

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 04/25/2024
NAME OF PROVIDER OR SUPPLIER Montrose Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48888</p> <p>Based on observation, staff interviews, clinical record review, and facility policy review the facility failed to ensure residents remained free from resident to resident altercations including one resident running their wheelchair over another resident's foot, and multiple instances of one resident hitting another resident and/or mutual hitting between residents for three of six residents reviewed for abuse (Resident #1, Resident #5, Resident #18, Resident #141). The facility reported a census of 36 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS), dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 5 out of 15, indicating severe cognitive impairment. Diagnoses included: non-Alzheimer's dementia, depression, and cancer. The MDS revealed that both physical and verbal behaviors occurred on 1 to 3 days of the 7 day reference period. Resident #18 required anti-anxiety, anti-depressant, and antibiotic medications.</p> <p>The Care Plan, initiated 11/08/23, revealed a focus area for Resident #18's potential to be physically aggressive, related to dementia diagnosis, with the goal that resident will not harm self or others through the review date. Interventions included: administer medication as ordered; monitor/document side effects and effectiveness of medications; assess and anticipate resident's needs, such as: food, thirst, toileting, comfort, body positioning, and pain; provide physical and verbal cues to alleviate anxiety; assist with verbalization of source of agitation; assist to set goals for more pleasant behavior; encourage resident to seek out staff when agitated; give resident choices.</p> <p>Review of Nursing Progress Notes, revealed the following entries:</p> <p>12/18/23 at 9:53 AM: Male resident put arm around Resident #18's shoulder and smacked her left buttocks. Nurse redirected male resident and Resident #18 thanked the nurse and stated she didn't know what to do at that point.</p> <p>02/07/24 at 1:05 PM: Resident #18 had a verbal altercation with another resident, pointed finger at other resident, tried to take another's sandwich, staff moved other resident to another area in dining room as Resident #18 had refused to move or leave. Request from provider for UA.</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
---	-------	-----------

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 04/25/2024
NAME OF PROVIDER OR SUPPLIER Montrose Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>03/31/24 at 4:44 PM: Observed by staff making physical contact with another resident. The two residents were immediately separated. The note lacked any other intervention attempted by staff.</p> <p>04/22/24 at 4:30 PM: Staff overheard resident raising voice. Resident #18 slapped another resident's leg. The other resident sitting in a recliner in the living room. Staff intervened and separated the two residents.</p> <p>Review of facility Incident Reports revealed the following interventions initiated in response to physical altercation:</p> <p>12/17/23: Male resident moved rooms to another hallway.</p> <p>03/31/24: Resident #18 purposely ran over Resident #141 foot in wheelchair, stated because Resident #141 would not move. Resident #18 and #141 then proceeded to hit each other. Intervention put in place for Resident #141 to be assisted to recliner between meals and Resident #141's husband to notify facility when leaving to prevent further issues.</p> <p>04/22/24: Resident #18 hit Resident #141 on left leg, Resident #141 then kicked Resident #18. Facility planned to have a Care Conference with Resident #18's family to discuss other placement for resident's own and other's safety.</p> <p>On 04/17/24 at 01:45 PM, Staff E, Licensed Practical Nurse (LPN), reported Resident #18 gets antsy at times and that behaviors had been discussed with Provider the previous day (04/16/24). Staff E revealed interventions for Resident #18 behaviors included check her for Urinary Tract Infection (UTI), keep her out of common area or away from other residents when agitated.</p> <p>2. The MDS, dated [DATE], revealed Resident #141 had moderately impaired cognition with short term and long term memory problems, signs of delirium, and inattention. Diagnoses included: anxiety disorder, dementia, and major depressive disorder (MDD). Resident #141 had both verbal and physical behaviors during 1-3 days of the 7 day reference period, as well as other behaviors not directed at others and rejection of cares. Resident #141 required anti-psychotic, antianxiety, and antidepressant medications.</p> <p>The Care Plan, revised 04/08/24, included a focus area for impaired cognition and directed staff to provide the resident with necessary cues, stop and return if agitated, and to monitor/document/report any changes in cognitive function.</p> <p>The Care Plan revealed Resident #141 had behavioral symptoms both directed and not directed towards others with goals that Resident #141 will not exhibit socially inappropriate or disruptive behavior and Resident #141 will not threaten, scream at or curse at other residents, visitors or staff.</p> <p>Interventions included:</p> <p>a.) Allow resident to have control over situations if possible.</p> <p>b.) Assess whether the behavior endangers the resident and/or others and intervene if necessary.</p> <p>c.) Avoid over-stimulation; maintain a calm environment and approach to resident.</p> <p>(continued on next page)</p>		

