

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2025
NAME OF PROVIDER OR SUPPLIER  Pinnacle Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1223 Prairieview Road Cedar Falls, IA 50613	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, staff interviews and policy review, the facility failed to provide a clean, comfortable and homelike environment. The facility reported a census of 92 residents. Findings include: Observation on 7/21/2025 at 11:37 AM in the dining room noted several chairs with dried food and spilled drinks on them. On 7/22/2025 at 8:32 AM witnessed the chairs in the dining room still had dried drinks and dried food on them. On 7/23/2025 at 9:14 AM observed the chairs in the dining room still had dried food and drinks on them. Throughout the dining room [ROOM NUMBER] chairs had dried dirty food and dried liquid spills. During an interview on 7/23/25 at 9:18 AM, Staff B, Housekeeping Aide, and Staff C, Housekeeping Aide, reported if Staff D, Maintenance, is in the building then they didn't clean the dining room. If he didn't work, then they cleaned the floors and clean the chairs. The reported the chairs get cleaned once a day. On 7/23/2025 at 9:21 AM Staff D reported he only cleaned the dining room floor. On 7/23/2025 at 10:08 AM, the Housekeeping Supervisor reported housekeeping deep cleaned the dining room chairs twice a month. While Staff D cleaned the floors. The Housekeeping Aides should check the chairs daily to make sure they are clean. On 7/23/2025 at 10:28 AM observed residents out to group exercise sitting in the dirty dining room chairs. The total 17 chairs in the dining room remained dirty. The facility policy titled Dining Room Audits revised October 2017 documented the facility audited the food and nutrition services department regularly to ensure that resident needs are met and that dining is a safe and pleasant experience for residents. The policy lacked direction on the cleaning frequency and the person/department responsible for cleaning the dining room.</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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review and staff interviews the facility failed to accurately document and submit an accurate resident Minimum Data Set (MDS) Assessment for 1 of 2 residents reviewed (Resident #27). The facility reported a census of 92 residents. Findings Include: Resident #27's MDS assessment dated [DATE] documented a Brief Interview of Mental Status (BIMS) score of 15, indicating intact cognition. The MDS included diagnoses of anxiety, depression, and bipolar (mental health condition characterized by extreme mood swings, cycling between periods of mania and depression). The MDS lacked documentation of Post Traumatic Stress Disorder (PTSD) diagnosis. Review of the Psych Progress Notes for the initial visit dated 5/14/24 and current visit dated 4/15/25 included a diagnosis of PTSD. On 7/22/25 at 12:14 PM, the Administrator reported Social Services should review the Psych Notes to identify the resident's correct diagnoses and include them in the MDS. She reported the MDS should have included the PTSD diagnosis.</p>

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review and staff interview, the facility failed to complete a new Preadmission and Resident Review (PASRR) evaluation as required for 2 of 2 reviewed (Residents #27 and #17). The facility reported a census of 92 residents. Findings include: 1. Resident #27's Minimum Data Set (MDS) assessment dated [DATE] indicated the state level II PASRR process didn't consider they had a serious mental illness/intellectual disability or related condition.</p> <p>Resident #27's Minimum Data Set (MDS) assessment dated [DATE] documented a Brief Interview of Mental Status (BIMS) score of 15, indicating intact cognition. The MDS included diagnoses of anxiety, depression and bipolar (mental health condition characterized by extreme mood swings, cycling between periods of mania and depression).</p> <p>Resident #27's PASRR dated 4/9/24 documented a short-term approval ending 7/8/24.</p> <p>Resident #27's Electronic Health Record (EHR) lacked documentation of a new PASRR completed.</p> <p>Resident #27's Progress Notes lacked documentation of evidence of effort by the facility working to move them toward a successful discharge to a lower level of care on or before the short-term approval end.