STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165291	A. Building B. Wing	07/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Haven, Inc	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)
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** 2. Resident #3's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 14, which indicated intact cognition. The MDS included diagnoses of hypertension (high blood pressure), heart failure (heart does not pump blood well), coronary artery disease, and chronic kidney disease. Review of Census and Progress Notes revealed Resident #8 was admitted to the hospital for congestive heart failure from 3/5/25 to 3/6/25 and 3/10/25 to 3/17/25. The facility form titled Notice of Transfer Form to Long Term Care Ombudsman used to track discharges and notify the Ombudsman of a discharge revealed Resident #3 was not listed on the forms for March or April 2025. Based on clinical record review, staff interview and review of facility policy, the facility failed to notify the Long Term Care (LTC) Ombudsman for 2 of 2 residents reviewed who transferred to the hospital (Resident #3 and #16). The facility reported a census of 117 residents. Findings include: 1. The Minimum Data Set (MDS) assessment dated [DATE] for Resident #16 documented diagnoses of heart failure, respiratory failure, diabetes mellitus, anxiety, and depression. The MDS showed the Brief Interview for Mental Status (BIMS) score of 14 indicating no cognitive impairment. Review of Resident #16 ' s Progress Notes revealed the following information: 10/9/24 Resident transferred to the emergency department and admitted to the hospital. 10/12/24 Resident readmitted to facility from the hospital. 10/13/24 Resident transferred to the emergency department and admitted to the hospital. 10/18/24 Resident readmitted to the facility from the hospital. 11/10/24 Resident transferred to the emergency department and admitted to the hospital. 11/13/24 Resident readmitted to the facility from the hospital. (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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	4/15/25 Resident transferred to the emergency department from a pulmonology appointment and admitted to the hospital. 4/17/25 Resident readmitted to the facility from the hospital. Review of Resident #16 ' s Census tab revealed the following: 10/9/24 admitted to the hospital 10/12/24 readmitted to facility 10/13/24 admitted to the hospital 10/18/24 readmitted to the facility 11/10/24 admitted to the hospital 11/13/24 readmitted to the facility 4/15/25 admitted to the hospital 4/17/25 readmitted to the facility Review of the facility document titled Notice of Transfer Form to Long Term Care Ombudsman dated October 2024, November 2024 and April 2025 lacked Resident #16 ' s name. During interview with the Chief Financial Officer on 7/02/25 at 8:36 a.m. stated the person responsible for Ombudsman notification is the Social Worker. The CFO stated she spoke with the Social Worker and and she relayed she misunderstood who needed to go on the report. The CFO stated the Social Worker would put the resident on the Ombudsman report if the resident/family did not want a bed hold. If the resident/family had or wanted a bed hold the Social Worker would not put them on the report. The CFO stated she will call the Ombudsman office and see how far back they would like the facility to correct this issue. The Chief Executive Officer (CEO) stated the facility will do education with the Social Worker so she understands the process. Per facility policy named Discharge (Appropriate/Involuntary/AMA (Against Medical Advice)), Transfers and Appeals with an effective date July 1st, 2025 revealed the Director of Social Services is responsible for submitting the monthly report of discharges and types of discharges to the state Ombudsman ' s office. The report will contain the information requested by the Ombudsman ' s office and be delivered in the manner that the office requests.