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 04/25/2024
NAME OF PROVIDER OR SUPPLIER Montrose Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>d.) Remove resident from group activities when behavior is unacceptable.</p> <p>e.) When resident becomes socially inappropriate or disruptive, move to a quiet, calm environment and provide for comfort measures.</p> <p>f.) If resident has delusions or hallucinations, do not try to reason with or confront resident, offer reassurance.</p> <p>g.) Refocus conversation when resident becomes verbally abusive.</p> <p>h.) Provide adequate distance or remove resident when she is overstimulated by other residents when engaging in activities in the Main Living Room.</p> <p>i.) Provide consistent staff and routines as much as possible.</p> <p>j.) When resident becomes physically abusive, keep distance between the resident and others (staff, other residents, visitors)</p> <p>k.) When resident becomes physically abusive, stop and try task later, do no force resident to do task.</p> <p>Review of facility Incident Reports revealed the following interventions initiated in response to physical altercation:</p> <p>1.) 10/17/23: Resident #141 bumped wheelchair into back of another resident's wheelchair while trying to pass. Both residents became verbally upset and Resident #141 hit Resident #1 on the right shoulder 3 times. Staff responded and immediately separated residents. Interventions initiated for Certified Nursing Assistant (CNA) responsible for assisting Resident #141 to eat will assist Resident #141 to her room or recliner to lay down.</p> <p>2.) 01/31/24: Resident #141 observed by staff member self propel wheelchair to Resident #5 who sat in wheelchair and called out. Resident #141 told her to shut up, and hit Resident #5's right leg twice. The two residents were immediately separated. Intervention again initiated for CNA responsible for assisting Resident #141 to eat will assist Resident #141 to her room or recliner to lay down.</p> <p>3.) 03/31/24: Resident #141 in wheelchair in main living room area following a visit with significant other. Resident #18 rolled over Resident #141's foot with wheelchair, Resident #141 became upset and hit Resident #18. The two residents were immediately separated. Intervention initiated for Resident #18's significant other to notify staff when done with visit so that Resident #141 may be assisted to a stationary chair.</p> <p>4.) 04/22/24: Resident #141 sat in recliner in main living room, Resident #18 showed agitation and self propelled in wheelchair to Resident #141. Resident #18 hit Resident #141 on the left leg one time, Resident #14 became upset and kicked at Resident #18 without making contact. The two residents were immediately separated. Intervention initiated for facility to have Care Plan Conference with Resident #18's family to discuss other placement options for her and other resident's safety.</p> <p>(continued on next page)</p>		

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 04/25/2024
NAME OF PROVIDER OR SUPPLIER Montrose Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 04/17/24 at 01:45 PM, Staff E, Licensed Practical Nurse (LPN), informed that Resident #141 has sporadic behaviors and informed that staff assigned to resident are to assist her to bed or recliner between meals</p> <p>On 04/24/24 at 04:55 PM, Director of Nursing (DON) revealed the expectation that staff assigned to Resident #141 are to assist her to recliner or bed between meals to increase supervision and decrease altercations. Informed that Resident #141 is able to notify staff of needs when sat in living room recliner. DON stated facility is trying to create less stimulus in the environment to decrease behaviors.</p> <p>45338</p> <p>3. Review of the Quarterly MDS assessment for Resident #1 dated 2/27/24 revealed the resident scored 2 out of 15 on a BIMS exam, which indicated severely impaired cognition.</p> <p>Review of the Health Status Note dated 10/17/23 at 2:05 PM documented, Residents were coming out of the dining room at lunch. Resident [Resident #141] ran her wheelchair into the back of [Resident #1's] wheelchair. Both residents became visibly and verbally upset. Resident [Resident #141] struck the resident on the shoulder with her hand three times. Full body assessment completed, no injuries or abrasions reported. Residents immediately separated. After lunch, CNA responsible for assisting resident to eat will assist resident to her room or recliner to lay down.