17's Electronic Health Record (EHR) page titled Physician's orders revealed an order for Eliquis 5mg tab take 1 tablet by mouth twice daily. Review of Resident #17's Care Plan with a review date of 8/23/24 revealed no documentation of anticoagulant medication use or interventions to direct staff on bleeding and/or bruising. 2. Review of Resident #31's MDS dated [DATE] revealed anticoagulant medication usage for 7 of the 7 day look back period. Review of Resident #31's EHR page titled Physician's orders revealed an order for Eliquis 5mg tab take 1 tab twice daily. Review of Resident #31's Care Plan with a review date of 5/16/24 revealed no documentation of anticoagulant medication use or interventions to direct staff on bleeding and/or bruising. Interview 9/17/24 at 1:55 PM with Staff B Care Plan Coordinator confirmed that Eliquis was not on Resident #17's or Resident #31's Care Plan. Staff B then revealed she thought staff would be able to look at the meds in the EHR orders page, and didn't know Eliquis should be on the care plan. Staff B further revealed that she would expect Care Plans to be accurate in the information. Interview 9/17/24 at 2:12 PM with the Director of Nursing (DON) revealed that her expectation is for accurate and personalized care plans. Interview 9/19/24 at 10:43 AM with the Administrator revealed the facility did not have a policy for accurate and personalized care plans. The Administrator further revealed the facility follows the regulations.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165290	A. Building B. Wing	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Crest Living Center	34 Northcrest Drive Council Bluffs, IA 51503

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44420 Based on clinical record review and staff interviews the facility failed to provide professional standards of care by not obtaining daily weights per physician orders for 1 of 16 residents reviewed (Resident #56). The facility reported a census of 56 residents. Findings include: The Minimum Data Set (MDS) assessment dated [DATE] for Resident #56 revealed diagnoses of atrial fibrillation, coronary artery disease, heart failure, and renal insufficiency. The same MDS documented a Brief Interview for Mental Status (BIMS) score of 12, which indicated moderate cognitive impairment. Review of Resident #56's Care Plan revealed the resident at risk for weight variations related to history of diuretic use. Diagnosis of heart failure and elevated cardiac labs. Review of Resident #56's written Physician Orders dated 7/25/24 revealed an order for daily weights. Review of Resident #56's written Physician Orders dated 7/30/24 revealed an order for daily weights. The Weight and Vital Report for Resident #56 showed the facility failed to obtain daily weights on the following dates: a. 7/25/24 b. 7/29/24 c. 7/30/24 d. 7/31/24 e. 8/1/24 f. 8/2/24 g. 8/3/24 h. 8/4/24 i. 8/5/24 j. 8/6/24 k. 8/7/24 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165290	A. Building B. Wing	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Crest Living Center	34 Northcrest Drive Council Bluffs, IA 51503

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	l. 8/8/24 m. 8/9/24 n. 8/10/24 o. 8/11/24 p. 8/12/24 q. 8/13/24 The undated Physician Order Guideline policy identified it is the policy of this facility to secure physician orders for care and services for residents as required by state and federal law. Unclear or incomplete written orders will be reviewed with the physician. Any order clarification will be documented on the Physician's Telephone Order form. With order changes, discontinue the current order prior to initiating the new order. In an interview on 9/19/24 at 10:56 AM, the Director of Nursing (DON) reported she doesn't know what happened and daily weights should have been obtained daily.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165290	A. Building B. Wing	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Crest Living Center	34 Northcrest Drive Council Bluffs, IA 51503

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 - Many	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** 49628 Based on staffing reviews, interviews, and Facility Assessment review the facility failed to provide adequate nursing staff to assure residents safety and well-being. The facility reported a census of 56 residents. Findings include: The Minimum Data Set (MDS) assessment for Resident #7 dated 7/23/24 identified a Brief Interview for Mental Status (BIMS) score of 15 which indicated normal cognition. Resident #7 on 9/16/24 at 1:09 PM stated call lights can take longer than 15 minutes to answer. The resident stated he would watch the clock to determine the length of time for answering. Staff C, Certified Nursing Assistant (CNA), on 9/18/24 at 1:05 PM stated working on the weekends was more difficult as there were less staff. Staff C stated due to the lower staffing on the weekends, and occasionally during the week, the staff could not answer the call lights as efficiently and resident cares could be affected. Review of Quarter 3 2024 (April, May, June) Scheduled Hours and Per Patient Date (PPD) data revealed the following weekday to weekend comparison: April: Week of 4/1 weekday average 3.29, weekend average 2.69 Week of 4/8 weekday average 3.53, weekend average 3.07 Week of 4/15 weekday average 3.25, weekend average 2.87 Week of 4/22 weekday average 3.25, weekend average 2.74 Week of 4/29 weekday average 3.08, weekend average 2.44 May: Week of 5/6 weekday average 3.15, weekend average 2.92 Week of 5/13 weekday average 3.06, weekend average 2.65 Week of 5/20 weekday average 2.87, weekend 2.91 Week of 5/27 weekday average 3.1, weekend average 3.09 June: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165290	A. Building B. Wing	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Crest Living Center	34 Northcrest Drive Council Bluffs, IA 51503

