STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165303	A. Building B. Wing	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rehabilitation Centers of Independence West Campus	1610 Third Street NE Independence, IA 50644

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)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, resident and staff interviews, review of the facility computerized call light response times, and facility policy review, the facility failed to answer resident call lights in a timely manner for four of five residents reviewed. (Resident #4, #5, #6, #7).The facility reported a census of 56 residents. Findings include:1.The MDS (Minimum Data Set) dated 3/3/2026 reported Resident #4 had no cognitive impairment and had diagnoses including compression fracture, anxiety and diabetes. The resident transferred from one surface to another with staff assistance and a stand up lift. Observation on 3/31/2026 revealed the resident's call light on from approximately 7:37 a.m. until 8:00 a.m. At 7:55 a.m. the resident sat at the edge of the bed and indicated he needed to use the restroom. At 8:00 a.m. staff entered the room to assist him. A review of the computerized call light audit revealed the resident's call light activated at 7:35 a.m. and remained on for 24 minutes. The resident reported it often took a long time, especially in the morning.2. The MDS dated [DATE] reported Resident #5 had no cognitive impairment and had diagnoses including spinal stenosis and vertebral disc replacement. The resident transferred with substantial/maximum assistance. Observation on 3/30/2026 revealed the resident's call light on from approximately 12:02 p.m. - 12:30 p.m. At 12:18 p.m. the resident sat in her room in the wheelchair. She indicated her call light had been on for at least 20 minutes. At 12:25 p.m. the resident continued to sit in her wheelchair and reported she waited a long time to go to the bathroom. At 12:30 p.m. Staff B, CNA (Certified Nurse's Aide) entered the resident's room to offer assistance. A review of the facility computerized call light audit revealed on 3/30/2026 the resident's call light activated at 11:59 a.m. for 33 minutes and 32 seconds. 3. The MDS dated [DATE] reported Resident #6 had intact cognition and diagnoses including dementia and hoarding disorder. The Care Plan revealed the resident resident required assistance of one staff to transfer from one surface to another. Observation on 3/31/2026 revealed the resident's call light on from approximately 7:18 a.m. - 7:55 a.m. The facility computerized call light audit revealed the resident's call light activated at 7:14 a.m. for 39 minutes and 45 seconds, at 8:25 a.m. for 16 minutes and 36 seconds and at 1:50 p.m. for 22 minutes and 12 seconds. At 7:38 a.m. the resident lay in bed and indicated she put the call light on and waited for staff to hand her the bed controller that she dropped on the floor. She also needed staff assistance to sit up in bed. 4. The MDS dated [DATE] reported Resident #7 had no cognitive impairment and diagnoses including hypertension and weakness. The Care Plan revealed the resident required staff assistance and a mechanical lift to transfer from one surface to another. Observation on 3/31/2026 revealed the resident's call light activated from approximately 7:20 a.m. - 7:55 a.m. The facility computerized call light audit revealed the resident's call light activated at 7:19 a.m. for 31 minutes and 56 seconds. On 3/31/2026 at 1:45 p.m., the resident observed in bed and reported it took staff up to an hour to answer the call light. On 3/31/2026 at 2:35 p.m. Staff A, Administrator reported the expectation for staff to respond to resident's call light in a timely manner and to do the best they could. The facility Call Light Policy revised 9/2023 included the following purpose: To ensure that there is a prompt response to the resident's call for assistance. The facility also ensures that the call system is in proper working order. The policy further revealed, Facility shall answer call lights in a timely manner.

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