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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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, staff interviews and policy review the facility failed to change indwelling catheter per physician orders for 1 of 1 resident reviewed (Resident #85) for catheter care. The facility reported a census of 117 residents. Findings include: Resident #85's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 11, indicating moderately impaired cognition. The MDS identified Resident #85 required substantial/maximal assistance with toileting hygiene and transfers. The MDS indicated Resident #85 had an indwelling catheter. The MDS included diagnoses of obstructive uropathy (urine flow obstructed), urinary tract infection in the past 30 days, and cerebral infarction (CVA/stroke). A Progress Note dated 2/10/25 at 3:33 PM documented Resident #85 was readmitted to the facility from a hospitalization with an indwelling catheter and a follow up appointment with urology. The Care Plan with a start date of 4/16/25 revealed Resident #85 had an indwelling catheter . A Urology office visit form dated 3/11/25 directed staff to change Resident #85's catheter monthly at the facility. The Progress Note dated 5/19/25 at 9:00 AM revealed staff attempted to irrigate Resident #85's indwelling catheter and was unable to due to resistance. The note documented the indwelling catheter was removed and the urology office notified. The Progress Note dated 5/19/25 at 3:00 PM documented the Advance Registered Nurse Practitioner (ARNP) from the urology office directed staff to reinsert the indwelling catheter, obtain a urine culture and start cipro (antibiotic) twice a day for 7 days. The note documented an indwelling catheter was inserted and the urinalysis obtained. The June 2025 Treatment Administration Record (TAR) directed staff to change the indwelling catheter and drainage bag on 6/6/25. The June TAR lacked documentation the indwelling catheter and drainage bag had been changed during the month of June. The clinical record revealed the last time Resident #85's catheter was changed on 5/19/25. On 7/1/25 at 2:55 PM, Staff A, Registered Nurse (RN)/Skilled Care Coordinator acknowledged Resident #85's indwelling catheter had not been changed since 5/19/25. She said the treatment record was not updated after the catheter was changed on 5/19/25 to reflect the next time the catheter was due to be changed. She said the charge nurse did not change the catheter on 6/6/25 as it had been changed on 5/19 and then it was missed. A Progress Note on 7/1/25 at 5:16 PM documented Resident #85's catheter was changed and the TAR updated to change the catheter on the first of the month. (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/3/25 at 1:44 PM, the Director of Nursing (DON) reported she expected the staff to follow the physician's order to change the catheter monthly. A facility policy titled Foley Catheters: catheter care reviewed July 2024 documented it was the facility policy that indwelling catheters receive appropriate care to prevent infection, to maintain cleanliness, dignity, and privacy along with comfort.

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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** Based on observations, record review, staff interviews, and resident interview, the facility failed to change oxygen tubing and water humidifier for 1 of 1 resident reviewed (Resident #3) for respiratory services. The facility reported a census of 117 residents. Findings Include: Resident #3's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 14, which indicated intact cognition. The MDS included diagnoses of hypertension (high blood pressure), heart failure (heart does not pump blood well), coronary artery disease, and chronic kidney disease. The MDS documented Resident #3 received oxygen and a non-invasive mechanical ventilator (CPAP) while a resident within the last 14 days. A Physician Order dated 12/30/24 directed Resident #3 to wear a CPAP machine (continuous positive airway pressure) (machine that uses mild air pressure to keep breathing airways open while you sleep) with oxygen at 2 liters at night. The Care Plan dated 4/9/25 documented Resident #3 required a CPAP machine with oxygen at 2 liters at night. The care plan directed staff to change the oxygen tubing weekly and check/replace the water humidifier as needed. On 6/30/25 at 1:58 PM, observation revealed Resident #3's CPAP machine and oxygen concentrator connected with undated oxygen tubing. The water humidifier attached to the oxygen concentrator was not dated and had a very small amount of water in the container. Resident #3 said she was not sure the last time the oxygen tubing or water humidifier had been changed. On 7/1/25 at 2:35 PM, observation revealed oxygen tubing and the water humidifier not dated. In addition, the water humidifier connected to the oxygen concentrator was empty and without water. Review of the December 2024 to July 2025 Treatment Administration Records (TAR) lacked documentation Resident #3's oxygen tubing and water humidifier had been changed/replaced. On 7/1/25 at 2:45 PM, Staff B, Registered Nurse (RN) reported the staff document when the oxygen tubing was changed on the TAR. She said the oxygen tubing was to be changed weekly. On 7/1/25 at 2:50 PM, Staff A, RN/Skilled Care Coordinator verified Resident #3's oxygen tubing was not on the TAR to be changed weekly. She said she was not aware Resident #3 was on oxygen with the CPAP machine. Staff A reported she expected the oxygen tubing to be changed weekly, dated and documented on the TAR. In addition, she expected the water humidifier to be dated and changed as needed. On 7/3/25 at 1:30 PM, the Director of Nursing (DON) reported the facility did not have a policy regarding oxygen administration/services. She said she would expect the staff to change and date the oxygen tubing weekly.