

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165294	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Avoca Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE 610 East York Street Avoca, IA 51521	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47673</p> <p>Based on clinical record review, resident interview, staff interviews and policy review the facility failed to represent an accurate assessment of the resident's status during the observation period of the Minimum Data Set (MDS) by not accurately assessing the use of an anticoagulant for 1 of 5 residents reviewed (Resident #6). The facility reported a census of 38 residents.</p> <p>Finding include:</p> <p>The MDS dated [DATE] for Resident #6 documented a Brief Interview for Mental Status (BIMS) score of 15 indicating no cognitive impairment. The MDS documented use of an anticoagulant.</p> <p>Review of Resident #6's Care Plan revealed focus, goal, and interventions for an anticoagulant.</p> <p>On 1/27/25 at 3:09 PM Resident #6 stated the only blood thinner (anticoagulant) she took was baby Aspirin.</p> <p>Review of Resident #6's Medication Administration Record (MAR) documented a physician's order for Aspirin 81 mg one tablet by mouth daily for pain.</p> <p>On 1/29/25 at 9:41 AM Staff A, MDS coordinator stated that Aspirin 81 mg was identified as an anticoagulant on the MDS because Resident #6 had a history of blood clots. Staff A acknowledged Resident #6 was on Aspirin and the MDS reflected use of an anticoagulant because of the use of Aspirin.</p> <p>On 1/29/25 at 5:25 PM Staff B Regional Clinical Reimbursement Specialist stated her expectation was that Aspirin would be coded as an anti-platelet not an anticoagulant and that was per the RAI guidelines. Staff B stated a resident coded with Aspirin as an anticoagulant would be coded incorrectly on the MDS.</p> <p>Review of policy revised 11/19 titled, Resident Assessments documented the MDS Coordinator is responsible for ensuring that the Interdisciplinary Team conducts timely and appropriate resident assessments and reviews. All persons who have completed any portion of the MDS Resident Assessment Form must sign the document attesting to the accuracy of such information.</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: 165294	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Avoca Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE 610 East York Street Avoca, IA 51521	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47673</p> <p>Based on clinical record review, resident interviews, observations, and staff interviews the facility failed to provide nursing staff to assure residents safety by not responding to call lights in a timely manner for 4 of 16 resident reviewed (Resident #15, #20,#21 and #37). The facility reported a census of 38 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) dated [DATE] for Resident #15 documented a Brief Interview for Mental Status (BIMS) score of 15 indicating no cognitive impairment. The MDS indicated Resident #15 was frequently incontinent of urine and frequently incontinent of bowel. The MDS indicated Resident #15 was dependent on staff for eating, oral hygiene, toileting, personal hygiene, transfers and rolling left to right. The MDS documented Resident #15 had diagnoses of quadriplegia and resided in room [ROOM NUMBER].</p> <p>On 1/27/25 at 1:16 PM Resident #15 stated through his communication device call lights frequently take longer than 20 minutes to answer. Resident #15 stated through his communication device call lights take up to an hour to answer on overnight shift. Resident #15 stated through his communication device that he could see and read the clock and the time was 1:20.</p> <p>On 1/28/25 at 8:57 AM observation of call light on room [ROOM NUMBER] Resident #15's room turned on. On 1/28/25 at 9:14 AM a CNA entered the room and the light was answered and shut off. The CNA left the room and told Staff C that Resident #15 wanted to be covered up.</p> <p>On 1/28/25 at 3:28 PM Resident #15 acknowledged through his communication device the call light was on for longer than 15 minutes and was requesting to be covered up with the blanket.</p> <p>2. The MDS dated [DATE] for Resident #20 documented a BIMS score of 14 indicating no cognitive impairment. The MDS documented Resident #20 had a diagnoses of Multiple Sclerosis.</p> <p>On 1/28/25 at 10:06 AM Resident #20 stated he turned on the call light at 8:10 AM and the call light was not answered until 8:30 AM. Resident #20 stated he had a clock and could read the clock. Resident #20 stated he does not face a wall that does not have a clock. Resident #20 stated his wheelchair has a clock built into it. Resident #20 stated frequently it takes longer than 30 minutes for staff to answer the call light.</p> <p>On 1/28/25 at 3:08 PM Staff D, Certified Nursing Assistant (CNA) stated when there were only 2 CNAs on the floor it was very difficult to answer call lights in a timely manner. Staff D stated a couple times a week call lights take longer than an hour to answer. Staff D stated that was usually related to staffing numbers.