

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165293	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Southern Hills Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE 444 North West View Drive Osceola, IA 50213	

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 0925</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22506</p> <p>Based on review of the facility policy and staff interviews, the facility failed to immediately shower residents, bag clothing and linens for laundering, and sanitize resident furniture after the discovery of a bed bug in a resident room. The facility reported a census of 86 residents.</p> <p>Findings include:</p> <p>During an interview on 4/9/25 at 5:27 p.m., Staff E, Certified Medication Aide (CMA) stated on the evening of 2/19/25 while passing medications in room [ROOM NUMBER] she saw something move on the arm of a recliner. Staff E stated she went over to the chair and picked up a bug. She stated she took the bug to the nurse's station and taped it onto a white piece of paper. Staff E stated the Maintenance staff was informed and instructions were given to leave the bug at the nurse's station and maintenance would look at it tomorrow [2/20/25]. She stated she did not bag clothing or shower the residents as she did not know it was a bed bug.</p> <p>During an interview on 4/9/25 at 6:16 p.m., Staff G, CMA stated she worked on 2/21/25, and on that date room [ROOM NUMBER] was placed in isolation due to a bed bug having been found on 2/19/25. Staff G stated she recalled the Laundry staff also bagged the linens and resident clothing from room [ROOM NUMBER].</p> <p>During an interview on 4/10/25 at 1:00 p.m., the Administrator stated a bed bug had been discovered in room [ROOM NUMBER] on 2/19/25. The Administrator acknowledged staff failed to follow the Bed Bug process after the bug was found on 2/19/25. The Administrator stated when a bed bug is discovered during day hours, Maintenance is notified and they contact the pest control provider, while Housekeeping is responsible for bagging clothing, linens, curtains and sanitizing the mattress. The Administrator stated Certified Nursing Assistants would assist with showering the residents. She explained after hours, Nursing staff is responsible for following the policy. The Administrator stated Maintenance was notified on 2/19/25, but the Bed Bug process was not initiated until 2/21/25.</p> <p>Review of the undated facility policy, titled Bed Bug process directed staff, in part to:</p> <p>2. Current Resident</p> <p>a. The resident is to be immediately taken to the shower. Bag the clothes and take them immediately to the laundry. If the clothes cannot be immediately placed in the washer, set the bag outside until they can go straight into the machine.</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 0925</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>b. Bag and remove all the clothes and linens (includes curtains and privacy curtains) from the room and launder them right away. If they cannot be laundered, store outside until they can go directly into the machine.</p> <p>c. Mattresses should be inspected. If there are any holes, the mattress should be bagged within the room and discarded. A new mattress can be replaced, once the room has been treated.</p> <p>d. Resident owned chairs in the facility should be bagged and removed from the facility.</p> <p>e. Facility chairs in the room. If the chair is owned by the facility, the chair is to be bagged and removed from the facility.</p>