</p> <p>Review of the Incident Report dated 10/17/23 at 1:13 PM for Resident #1, pertaining to the event above, documented the following per the Resident Description: I didn't do anything to her .she hit me, that's bad manners.</p> <p>Observation on 4/23/24 at 2:43 PM revealed Resident #1 seated in a wheelchair in the television area by the dining room.</p> <p>4. Review of the MDS assessment for Resident #5 dated 12/26/23 revealed the resident scored 2 out of 15 on a BIMS assessment, which indicated severely impaired cognition.</p> <p>Review of Progress Notes for 1/30/24 and 1/31/24 lacked documentation of a resident to resident incident in Resident #5's electronic health record.</p> <p>The Facility Policy titled Nursing Facility Abuse Prevention, Identification, Investigation and Reporting, dated 10/22, documented, All residents have the right to be free from abuse, neglect, misappropriation of resident property, exploitation, corporal punishment, involuntary seclusion, and any physical or chemical restraint not required to treat the resident's medical symptoms.</p>		

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 04/25/2024
NAME OF PROVIDER OR SUPPLIER Montrose Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<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** 45338</p> <p>Based on clinical record review and staff interview, the facility failed to ensure accurate coding of pressure ulcers on the Minimum Data Set (MDS) assessment for one of six residents reviewed for MDS accuracy (Resident #4). The facility reported a census of 36 residents.</p> <p>Findings include:</p> <p>Review of the MDS assessment dated [DATE] revealed the resident scored 5 out of 15 on a Brief Interview for Mental Status (BIMS) exam, which indicated severely impaired cognition. Per this assessment, Resident # 4 was at risk to develop pressure ulcers/injuries, and did not have one or more unhealed pressure ulcers/injuries. The assessment also revealed the resident did not have venous or arterial ulcers present.</p> <p>Review of Census information for Resident #4 revealed the resident readmitted to the facility on [DATE].</p> <p>The Nursing Admission Screening/History V2 form for Resident #4 dated 1/15/24 revealed the following per the Skin section:</p> <ol style="list-style-type: none"> The assessment documented a pressure area to the left toes, documented as stage II (two). The assessment documented a pressure area to the left lateral foot, documented as stage II. The assessment documented a pressure area to the left heel, documented as stage II. <p>Review of the Skin/Wound Evaluation dated 2/2/24 for Resident #4's blister to the left heel documented the area as present on admission, documented as present since 11/18/23.</p> <p>Review of the Skin/Wound Evaluation dated 2/2/24 for Resident #4's pressure area to the left lateral foot documented the area staged as a deep tissue injury, documented as present on admission. The assessment revealed it was unknown how long the wound had been present, however an exact date of 11/18/23 was documented on the form.</p> <p>The Health Status Note dated 2/6/24 at 2:01 AM documented, in part, resident only compliant with wearing heel protector/boot on Lt (left) foot tonight. Resident didn't want to wear either one, but with encouragement, he was compliant with wearing the Lt one for added protection/tx (treatment) of wound on Lt heel.</p> <p>On 4/24/24 at 3:03 PM, the MDS Coordinator explained they pulled the resident's MDS dated [DATE] and explained it was an oversight they did not list the wound. The MDS Coordinator acknowledged she followed the Resident Instrument Assessment (RAI) Manual.</p>		

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 04/25/2024
NAME OF PROVIDER OR SUPPLIER Montrose Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48888</p> <p>Based on clinical record review, resident interview, staff interviews, and facility policy review, the facility failed to appropriately provide assessment and interventions for the necessary care and services during a change in condition for 2 of 3 residents (Resident #3 and #6) reviewed for condition change. The facility failed to promptly identify change in respiratory condition and intervene in a timely manner for a resident with known history of chronic obstructive pulmonary disease (COPD) and respiratory failure. (Resident #6) found unresponsive with no palpable carotid or radial pulse and required emergency transport to the hospital. Resident #6 diagnosed with respiratory distress, respiratory syncytial virus (RSV) and respiratory failure with hypercapnia at hospital. Additionally, the facility failed to appropriately provide assessment and interventions for the necessary care and services following an unwitnessed fall (Resident #3). Clinical record review and interviews revealed Resident #3 had fallen on [DATE] without nursing assessment or documentation completed. On [DATE], an x-ray of left hip obtained due to Resident #3 complaints of pain, results revealed nondisplaced left sub-capital hip fracture. Resident #3 admitted to the hospital between [DATE] and [DATE] for surgical repair of left hip fracture. The facility reported a census of 36 residents.