</p> <p>On 1/30/25 at 11:29 AM Staff E, Director of Nursing (DON) stated the facility's expectation was that call lights would be answered within 15 minutes of activation. The DON stated the facility had no policy related to answering call lights.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165294	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Avoca Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE 610 East York Street Avoca, IA 51521	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>47582</p> <p>3. The MDS for Resident #37 dated 1/24/25 documented a BIMS score as 15 indicating no cognitive impairment. The MDS documented admission to the facility on [DATE].</p> <p>Electronic Health Record (EHR) titled Care plan for Resident #37 dated 1/3/25 directed staff of 1 to assist with transfers and to encourage resident to use call light for assistance.</p> <p>In an interview on 01/27/25 at 1:02 pm Resident #37 revealed she required staff assistance with transfers and when she pushed the call light, she had to wait for long periods of time. During a recent family visit, she needed assistance for a chair accommodation for her son but no one assisted her after she pushed the call light and her family didn't get a chance to sit down during the visit.</p> <p>4. The MDS for Resident #21 dated 1/14/25 documented a BIMS score as 13 indicating no cognitive impairment. The MDS documented admission to the facility on [DATE]. The MDS reflected total dependence with transfers, 2-person physical assistance with a mechanical lift.</p> <p>In an interview on 1/27/25 at 1:37 pm Resident #21 stated the staff didn't answer his call lights for long periods of time and about a week ago he waited over an hour while on a bedpan for staff to assist him.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165294	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Avoca Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE 610 East York Street Avoca, IA 51521	
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 - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47673</p> <p>Based on clinical record review, observation, staff interview and policy review the facility failed to provide appropriate infection prevention practices when administering medications for 1 of 4 residents reviewed (Resident #15). The facility reported a census of 38 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) dated [DATE] for Resident #15 documented a Brief Interview for Mental Status (BIMS) score of 15 indicating no cognitive impairment. The MDS documented Resident #15 had diagnoses of quadriplegia.</p> <p>On 1/28/25 at 9:21 AM an observation revealed Staff C, Registered Nurse (RN) completed hand hygiene, applied gloves and flushed Resident #15's enteral tube with 50 cc of water from pump prior to medication administration. Staff C administered medications to Resident #15 through the enteral tube. Gloves removed and hygiene completed. Gown was not donned by Staff C for medication administration for Resident #15.</p> <p>Review of Resident #15's Treatment Administration Record documented a physician's order for enhanced barrier precautions due to feeding tube every shift and a physician's order to administer all medications together ensuring enteral tube patency before and after medications are administered 4 times a day.</p> <p>On 1/30/25 at 11:29 AM Staff E, Director of Nursing (DON) stated the facility's expectation was appropriate Personal Protective Equipment (PPE) would have been worn during administration of medication through an enteral tube for any resident with an enteral tube placed. The DON acknowledge Resident #15 required use of an enteral tube for medication administration. The DON stated a gown should have been worn during administration of medication to Resident #15.</p> <p>Review of policy revised 3/28/24 titled, Enhanced Barrier Precautions documented the facility will have the discretion in using EBP for residents who do not have a chronic wound or indwelling medical device and are infected or colonized with an MDRO that is not currently targeted by CDC. An order for EBP (in accordance with physician-approved standing orders) will be initiated for residents with any of the following: Wounds (e.g. , chronic wounds such as pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers) and/or indwelling medical devices (e.g., central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes) even if the resident is not known to be infected or colonized with a MDRO. The facility will make gowns and gloves available immediately near or outside of the resident 's room. Personal protective equipment (PPE) for enhanced barrier precautions is only necessary when performing high-contact care activities and may not need to be donned prior to entering the resident 's room. High-contact resident care activities include Device care or use: central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165294	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Avoca Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE 610 East York Street Avoca, IA 51521	
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 - Few</p>	<p>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 7/11/24 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.</p>		