

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/02/2024
NAME OF PROVIDER OR SUPPLIER  Bedford Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1005 West Pearl Bedford, IA 50833	

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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>40905</p> <p>Based on clinical record review, facility record review, staff interview, and policy review the facility failed to notify the Long-Term Care Ombudsman of discharge/transfer of residents as required for 2 of 3 residents reviewed who were discharged or transferred from the facility (Residents #14, and #22). The facility reported a census of 26 residents.</p> <p>Findings include:</p> <p>1. A Minimum Data Set (MDS) for Resident #14 dated 4/13/24, included diagnoses of renal (kidney) failure and diabetes.</p> <p>Review of Resident #14's clinical record census sheet revealed the resident transferred to the hospital 1/7/24 and returned to the facility 1/10/24.</p> <p>Review of the facility's Notice of Transfer Form to Long Care Term Ombudsman form for 1/2024 lacked documentation of Resident #14's transfer to the hospital.</p> <p>2. A Minimum Data Set for Resident #22 dated 3/29/24, included diagnoses of heart failure and diabetes.</p> <p>Review of Resident #22's clinical record census sheet revealed the resident transferred to the hospital 11/26/23 and returned to the facility 12/4/23.</p> <p>Review of the facility's Notice of Transfer Form to Long Care Term Ombudsman form for 11/2023 lacked documentation of Resident #22's transfer to the hospital.</p> <p>Facility policy Transfer or Discharge Notice revised March 2021 documented a copy of the notice is sent to the Office of the State Long-Term Care Ombudsman at the same time the notice of transfer or discharge is provided to the resident and representative.</p> <p>Interview on 5/01/24 at 4:45 PM, the Administrator stated expectation to notify the Ombudsman with transfers.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/02/2024
NAME OF PROVIDER OR SUPPLIER  Bedford Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1005 West Pearl Bedford, IA 50833	
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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>40905</p> <p>Based on resident interview, clinical record review, facility record review, staff interview, and policy review the facility failed to provide the resident or resident representative with a bed-hold notice at the time of transfer for hospitalization as required for 2 of 3 residents (Residents #14, and #77). The facility reported a census of 26 residents.</p> <p>Findings include:</p> <p>1. A Minimum Data Set (MDS) for Resident #14 dated 4/13/24, included diagnoses of renal (kidney) failure and diabetes.</p> <p>Review of Resident #14's clinical record census sheet revealed the resident transferred to the hospital 1/7/24 and returned to the facility 1/10/24.</p> <p>Resident #14's bed-hold policy/authorization dated 1/7/24 documented bed hold policy/authorization completed, printed and given to resident, representative and/or sent with hospital transfer paper work with no documentation of the resident/representative confirmation, if confirmation was given or how, and the bed-hold rate.</p> <p>2. A Minimum Data Set (MDS) for Resident #77 dated 4/24/24, documented Resident #77 admitted to the facility 4/24/24.</p> <p>Review of Resident #77's clinical record census sheet revealed the resident was transferred to the hospital 4/27/24 and returned to the facility 4/29/24.</p> <p>Interview on 4/30/24 at 4:32 PM, Resident #77 and his wife stated they did not recall receiving information for a bed hold, when the resident transferred to the hospital.</p> <p>Resident #77's bed-hold policy/authorization dated 4/27/24 documented bed hold policy/authorization completed, printed and given to resident, representative and/or sent with hospital transfer paper work with no documentation of the resident/representative confirmation and if confirmation was given or how in formation was provided.</p> <p>Facility policy Bed-Holds and Returns revised March 2017, documented prior to transfers, residents or resident representatives will be informed in writing of the bed-hold and return policy.</p> <p>Interview on 5/01/24 at 1:31 PM, the Administrator stated the facility did not provide bed hold information to the residents or resident representative and his expectation to provide the bed hold authorization to a resident or representative when transferred out to a hospital.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/02/2024
NAME OF PROVIDER OR SUPPLIER  Bedford Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1005 West Pearl Bedford, IA 50833	
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 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident when there is a significant change in condition</p> <p>40905</p> <p>Based on clinical record review, staff interview, and policy review the facility failed to complete a significant change Minimum Data Set (MDS) within 14 days for a resident placed on hospice care for 1 of 2 residents (Resident #18) reviewed. The facility reported a census of 26.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment for Resident #18 dated 3/9/24, included diagnosis of non-Alzheimer's dementia. The assessment indicated the resident had a Brief Interview for Mental Status score of 3, indicating severe cognitive impairment for decision making.</p> <p>Review of Resident #8's Clinical Physician Orders revealed an order for the resident to receive hospice services effective 4/4/24.</p> <p>On 4/30/24 at 3:41 PM, review of Resident #18's MDS list documented the status of a Significant Change started 4/18/24 and status of still in progress.</p> <p>Facility policy Resident Assessments revised November 2019 documented a Significant Change in Status Assessment (SCSA) is completed within 14 days of the interdisciplinary team determining that the resident meets the guidelines for decline and a SCSA is required when a resident enrolls in a hospice program.</p> <p>Interview on 4/30/24 at 4:20 PM, the MDS Coordinator stated she did not know a hospice significant change needed to be completed 14 days from the date placed on hospice.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/02/2024
NAME OF PROVIDER OR SUPPLIER  Bedford Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1005 West Pearl Bedford, IA 50833	