</p> <p>The State Agency informed the facility of the Immediate Jeopardy (IJ) that began as of [DATE] at 03:00 AM on [DATE] at 10:24 AM. The facility staff removed the Immediate Jeopardy on [DATE] at 03:49 PM by implementing the following actions:</p> <ol style="list-style-type: none"> 1. Education provided to all staff nurses within 24 hours or before next working shift, whichever is first on the following topics: <ul style="list-style-type: none"> -Documentation in real time. -When to notify the provider via phone call. -Acceptable notifications to be left in the provider binder. -Physician notification as soon as acute change is noted. 2. A review of respiratory assessment parameters and when to notify the provider completed with staff nurses, which included the development of respiratory assessment guidelines to notify the provider of any of the following that aren't resolved with interventions already in place: <ul style="list-style-type: none"> -Respiratory rate greater than 22 respirations/minute with complaints of shortness of breath. -Oxygen saturation less than 90%, unless otherwise specified in orders. -Acute lung sound changes, including: wheezing, rhonchi, rales, and crackles. 3. Audits of the provider binder to be completed by Director of Nursing each working day for 90 days. <p>Findings include:</p> <p>(continued on next page)</p>		

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 04/25/2024
NAME OF PROVIDER OR SUPPLIER Montrose Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>1. The Admission Minimum Data Set (MDS), dated [DATE], for Resident #6 revealed a Brief Interview for Mental Status (BIMS) score of 13 out of 15 indicating intact cognition. Diagnoses included: chronic obstructive pulmonary disease (COPD), asthma, anxiety disorder, and morbid obesity. This initial MDS revealed no shortness of breath or respiratory treatment noted upon admission.</p> <p>The Quarterly MDS that followed hospitalization , dated [DATE], revealed a BIMS score of 15 out of 15, indicating intact cognition. Diagnoses included: COPD, acute respiratory distress, asthma, anxiety disorder, and morbid obesity. Quarterly MDS revealed Resident #6 required oxygen therapy and had shortness of breath with exertion, when sitting at rest, and when lying flat.</p> <p>The Care Plan, initiated [DATE], revealed Resident #6 required oxygen therapy, and informed staff to monitor and report to the Medical Doctor (MD) for signs and symptoms of respiratory distress which included the following changes: respirations, pulse oximetry, increased heart rate, restlessness, diaphoresis, headaches, lethargy, confusion, atelectasis, hemoptysis, cough, pleuritic pain, accessory muscle usage, and skin color ([DATE]). The Care Plan revealed that Resident #6 utilized supplemental oxygen via nasal cannula and frequently refused to wear bipap ([DATE]).</p> <p>The Medication Administration Record (MAR), dated [DATE], revealed the following orders in place for Resident #6:</p> <p>-Supplemental oxygen kept between 2 to 4 liters to maintain an oxygen saturation above 88% for COPD, started on [DATE].</p> <p>-Antibiotic orders for Cefdinir 300mg twice per day for 5 days, started on [DATE] and Azithromycin 500 milligrams (mg) daily for 3 days, started on [DATE], both indicated for a lower respiratory infection.</p> <p>-Ventolin (albuterol sulfate) inhalation aerosol solution 108 micrograms (mcg) per actuation (act), 2 puffs inhaled orally every 4 hours as needed for shortness of breath related to COPD, initiated upon admission [DATE], had been utilized 9 times between the dates of [DATE]-[DATE], and utilized only once between the dates of [DATE]-[DATE].</p> <p>-Guaifenesin liquid 100mg/5 milliliters (mL) to be given every 4 hours as needed for cough, started on [DATE], and utilized 6 times between [DATE]-[DATE].</p> <p>A review of Nursing Progress Notes for Resident #6, between the dates of [DATE] to [DATE], revealed the following:</p> <p>a.) [DATE] at 04:51 AM: Resident #6 had increased shortness of breath, cough, and dyspnea noted. Oxygen saturation 90% on 2 liters of oxygen via nasal cannula (NC). Resident utilized inhaler and noted to have increased anxiety when nurse attempted to take inhaler out of resident's room. Lung sounds diminished and resident complained of difficulty breathing. Noted increased twitching of extremities. Resident #6 refused to wear bipap. Nursing indicated they would make a request for inhaler to be kept at bedside.</p> <p>b.) [DATE] at 06:38 PM: Resident #6 requested to wear bipap mask, respirations were heavy at 20 respirations per minute, audible rales noted throughout lungs. Nursing provided reassurance and one on one with Resident #6 due to increased anxiety.</p> <p>(continued on next page)</p>		

