STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Montrose Health Center	400 South 7th Street Montrose, IA 52639

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 - Few	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 review of clinical record review, hospital record review, facility policy and staff interviews, the facility failed to ensure sufficient nursing staff available to meet the needs of a residents readmission after a hospitalization, delaying the residents return to the facility by three day for 1 of 3 residents (Resident #3) reviewed for hospitalizations. The facility reported a census of 37 residents. Findings include: The Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #3 scored a 12 out of 15 on the Brief Interview for Mental Status (BIMS) exam, which indicated cognition moderately impaired. The MDS indicated medical diagnoses for chronic obstructive pulmonary disease with acute exacerbation, pneumonia, and respiratory failure.Review of the electronic health record (EHR) Census Report revealed Resident #3 status STOP BILLING effective 1/21/26, and as of 1/26/26 Active. Review of progress notes revealed a Health Status Note entered on 1/21/26 at 8:15 AM which documented this nurse was called to the resident's room. Resident observed lying in bed with labored respirations and use of accessory muscles. Resident stated he was feeling better since receiving a breathing treatment earlier this morning. Respiratory rate noted at 25 breaths per minute; resident diaphoretic. Oxygen saturation measured at 85% on room air. Wheezing noted. Oxygen applied at 3 L/min via nasal cannula. Oxygen saturation improved to 96% after approximately 5 minutes. Head of bed elevated; however, resident continued to exhibit labored breathing with no significant improvement in respiratory effort. Resident requested to be sent to the hospital. Provider notified, and order received to transfer resident to the hospital. Review of hospital records revealeda. A Discharge Summary note, dated 1/23/26 at 11:52 AM documented, in part: admission Date: 1/21/26; discharge date : [DATE].Patient is discharged on stable condition. I discussed medications, side effects and need to seek medical attention for any side effects. I also discussed the care plan and follow up appointments. To return to ER (emergency room) or contact PCP (primary care provider) to seek medical attention if symptoms return or worsen.b. A Progress Note, dated, 1/24/26 at 10:01 AM, that documented, in part: Subjective: Patient planned to be discharge yesterday, due to timing issues, patient not accepted to the facility. Will be staying here over the weekend. discharge on Monday.c. A Progress Note, dated, 1/25/26 at 2:43 PM, which documented, in part: Subjective: No acute overnight events.Patient medically ready to discharge to rehab. c. discharge instructions, dated [DATE], signed by [name redacted, Resident #3].d. A Discharge Note-Nursing, dated 1/26/26 that documented, in part.Pt (patient) is discharging back to [facility name redacted] he came from. Report was called to [name redacted] and all questions were answered. Pt was transported via wheelchair van. e. A CM/SW (Case Manager/Social Worker) note, dated 1/16/26 at 5:05 PMThe Hospital Admit/Discharge/Transfer Note (Transition Planner Comments) dated 1/26/26 at 5:05 PM that documented, in part.Comment: SW confirmed [facility name redacted] can take pt today.Review of the EHR revealed an admission Summary note, dated 1/26/26 at 4:43 PM which documented, in part.Resident [Resident #3] arrived from [name of hospital redacted] ambulance. Resident was admitted back to his room.During an interview on 3/24/26 at 1:44 PM, Resident #3 stated went to the hospital and found out he was having a heart attack and spent 3 days there before he was able to (continued on next page)

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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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	come back to the facility.During an interview on 3/25/26 at 11:54 AM, Staff A, Registered Nurse (RN) queried on how late the facility accepted admissions and Staff A stated they tried not to do admissions on the weekends because the nurse had to put the medications into the computer. Staff A stated the facility didn't want admission after 2 pm so the nurses could get the admissions done. Staff A stated if the nurse put medication changes into the computer between noon and 2 PM, the facility would receive the medications that night from the pharmacy. Staff A stated if a resident admitted on a Friday evening, residents would not get their medications ordered on time.During an interview on 3/26/26 at 10:00 AM, the [NAME], MDS Coordinator queried on the situation with Resident #3 not getting readmitted to the facility for 3 days and the MDS Coordinator stated the facility liked to have residents readmitted to the facility before 2 PM so the facility could get their medications in. The MDS Coordinator stated the hospital informed them, Resident #3 would not be back until 5:30- 6 PM and