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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>40905</p> <p>Based on facility document review and staff interview the facility failed to provide Registered Nurse (RN) coverage eight consecutive hours a day, seven days a week. The facility reported a census of 26.</p> <p>Findings include:</p> <p>Review of facility's nursing schedule for 3/29/24 - 5/1/24 revealed no RN scheduled to work on 4/14/24.</p> <p>Interview on 5/01/24 at 4:30 PM, the Administrator confirmed the facility had no RN coverage in the building on 4/14/24 and stated the facility follows the federal regulations of RN coverage 8 hours a day and his expectation is for RN coverage 8 hours a day.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/02/2024
NAME OF PROVIDER OR SUPPLIER  Bedford Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1005 West Pearl Bedford, IA 50833	
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 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47079</b></p> <p>Based on clinical record review, facility document review, and staff interview, the facility failed to report a Veterans Affairs (VA) eligible resident to the Iowa Department of Veterans Affairs (IDVA) within 30 days of admission for 1 of 10 residents (#6) reviewed. The facility reported a census of 26 residents.</p> <p>Findings include:</p> <p>On 4/30/24, review of the VA Eligibility list revealed Resident #6 admitted to the facility on [DATE].</p> <p>The admission Minimum Data Set (MDS) for Resident #6 dated 1/15/24 revealed the resident had a Brief Interview for Mental Status (BIMS) score of 08 out of 15, indicating moderately impaired cognition. It included diagnoses of a fracture around the left knee prosthesis, acute respiratory failure, and non-Alzheimer's dementia. The MDS indicated dependence with toileting, bathing, and dressing and required maximal assistance with oral and personal hygiene.</p> <p>The resident's Electronic Health Record (EHR) indicated the resident received Physical and Occupational Therapy (PT/OT) and listed Medicare part A as the primary payor.</p> <p>Review of Resident #6's Veterans Affairs Resident Eligibility Check revealed Resident #6 confirmed her spouse's positive veteran status on 1/08/24.</p> <p>On 5/01/24 at 7:47 AM, the Administrator stated Resident #6's VA Eligibility had not been completed until the morning of 5/01/24. He stated the facility missed completing it in a timely manner.</p> <p>An undated document titled IDVA Resident Eligibility (Iowa Department of Veteran's Affairs) indicated residents who confirmed positive veteran status on the admission form were to be added to the IDVA Resident Eligibility.</p> <p>On 5/02/24 at 7:33 am, the Business Office Manager (BOM) stated she had instructions for adding eligible residents to the IDVA eligibility list.</p> <p>On 5/02/24 at 7:36 am, the Administrator stated the residents' VA eligibility status should be checked and completed per regulations.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/02/2024
NAME OF PROVIDER OR SUPPLIER  Bedford Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1005 West Pearl Bedford, IA 50833	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47079</b></p> <p>Based on observation, clinical record review, staff interviews, and policy review the facility failed to perform on-going Infection Control surveillance and failed to perform appropriate hand hygiene for 1 of 5 residents (Resident #77)</p> <p>during resident care. The facility reported a census of 26 residents.</p> <p>Findings include:</p> <p>1. On 5/01/24 at 11:40 AM, a review of the facility's surveillance binder indicated Infection Control surveillance documentation had not been completed.</p> <p>A document titled Infection Control: Regulations Governing Implementation dated April 2018 indicated the facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, a system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility.</p> <p>On 5/01/24 at 11:48 AM, the Infection Preventionist (IP) completed surveillance sheets since the facility's last survey could not be located. She stated the facility only had documentation for 2019.</p> <p>A facility policy titled Surveillance for Infections revised September 2017 indicated the Infection Preventionist will conduct ongoing surveillance for Healthcare-Associated Infections (HAIs) and other epidemiological significant infections that have substantial impact on potential resident outcome and that may require transmission-based precautions and other preventative interventions. It also specified the surveillance should include a review of infection control rounds or interviews.</p> <p>On 5/02/24 at 7:37 am, the Administrator stated infection control surveillance should be performed following Center for Medicare &amp; Medicaid Services (CMS) guidelines and facility policy.</p> <p>40905</p> <p>2. A Minimum Data Set (MDS) for Resident #77 dated 4/24/24, documented Resident #77 admitted to the facility on [DATE].</p> <p>Observation on 4/30/24 at 1:40 PM, Staff A, Certified Nurse Aide entered Resident #77' s room and washed her hands and applied gloves and a gown. Staff A proceeded with gloved hands and touched the bathroom cabinet door, picked up a magazine and pencil from the floor, touched the bedside table, touched the pillowcase on the floor that was holding the catheter collection bag and proceeded with the same gloved hands to cleanse the tip of the catheter port with an alcohol swab, touching the port with the same gloves. Staff A then proceeded to empty the catheter bag into the graduate cylinder, emptied the graduate cylinder, and removed gloves and washed her hands.</p> <p>Facility policy titled, Catheter Care, Urinary revised September 2014 documented the purpose of this procedure is to prevent catheter-associated urinary tract infections and maintain clean technique when handling or manipulating the catheter, tubing, or drainage bag</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/02/2024
NAME OF PROVIDER OR SUPPLIER  Bedford Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1005 West Pearl Bedford, IA 50833	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 5/1/24 at 4:00 PM, the Director of Nursing stated expectation to gather supplies and prepare area prior to washing hands, gloving, and cleansing and emptying the catheter.</p>		