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 04/25/2024
NAME OF PROVIDER OR SUPPLIER Montrose Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>c.) [DATE] at 09:59 PM: Resident #6 complained of shortness of breath, nursing increased oxygen to 4 liters/NC due to oxygen saturation of 82% on 2 liter of oxygen. Lung sounds had rales noted throughout, Resident #6 continued to have frequent cough and complained of increased anxiety due to wearing bipap mask. Nurse informed resident that they would call the doctor, Resident #6 stated, Good, if I go to the Hospital, maybe I will get my Xanax (anti-anxiety medication). Nursing notified the on-call Provider and received orders for Lorazepam 0.5mg every 6 hours as needed and albuterol nebulizer every 4 hours as needed for shortness of breath, only if resident will give up her inhaler, which had been kept at bedside.</p> <p>d.) [DATE] at 11:32 AM: Resident #6 requested to go to the Hospital, when nursing questioned why, resident stated, I just don't feel good. Resident noted to have mouth breathing at intervals, nurse encouraged resident to breath in through nose and out through mouth. On-call Provider notified and instructed nursing to utilize the as needed anti-anxiety medication and continue to monitor.</p> <p>e.) [DATE] at 02:53 AM: it is noted that Resident #6 had complained of shortness of breath throughout the evening hours, vital signs included 22 respirations per minute and a temperature of 100.2 degrees Fahrenheit. Nursing reported that administration of as needed medications did not provide relief as Resident #6 continued to express increased restlessness. Nursing also noted that Resident #6 intermittently sat upright in recliner, resident's skin had been warm, dry, and dusky per norm for resident. Lung sounds had scattered congestion and an occasional moist cough continued. According to documentation, nursing provided an FYI for MD in the communication binder for evaluation upon rounds to the facility.</p> <p>f.) [DATE] at 03:03 AM: an addendum had been added to correct the documentation in previous note to inform that respirations had been 26 per minute, not 22 per minute as recorded and indicated that respirations were also slightly labored but subsided through the night.</p> <p>g.) [DATE] at 05:50 AM: Resident #6 stated, I just feel wiped out. It's the Ativan, it makes me feel drugged. Nursing noted that resident had occasional twitching of arms, an overall generalized increased weak appearance, and continued to voice that she didn't feel good. According to documentation, nursing provided an FYI for the MD and next shift nursing staff for continued monitoring.</p> <p>h.) [DATE] at 02:30 PM: Provider saw Resident #6 on facility rounds and ordered to obtain chest x-ray related to COPD.</p> <p>i.) [DATE] at 03:37 AM: Resident required increased assistance due to weakness and dyspnea with activity and expressed malaise. Nursing noted an overall general weak appearance and random involuntary twitching of extremities. Lung sounds continued to have scattered congestion and respirations slightly labored at times between ,d+[DATE] respirations per minute, temperature of 99.2 degrees Fahrenheit, pulse of 102 beats per minute, and oxygen saturation between ,d+[DATE]% on 3.5 liters of oxygen/NC. According to documentation, the Provider had been aware of resident decline as resident was to have chest x-ray in waking hours, and further orders pending. Nursing noted resident monitoring and encouragement continued.</p> <p>(continued on next page)</p>		

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 04/25/2024
NAME OF PROVIDER OR SUPPLIER Montrose Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>j.) [DATE] at 05:44 AM: Resident #6 complained of shortness of breath, nebulizer treatment administered and oxygen saturation following treatment had been 82% on 3.5 liters of oxygen/NC. Nursing increased flow of supplemental oxygen to 4 liters per NC and oxygen saturation increased to 89%. Resident #6's respirations slightly labored but calmed after one on one and encouragement, no Provider notification documented.</p> <p>k.) [DATE] at 02:55 AM: Resident #6 noted to be anxious with increased shortness of breath sporadically throughout the evening hours and Resident #6 intermittently yelling out, Help me, I can't breathe. Nursing reported respirations moderately labored during these events and oxygen saturation had been between , d+[DATE]% on 3.5 liters of oxygen/NC. Nursing indicated Resident #6 utilized bipap for approximately 15 minutes, education provided with encouragement for resident to utilize bipap, resident stated, I can't do it. I can't breathe with this mask. Noted Resident #6 continued to have frequent involuntary twitches of extremities and slept in a straight upright position in recliner. Supplemental oxygen had been increased to 4 liters of oxygen/NC with oxygen saturations between ,d+[DATE]%, pulse ranged from ,d+[DATE] beats per minute, and respirations between 24 to 32 per minute. According to documentation, an FYI continued to be provided on nursing communication sheet and MD binder for continued monitoring/treatment as needed. Provider had not been called at this time.