

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165291	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2024
NAME OF PROVIDER OR SUPPLIER Friendship Haven, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 420 South Kenyon Road Fort Dodge, IA 50501	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26527</p> <p>Based on record review and staff interview, the facility failed to report an allegation of abuse immediately, but not later than 2 hours after the allegation was made for 1 resident (Resident #1). The facility reported a census of 118 residents.</p> <p>Findings include:</p> <p>According to the Minimum Data Set (MDS) assessment dated [DATE] Resident #1 scored 3 on the Brief Interview for Mental Status (BIMS) indicating severe cognitive impairment. The resident was dependant with activities of daily living (ADL's) including toileting hygiene. The resident's diagnoses included a fracture (humerus/arm).</p> <p>The Care Plan dated 10/20/24 included the resident needed help to complete her ADL's related to a fracture of her left humerus. The resident was unable to transfer and ambulate, and used a wheelchair for all mobility and able to propel the wheelchair and get around. The resident needed assistance with dressing and toileting.</p> <p>The Nursing Notes dated 11/14/24 at 10:41 a.m. documented the Director of Nursing (DON) received a call from the unit lead informing her of a report of the resident voicing being sexually assaulted by a man.</p> <p>At 11 a.m. the resident returned from a hair appointment and the DON went into res room and did an assessment. After the assessment the family, provider, police and DIAL were notified of the allegation.</p> <p>The facility investigation dated 11/14/24 of the resident's allegation included staff interviews. Staff A Certified Nursing Assistant (CNA) said the resident told her 5 nights previously a man went in her room and touched her and sexually assaulted her.</p> <p>On 11/20/24 at 2:23 p.m. Staff A said the morning before (11/13/24) the resident said she had a secret, and she told Staff A that a man came to her room during the night and touched her and sexually assaulted her. Staff A said she reported it to the nurse, and she figured it was taken care of.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/20/24 at 11:20 a.m. Staff C CNA stated the resident had never told her anything about a sexual assault or being molested. She said on 11/13/24 Staff A told her the resident made the comment to her and Staff C told Staff A not to tell her, to go and tell the nurse. Staff C said she has never heard anything like that from the resident.</p> <p>A typed document dated 11/14/24 signed by Staff B Licensed Practical Nurse (LPN) documented on 11/13/24 the resident had a skin assessment that showed no new areas than the ones currently being monitored in the skin conditions tab. At around 1 p.m. Staff B received a report the resident said a man sexually assaulted her a few days prior. Staff B attempted to speak with the resident but she had aggressive language toward staff saying they were trying to kill her and poisoning her food.</p> <p>On 11/14/24 Staff B and 2 CNA's observed the resident had a large amount of blood drainage from her perineal area while performing incontinent care. The resident stated staff beat her up in the shower all the time. Staff A attempted a contact to obtain a treatment and further action.</p> <p>On 11/20/24 at 8:40 a.m. Staff B said Staff C CNA and Staff A had been caring for the resident and she had made the comment about a sexual assault and they notified her. Staff B was dealing with the resident and some other residents behavior wise. Resident #1 liked another resident and was calling out his name and going up and down the halls looking for him. She spent time with the resident. The resident experienced sundowning (symptoms people with dementia got in the late afternoon early evening) and she got behavioral and difficult to deal with in the afternoon and evenings. That was on 11/13/24. The next morning it had been reported to another nurse and the DON came up. They started making arrangements for the resident to go to the hospital.</p> <p>On 11/20/24 at 12:29 p.m. the DON stated Staff B was a newer nurse and there were things going on and she didn't do anything about the report on Wednesday. She received a written warning for not doing so.</p> <p>An Employee Counseling Report documented on 11/13/24 Staff B was notified by a team member that a resident mentioned being sexually assaulted. Staff B did not report to a supervisor. Staff B signed the written warning on 11/14/24.</p> <p>The facility Dependent Adult Abuse policy effective 3/15/24 documented residents must not be subjected to abuse by anyone, including, but not limited to, facility staff, other residents, consultants or volunteers, staff of other agencies serving the resident, family members or legal guardians, friends, or any other individual. The Charge Nurse/Supervisor would notify the Administrator or his/her designee, Director of Nursing and/or responsible department head immediately upon receiving notice of a suspected Dependent Adult Abuse or Resident Abuse, and prior to investigating. The Administrator or his/her designee would immediately notify appropriate state entities (DIAL, DHS and/or law enforcement, if appropriate).</p>		