

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165295	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER Montezuma Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE 316 Meadow Lane Drive Montezuma, IA 50171	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>35434</p> <p>Based on clinical record review, written staff statements, policy review, and staff and resident interviews, the facility failed to ensure residents were treated with respect and dignity for 4 out of 12 residents reviewed for dignity(Residents #6, #8, #11, #12). The facility reported a census of 28 residents.</p> <p>Findings:</p> <p>1. The Minimum Data Set (MDS) assessment tool, dated 8/21/24, listed diagnoses for Resident #8 which included heart failure, diabetes, and anxiety. The MDS listed the resident's Brief Interview for Mental Status (BIMS) score as 15 out of 15, indicating intact cognition.</p> <p>Care Plan entries, dated 8/18/22, stated the resident had impaired cognitive function/dementia or impaired thought processes related to schizophrenia and directed staff to face her when speaking and keep her routine consistent in order to decrease confusion.</p> <p>2. The MDS assessment tool, dated 7/15/24, listed diagnoses for Resident #12 which included non-Alzheimer's dementia, anxiety, and depression. The MDS listed the resident's BIMS score as 12 out of 15, indicating moderately impaired cognition.</p> <p>Care Plan entries, dated 6/8/24, stated the resident cried, was tearful, and wanted to die related to recent life changes of learning she would not return home. The Care Plan directed staff to provide opportunities for positive interaction and attention and to stop and talk to the resident when passing by.</p> <p>3. The MDS assessment tool, dated 7/24/24, listed diagnoses for Resident #11 which included depression, anxiety, and paraplegia (paralysis from the waist down). The MDS listed the BIMS score as 15 out of 15, indicating intact cognition.</p> <p>Care Plan entries, dated 11/20/23, directed staff to speak to him in a calm manor.</p> <p>A 1/25/24 Care Plan entry stated the resident became anxious at times.</p> <p>On 10/2/24 at approximately 4:00 p.m., Resident #11 stated Staff F Certified Nursing Assistant (CNA) made him feel bad when he fell because he told him this seems to be a recurring thing with you.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. The MDS assessment tool, dated 7/31/24, listed diagnoses for Resident #6 which included morbid obesity, lymphedema (a chronic condition that causes swelling due to a buildup of fluid in the body), and hypertension (high blood pressure). The MDS listed the resident's BIMS score as 15 out of 15, indicating intact cognition.</p> <p>An 8/19/24 Grievance/Concern Investigation Form stated Staff F did not provide care for Resident #6. A follow-up interview with the resident, conducted by Staff E former DON stated Staff F stated she was resisting him while rolling her and she wasn't. Resident #6 stated she did not have any problem with Staff F and it was not a big deal.</p> <p>A Care Plan entry, dated 9/23/24, stated the resident required the assistance of two staff for bed mobility.</p> <p>On 10/2/24 at approximately 3:30 p.m., Resident #6 stated one night Staff F rolled her and told her she was resisting. She told him she was not and he stormed out. He did not return to her room for 3 weeks and other staff assisted her.</p> <p>The facility lacked further documentation regarding the concern that Staff F did not care for Resident #6 for 3 weeks after the incident.</p> <p>The facility policy Residents Rights-Dignity and Respect dated June 2012, stated each resident had the right to considerate and respectful care to be treated with honest, dignity, and respect.</p> <p>Written statements, dated 7/6/24, by Staff D CNA revealed the following:</p> <p>a. Staff F was upset at dinnertime and when a resident asked him something, he yelled at her. When another resident joined in, Staff F started yelling at them for getting into business that wasn't theirs. He told them the needed to quit talking.</p> <p>b. A resident slid out of his bed and Staff F walked in and stated that his co-workers were incompetent because the bed was not all the way to the floor. The resident became upset thinking it was his fault that the bed was not all the way to the floor.</p> <p>On 10/2/24 at 10:22 a.m., Staff A CNA stated that Staff F CNA did not want to go into Resident #6's room because he was afraid she would accuse him of something. Staff A stated Resident #6 didn't understand why he would not go in there. Staff F stated she talked to Staff E former DON about him not going in her room.</p> <p>On 10/2/24 at 10:57 a.m., Staff B CNA stated Staff F would refuse to go in Resident #6's room for about a week and then began taking care of her again.</p> <p>On 10/2/24 at 11:10 a.m. Staff C CNA stated that Resident #6 did not understand why Staff F would not go in her room. Staff C stated she talked to Staff E about this and toward the end of his employment Staff F began to go in her room again.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/2/24 at 2:35 p.m. Staff D CNA stated that Staff F yelled at Resident #8 at the dining table and told her what he was talking about was none of her business. He then said the same thing to Resident #12. She stated he told Resident #6 that her pillows could not be a certain way because she peed the bed. She stated when Resident #11 fell , Staff F stated that the bed should have been all the way to the floor. Staff D stated Resident #11 felt that Staff F was mad at him about it and started to tear up. Staff D stated she placed written statements regarding the above concerns in the Administrator's mail box but did not hear anything further about the concerns.