</p> <p>l.) [DATE] at 12:31 PM: Nurse had been called to Resident #6's room by Certified Nursing Assistant (CNA) when resident stated she felt like she wasn't getting air. Noted resident slightly rocking back and forth and had pursed lip breathing. Resident #6 had stated, There must be something wrong with my oxygen concentrator, I'm not getting any air. Nursing provided education for resident to attempt to hold mouth closed and inhale through nose and exhale through mouth. Oxygen saturation 91% on 3 liters of oxygen/NC. Nurse reported resident had dusky appearance per norm, lung sounds had rhonchi heard in bilateral lower lobes and diminished sounds throughout upper lobes. Resident #6 also noted to have twitching and stated, I feel cruddy. Nurse documented they would notify the Provider.</p> <p>m.) [DATE] at 12:51 PM: received order from Provider to obtain labs and urinalysis.</p> <p>n.) [DATE] at 10:25 AM: CNA called nurse to Resident #6's room due to resident not responding. Nurse reported Resident #6 sat in recliner with head tilted down and Bipap on, resident's lips colored blue and had forced air coming out of lips which caused lips to flutter. Resident #6 not responsive to verbal stimuli or sternal rub performed. Nurse reported increasing the oxygen flow to 5 liters via NC and requested Director of Nursing (DON) to be present, noted resident's status was for full code, and unable to palpate carotid or radial pulses. DON entered room and called 911, additional staff entered to assist with placing resident on the floor to start Cardiopulmonary Resuscitation, Resident #6 then opened eyes and gasped for air, eventually became more alert and breathing became more stable. Resident #6 assisted to bed with mechanical lift, staff performed cares due to bowel incontinence that occurred during non-responsive episode and prepared resident for transport in ambulance to the Hospital.</p> <p>o.) [DATE] at 11:00 AM: Nurse and DON gave report and assisted Emergency Medical Technicians (EMTs) with transfer of Resident #6 to stretcher for ambulance transfer to the Hospital.</p> <p>(continued on next page)</p>		

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 04/25/2024
NAME OF PROVIDER OR SUPPLIER Montrose Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The hospital History and Physical Note, dated [DATE], revealed that per EMS, facility stated patient lost consciousness twice but never lost a pulse. Patient is full code and presented with worsening shortness of breath for ,d+[DATE] days prior, and had equivocal fever. H&P informed that Resident #6 presented to outside of emergency room (ER) hypoxic and hypercapnic, worse than baseline. Resident #6 tested positive for RSV. Upon physical exam, Resident #6 had been in moderate respiratory distress with decreased breath sounds and minimal wheezing. Resident #6 assessment included admission and treatment plan for respiratory distress, RSV infection, and urinary tract infection.</p> <p>On [DATE] at 12:15 PM, Resident #6 reported that leading up to the recent hospitalization she had experienced coughing and trouble breathing. Resident #6 reported that she had been found passed out, but unable to recall details from the day she had transferred out to the hospital.</p> <p>On [DATE] at 01:20 PM, Staff D, Registered Nurse (RN), recalled that Resident #6 had respiratory infection prior to an unresponsive episode and that her baseline had been on supplemental oxygen without respiratory distress at rest.</p> <p>On [DATE] at 01:45 PM, Staff E, Licensed Practical Nurse (LPN), stated Resident #6's baseline had been mild respiratory distress with activity and sometimes at rest dependent upon how much the resident would get worked up or anxious. She stated Resident #6's baseline oxygen saturation usually in the 90's or upper 80's and improved with position change and or treatments. Staff E indicated that prior to hospitalization , Resident #6 started to have a new moist cough, followed by no energy, sleeping more, then continued to decline with increased cough and dyspnea for a few days before being transferred out. Staff E stated the twitching extremities had also been new. Staff E noted that Resident #6 had started antibiotics prior to transfer and that symptoms of respiratory infection never totally resolved. Staff E stated Resident #6's cough and shortness of breath had been hard to assess because the resident always had some respiratory distress. Staff E did not recall any requests from Resident #6 to go to the hospital prior to the unresponsive episode, and stated the resident did not ask her. Staff E stated she would notify the provider if Resident #6 had a change to see if something else would be ordered or notify the provider if Resident #6 wasn't getting better.