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 - Many	Week of 6/3 weekday average 3.44, weekend average 3.3 Week of 6/10 weekday average 3.21, weekend average 2.52 Week of 6/17 weekday average 3.03, weekend average 2.83 Week of 6/24 weekday average 3.21, weekend average 2.48 On 9/19/24 at 8:45 AM Staff D, Scheduler, stated the data for staffing hours and PPD was correct. The staff stated during the weekdays there were 2 staff scheduled as bath aides and restorative aides, and on the weekends 1 staff as bath aide and 1 staff as restorative aide. On 9/19/24 at 9:35 AM the Administrator and Director of Nursing (DON) concurred the weekend hours reported and PPD would accurately reflect 1 less bath aide and 1 less restorative aide on the weekends as compared to the weekday schedule. The DON and the Administrator stated the Facility Assessment was updated on 4/29/24. The Facility assessment dated [DATE] revealed the budgeted goal is a PPD of 3.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165290	A. Building B. Wing	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Crest Living Center	34 Northcrest Drive Council Bluffs, IA 51503

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48004 Based on observation, resident interview, staff interview, and policy review the facility failed to follow standard precautions while separating laundry, and following enhanced barrier precautions (EBP). The facility further failed to establish a facility wide written infection prevention control policy. The facility reported a census of 56 residents. Findings include: 1. Observation 9/17/24 at 11:17 AM Staff E revealed laundry is being separated without gloves and gowns. Staff E further revealed that laundry is separated, and then hand sanitizer is utilized. Gloves were noted around the corner from the washing machines on a shelf at this time. During this observation it was also noted there were no gowns in the laundry room. Interview 9/17/24 at 11:21 AM Staff E revealed that staff should be wearing gloves and gowns while separating laundry with the positive Covid-19 cases in the building. Interview 9/17/24 at 11:40 AM with the Director of Nursing (DON) revealed that gloves should be worn when separating laundry, but as far as when Covid is in the building she would have to read the regulations if gowns should be worn. The DON further revealed that Covid positive rooms should have laundry separated into different bags. Interview 9/17/24 at 12:05 PM with the Administrator revealed that laundry personnel should be wearing gloves when separating laundry. When asked if gowns should be worn while separating laundry with Covid positive residents in the facility the Administrator revealed he believed that all the laundry should be able to be washed together as the water temp is a higher temperature. The Administrator revealed he would have to read the regulations. Interview 9/18/24 at 12:44 PM Staff F Certified Nurse Aide (CNA) revealed that staff had been trained on EBP like Covid. Staff E further revealed that she knew of EBP with residents with Covid. Staff E revealed she would have to ask about EBP with other residents. Interview 9/18/24 at 12:46 PM Staff G CNA revealed she wears EBP for residents with Covid-19. Staff G further revealed residents with EBP would have gowns, and gloves outside of the resident rooms. Staff G then revealed that she is unaware of anyone else in the facility who would be on EBP at this time other than the Covid residents. Follow up interview 9/18/24 at 12:50 PM with Staff F revealed if a resident was on EBP it would be noted in the resident's care plan. Staff F then revealed wearing a gown as a staff depended on who was completing the cares. Interview 9/18/24 at 12:57 PM with the Infection Preventionist (IP) revealed her expectation would be for laundry personnel to separate laundry with gloves and gowns on. The IP further revealed that residents with catheters and wounds would have EBP in the care plans, and would have EBP supplies in the residents' room. The IP then revealed her expectations that staff would be trained on EBP. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165290	A. Building B. Wing	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Crest Living Center	34 Northcrest Drive Council Bluffs, IA 51503

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Interview 9/18/24 at 1:26 PM with the DON revealed her expectation is for staff to be educated and follow EBP for residents who require EBP. Follow up interview 9/18/24 at 1:58 PM with the Administrator revealed his expectations are for an infection control policy to be created. The Administrator further revealed his expectation for EBP to be followed. 2. Review of Resident #49's Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. The MDS further revealed Resident #49 utilizes an indwelling catheter. Interview 9/19/24 at 7:25 AM with Resident #49 revealed staff do not wear gowns when providing catheter care. Resident #49 further revealed the staff just wear their normal clothing. Review of Resident #49's Care Plan with a revision date of 9/9/24 revealed no information regarding an indwelling foley catheter or EBP. Review of a Physician's Order with printed date of 7/16/24 revealed an order for insertion of a Foley catheter until Resident #49's appointment with an outside urology clinic. Review of another Physician's Order with a date of 7/22/24 revealed an order to leave the indwelling catheter in place and follow up in 3 weeks. Observation 9/19/24 at 8:05 AM Staff H CNA completed hand hygiene and donned gloves to drain Resident #49's Foley catheter drainage bag. No gown was observed during the procedure. Interview 9/19/24 8:10 AM with Staff H revealed that there was no education on EBP. Staff H further revealed that she was not aware she was supposed to be wearing a gown when draining catheters or providing catheter cares. Follow up interview 9/19/24 at 11:10 AM with the DON revealed that the facility does not have an infection control policy that is reviewed annually. The DON further revealed her expectation would be for the facility to have a facility wide Infection prevention and control policy that is reviewed annually. Centers for Disease Control and Prevention website titled, Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs), visited 9/19/24 and updated 7/12/22 revealed recent changes included, additional rationale for the use of Enhanced Barrier Precautions (EBP) in nursing homes, including the high prevalence of multidrug-resistant organism (MDRO) colonization among residents in this setting. Expanded residents for whom EBP applies to include any resident with an indwelling medical device or wound (regardless of MDRO colonization or infection status). Expanded MDROs for which EBP applies. Clarified that, in the majority of situations, EBP are to be continued for the duration of a resident's admission. EBP may be indicated (when Contact Precautions do not otherwise apply) for residents with any of the following: Wounds or indwelling medical devices, regardless of MDRO colonization status and Infection or colonization with an MDRO. Effective implementation of EBP requires staff training on the proper use of personal protective equipment (PPE) and the availability of PPE and hand hygiene supplies at the point of care.