</p> <p>On 10/2/24 at 3:43 via phone, Staff E former DON stated she was aware of the situation with Resident #6 when Staff F assisted her with rolling. She stated she couldn't recall any other concerns reported regarding Staff F.</p> <p>On 10/3/24 at 9:04 a.m., the Administrator stated he did not have additional documentation related to any grievances or staff concerns submitted. He stated if a staff member turned in a concern related to another staff member, he would start an investigation and talk to the residents and staff. He stated he would provide coaching and education. He stated staff should treat residents how they would want to be treated and stated the way Staff F spoke to residents (in the above examples) was not ok.</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>35434</p> <p>Based on clinical record review, written staff statements, policy review, and staff and resident interviews, facility administration failed to follow-up on concerns with staff treatment of residents for 4 out of 12 residents reviewed for dignity (Residents #6, #8, #11, #12). The facility reported a census of 28 residents.</p> <p>Findings:</p> <p>1. The Minimum Data Set (MDS) assessment tool, dated 8/21/24, listed diagnoses for Resident #8 which included heart failure, diabetes, and anxiety. The MDS listed the resident's Brief Interview for Mental Status (BIMS) score as 15 out of 15, indicating intact cognition.</p> <p>Care Plan entries, dated 8/18/22, stated the resident had impaired cognitive function/dementia or impaired thought processes related to schizophrenia and directed staff to face her when speaking and keep her routine consistent in order to decrease confusion.</p> <p>2. The MDS assessment tool, dated 7/15/24, listed diagnoses for Resident #12 which included non-Alzheimer's dementia, anxiety, and depression. The MDS listed the resident's BIMS score as 12 out of 15, indicating moderately impaired cognition.</p> <p>Care Plan entries, dated 6/8/24, stated the resident cried, was tearful, and wanted to die related to recent life changes of learning she would not return home. The Care Plan directed staff to provide opportunities for positive interaction and attention and to stop and talk to the resident when passing by.</p> <p>3. The MDS assessment tool, dated 7/24/24, listed diagnoses for Resident #11 which included depression, anxiety, and paraplegia (paralysis from the waist down). The MDS listed the BIMS score as 15 out of 15, indicating intact cognition.</p> <p>Care Plan entries, dated 11/20/23, directed staff to speak to him in a calm manor.</p> <p>A 1/25/24 Care Plan entry stated the resident became anxious at times.</p> <p>On 10/2/24 at approximately 4:00 p.m., Resident #11 stated Staff F Certified Nursing Assistant (CNA) made him feel bad when he fell because he told him this seems to be a recurring thing with you.</p> <p>4. The MDS assessment tool, dated 7/31/2, listed diagnoses for Resident #6 which included morbid obesity, lymphedema (a chronic condition that causes swelling due to a buildup of fluid in the body), and hypertension (high blood pressure). The MDS listed the resident's BIMS score as 15 out of 15, indicating intact cognition.</p> <p>(continued on next page)</p>

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<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>35434</p> <p>Based on review of Quality Assurance and Performance Improvement (QAPI) meeting documentation, policy review, and staff interview, the facility failed to carry out Quality Assurance (QA) activities to obtain feedback, use data, and take action to conduct structured, systematic investigations and analysis of underlying causes or contributing factors of problems affecting facility-wide processes that impact quality of care, quality of life, and resident safety. The facility reported a census of 28 residents.</p> <p>Findings:</p> <p>The Centers for Medicare and Medicaid Services (CMS) 2567, dated 5/9/24, listed, in part, the following concern:</p> <p>F550.</p> <p>The current survey, conducted 10/1/24-10/3/24 also identified the above concern.</p> <p>Review of QAPI/QA documentation from 1/1/24 to 10/3/24 revealed the facility lacked documentation of QAPI/QA program activities related to resident treatment or dignity concerns. The facility lacked evidence of an ongoing QAPI program related to the above areas including a process of addressing how the committee would conduct the activities necessary to identify and correct quality deficiencies. The facility lacked documentation of monitoring or evaluating the effectiveness of corrective action/performance improvement activities and revision as needed.</p> <p>The facility policy QAPI Program Governance and Leadership, revised March 2020, stated the responsibilities of the QAPI committee were to identify and help to resolve negative outcomes and to coordinate the development, implementation, monitoring, and evaluation of performance improvement projects to achieve specific goals.</p> <p>On 10/3/24 at 10:56 a.m., the Administrator stated in QA meetings, the facility should discuss citations from previous surveys. He stated since he started at the facility, they had not talked about past citations.</p>