</p> <p>On [DATE] at 04:00 PM, Staff B, LPN, stated a provider should be notified of any change in resident condition or vital signs. Staff B stated that with a decrease in oxygen saturations for a resident who required supplemental oxygen to call the provider, if after hours, nursing had a number for an on-call provider. Staff B revealed that most of the oxygen orders informed staff to keep oxygen saturations above 88% and stated that if oxygen saturation is under 88% to call the provider and stated it would not be okay to put this information in communication binder only. Staff B stated facility utilized communication binder for providers who visit the facility, that is to include non-emergent items which may include orders that the facility had already received. Staff B confirmed working during Resident #6 unresponsive episode on [DATE] and recalled that Resident #6 woke up saying she wanted CPR and to go to the Hospital. Staff B assisted CNA to prepare resident for hospital transfer.</p> <p>(continued on next page)</p>		

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 04/25/2024
NAME OF PROVIDER OR SUPPLIER Montrose Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 09:28 AM, Staff F, RN, confirmed responding to Resident #6's unresponsive episode on [DATE], recalled performing sternal rubs and attempting to locate pulses. Staff F called for the DON to enter resident's room, took the bipap mask off, put oxygen nasal cannula on and increased the flow of oxygen. Staff F stated staff had prepared to assist Resident #6 to the floor, to perform CPR, when resident had gasped and started to respond. Staff F stated that upon waking, Resident #6 had requested CPR and wanted to go to the hospital. Staff F stated that for oxygen saturations in the 80's it would depend on the situation and how fast saturation returned to normal for this information to be put as an FYI in communication binder for Provider. Staff F revealed that a Nurse Practitioner visited the facility twice per week and the Physician visited the facility twice per month.</p> <p>On [DATE] at 01:33 PM, the Nurse Practitioner (NP) for the facility, revealed the expectation that non-emergent notifications would be placed in the communication binder, gave examples such as: itchy skin, didn't sleep the greatest one night, fever resolved with Tylenol, sometimes family concerns, a fall without injury, labs if normal results unless I ask them to contact me, and pharmacy recommendations. The NP revealed the expectation that facility calls with acute respiratory changes and depending on the patient with history of COPD and chronic respiratory disease to give treatment to see if that helps, if not, or symptoms continue for ,d+[DATE] hours, NP would like to be notified.</p> <p>On [DATE] at 10:02 AM, the Facility Administrator stated the facility lacked policy for resident change of condition.</p> <p>The facility document titled, Things to be Placed in Communication Log, not dated, instructed staff to place the following non-emergent patient issues in binder: seasonal allergy symptoms, skin tears, falls without injury, insomnia, family member meeting requests, if as needed medications have been initiated, non-emergent labs, tests, or x-rays, refusal of medications or medications given for other reason, medication errors without adverse effects.</p> <p>The facility document titled, Call Immediately For, not dated, instructed staff to immediately call Provider for the following issues: any unstable patient, falls with injury, unstable vital signs, any new findings on imaging studies, chest pain, fever, hypoxia, heart rate greater than 110 beats per minute, shortness of breath, etc.</p> <p>2. The MDS, dated [DATE], revealed a BIMS score of 13 out of 15 indicating intact cognition. Resident #3 had no impairment of upper or lower extremities and utilized walker. Resident #3 independent with bed mobility, transfers, toileting, and ambulation at time of this assessment. Diagnoses included: non-Alzheimer's dementia, anxiety disorder, fibromyalgia, hypothyroidism, and history of falling. Resident #3 received scheduled pain medication for almost constant pain.</p> <p>The MDS, dated [DATE], revealed Resident #3 utilized both a walker and wheelchair during the assessment period and required partial to moderate staff assistance with bed mobility, transfers, and toileting. The MDS documented Resident #3 non-ambulatory during reference dates. Diagnoses of fracture of unspecified part of neck of left femur subsequent for closed fracture with routine healing included. Resident required scheduled and as needed pain medications, and non-medication interventions for almost constant pain.</p> <p>(continued on next page)</p>		