the MDS Coordinator stated she left the facility at 4 PM. The MDS Coordinator stated the facility needed 2 nurses in the building for admission and the biggest issues was getting Resident #3 medications. The MDS Coordinator asked if the facility could get Resident #3 medications from another pharmacy and the MDS Coordinator did not know, because the facility never ran into that. The MDS Coordinator stated the resident didn't have family that could go and pick up medications at another pharmacy. The MDS Coordinator stated the facility did not do admissions on the weekends either.During an interview on 3/26/26 at 10:33 PM, the Assistant Director of Nursing (ADON) queried on Resident #3 not getting readmitted back to the facility 3 days after discharged from the hospital and the ADON stated she wasn't here that day, and the facility cut off time wasn't followed by the hospital. The ADON stated the pharmacy cannot activate the medications until the medications are in the EMR. The ADON stated the nurses needed time to do the admission assessment and that day they didn't have any extra nurses and readmission was not feasible with one nurse later in the day and not getting his medications. The ADON stated they wanted to send Resident #3 back at 6 PM. The ADON queried if the facility could of received Resident #3 medications from another pharmacy and the ADON didn't know. The ADON stated some family members bring medications in for other residents, but she didn't think his family would of been able to do that. The ADON stated a readmission and taking care of all the other residents in the facility would of been too much for one nurse to handle. The ADON asked if the facility could of transported the resident back to the facility and the ADON stated the facility shared their transport van with another facility and the driver's schedule was usually pretty full.During an interview on 3/26/26 at 11:20 AM, the DON queried on Resident #3 discharge from the hospital and the DON stated the hospital called and said they wanted to discharge Resident #3, but didn't have transport until 5 or 6 that night and the hospital was never on time. The DON stated the admission would of been in the evening and the facility didn't accept admissions in the evenings for the safety of the residents. The DON stated the hospital was very upset that the facility would not take Resident #3 on Friday, but the DON wouldn't accept the resident for safety reasons. The DON asked if the facility could readmit Resident #3 on Saturday and the DON stated the facility didn't do admissions on Saturday because of all the admission paperwork that needed to be completed. The DON stated the pharmacy might of been able to deliver on Saturday morning, but the night nurse would of had to do all the paperwork and it wasn't safe to have one nurse during a readmission and taking care of the rest of the building especially if a fall happened. The DON asked if any other nurses could of came in and helped and the DON stated the facility had on-call nurses and the DON didn't think anything was wrong with not taking him back until Monday. The DON stated if the resident would of returned at 7 PM on Friday, the resident wouldn't of had medications for a time period. The DON asked if the provider notified of resident getting discharged back to the facility and the DON stated no because the facility only had one nurse in the facility that evening and then the medications not getting here comes into play. The DON asked if the hospital could of sent medications with the resident and the DON stated the hospital never offered to send medications back with him. The DON stated the pharmacy usually delivered medications around noon or 1 PM on (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Saturday. The DON asked if the facility could of transported resident back to the facility instead of waiting on the hospital transport and the DON stated the facility shared transport with another facility and the driver was packed between both facilities.During an interview on 3/26/26 at 11:48 PM, the Administrator stated she was on maternity leave when Resident #3 went to the hospital. The Administrator stated if the hospital would of got earlier transport, the facility would have taken him back, but with only one nurse at the facility, a readmission was not doable.Per Administrator email on 3/26/26 at 12:09 PM, the facility did not have transportation or readmission policies and followed CMS (Centers for Medicare and Medicaid Services). The facility also did not have a policy for resident rights and followed the Resident [NAME] of Rights.The Facility Residents' [NAME] of Rights revised 1/2023 revealed:Resident Rights. The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State Plan for all residents regardless of payment source.Review of the undated Resident Handbook, revealed a Care & Clinical Services, which declared, in part. Residents receive individualized, 24-hour nursing care, medication management, and access to rehabilitation services such as physical, occupational, and speech therapy.