</p> <p>Review of the psych Progress Notes from initial visit dated 5/14/24 and current visit from 4/15/25 documents a diagnosis of PTSD and the PASRR lacked documentation of the diagnosis.</p> <p>On 7/22/25 at 12:00 PM, the Administrator reported Social Services as responsible for completing the PASRR assessments. She reported they identified the concern during their mock survey. When questioned if they completed a new one, she responded they still had it as a work in progress. She reported Social Services should document on discharge planning in the process notes.</p> <p>On 7/22/25 at 12:14 PM, the Administrator reported on 5/22/25 in the mock survey the facility noted a new PASRR needed to be completed. She reported it should have been done within the last 60 days but still was not completed. She further reported the social services should be reviewing the psych notes to make sure the correct diagnoses are identified and on the PASRR.</p> <p>2. Resident #17's MDS assessment dated [DATE] included diagnoses of anxiety disorder, depression, bipolar disorder, and psychotic disorder. The MDS reflected Resident #17 received antipsychotic and antidepressant medication in the lookback period.</p> <p>The Care Plan Focus area dated 3/21/23 reflected Resident #17 had a behavior problem related to hallucinations and delusions. The situation caused Resident #17 to wander/exit seek, had paranoia, confusion, tearfulness, and made accusatory statements.</p> <p>The Care Plan Focus revised 5/21/24 identified Resident #17 had a risk for side effects from antipsychotic, antidepressant, and anti-anxiety drug use. In addition, Resident #17 had anxiety disorder, delusional disorder, hallucinations, bipolar, mood affective disorder, major depressive disorder severe with psychotic symptoms.</p> <p>(continued on next page)</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #17's Medical Diagnosis Sheet reviewed 7/22/25 included the following mental health related diagnoses:</p> <ul style="list-style-type: none"> <li>a. Major depressive disorder, recurrent severe with psychotic symptoms dated 5/16/22</li> <li>b. Bipolar disorder manic without psychotic features dated 2/1/23</li> <li>c. Unspecified mood disorder dated 2/1/23</li> <li>d. Hallucinations, unspecified dated 2/1/23</li> <li>e. Delusional disorder dated 2/1/23</li> <li>f. Mild cognitive impairment /uncertain or unknown etiology dated 5/16/23</li> <li>g. Anxiety disorder dated 5/16/23</li> </ul> <p>Resident #17's Notice of PASRR Level 1 Screen Outcome dated 6/16/23 reflected a level I determination of level I negative, no status change. The PASRR only included the diagnosis of unspecified mood disorder. The rationale indicated Resident #17 didn't have a PASRR disability present because of no change occurred and there isn't evidence of a PASRR condition of an intellectual/developmental disability or serious behavioral health condition. If a status change occurs, then an updated Level I must be submitted by the nursing facility to report that change.</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review, policy review and staff interview, the facility failed to revise the resident care plan for 1 of 22 residents reviewed (Resident #27). The facility identified a census of 92 residents. Findings include: Resident #27's MDS assessment dated [DATE] documented a Brief Interview of Mental Status (BIMS) score of 15, indicating intact cognition. The MDS included diagnoses of anxiety, depression, and bipolar (mental health condition characterized by extreme mood swings, cycling between periods of mania and depression). The MDS lacked documentation of Post Traumatic Stress Disorder (PTSD) diagnosis. Resident #27's psych Progress Notes from the initial visit dated 5/14/24 and current visit dated 4/15/25 documented a diagnosis of Post Traumatic Stress Disorder (PTSD). Resident #27's Physician Recommendations related to the antidepressant on 7/8/25 documented Resident #27 had a history of severe depression with a suicide attempt at another facility. Resident #27's Care Plan revised 4/2/25 lacked documentation and interventions for PTSD and the history of suicide. On 7/24/25 at 9:24 AM Staff A, Social Services Coordinator, reported Resident #27's Care Plan should include PTSD and her history of suicidal ideations. The other Social Services Coordinator should review the notes in the chart from the physicians and update the Care Plan to reflect her mental health needs.</p>		