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 04/25/2024
NAME OF PROVIDER OR SUPPLIER Montrose Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The Care Plan, revised on [DATE], revealed a risk for falling related to low back pain, fibromyalgia, and history of falls. Interventions informed staff to keep personal items and frequently used items within reach ([DATE]), refer to fall intervention plan (FIP) at Nurse's Station ([DATE]) and refer to resident's care card in room ([DATE]).</p> <p>An Incident Report, dated [DATE], completed by the Director of Nursing (DON), documented that there was no documentation of the incident. Resident #3 interview revealed that she had fallen when attempted to get into bed and hit head on a pile of soft clothes and notified that her head had still been sore where she landed. Resident recalled yelling for help and her roommate pulled the call light. Resident #3 reported that a few CNA staff came into room and checked her out, then the nurse came to room and checked her out. The Incident Report revealed that the immediate action taken had been to obtain an order for a x-ray immediately after DON was notified of fall (3 days following fall) and resulted in post incident injury of left trochanter (hip) fracture.</p> <p>Review of Nursing Progress Notes that followed fall on [DATE], revealed the following entry information:</p> <p>a.) [DATE] at 08:38 AM: Resident received new order for anti-anxiety medication Alprazolam (Xanax) scheduled three times per day.</p> <p>b.) [DATE] at 04:39 PM: Provider ordered x-ray of left hip for resident complaints of increased pain.</p> <p>c.) [DATE] at 01:59 AM: Resident more lethargic in mood, appeared to have increased generalized weakness, and fatigued appearance. Resident stated, I'm just tired. I'm just not me anymore.</p> <p>d.) [DATE] at 02:29 PM: Resident self-reported a fall on [DATE] and complained of left hip pain.</p> <p>e.) [DATE] at 02:30 PM: Obtained x-ray as ordered for left hip ,d+[DATE] views unilateral with pelvis.</p> <p>f.) [DATE] at 04:00 PM: Results received from mobile x-ray for non-displaced left sub-capital hip fracture. Nursing notified Provider of results.</p> <p>g.) [DATE] at 04:40 PM: Resident transferred to Hospital.</p> <p>h.) [DATE] at 05:03 PM: Director of Nursing completed investigation, found that Resident #3 had attempted to get into bed, call light had been pulled by Resident #3's roommate and Certified Nursing Assistant (CNA) answered light. Resident #3 found on the ground near her bed. CNA notified Nurse of fall. Nurse in another resident's room performing cares instructed CNA to obtain Resident #3's vital signs. CNA assisted Resident #3 off the floor and into bed. Nurse arrived to assess the resident between ,d+[DATE] minutes following incident.</p> <p>i.) [DATE] at 08:10 PM: Facility notified that Resident #3 had been admitted to Hospital and scheduled to have left hip surgery.</p> <p>(continued on next page)</p>		

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 04/25/2024
NAME OF PROVIDER OR SUPPLIER Montrose Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The hospital History and Physical (H&P), dated [DATE], revealed that Resident #3 presented with complaints of left hip pain since falling on Saturday ([DATE]). New left hip fracture noted on outpatient x-ray. Resident stated she fell backwards when using her walker, hit her head, has been ambulatory since fall, and progressive left sided pain without radiation. The H&P also revealed that Orthopedic Surgeon had been consulted by Emergency Department and plan for surgical intervention on Thursday ([DATE]).</p> <p>On [DATE] at 01:45 PM, Staff E, Licensed Practical Nurse (LPN) stated that prior to falling Resident #3 had been independent using walker throughout the facility and following the fall required assist of one staff to stand pivot transfer and ambulate short distances with wheelchair to follow. Staff E revealed the facility fall process is for nursing to assess the resident before they are moved, check vital signs, look at their skin, check range of motion, and assess for head injury. Staff E stated if acute pain is assessed with a fall, call the provider and ask about evaluation at ER, call family, notify the DON and Administrator if resident needs sent to the hospital. Staff E also stated that staff involved with a fall complete a fall packet which includes a diagram, an immediate intervention to prevent it from happening again, then discussed in all staff huddle the following day. Staff E revealed that a fall assessment and 3 day follow up assessments are completed in the Electronic Health Record.</p> <p>On [DATE] at 04:00 PM, Staff B, LPN, stated that when residents fall, nursing staff is expected to assess the resident as soon as notified. The nurse is to check vital signs, check skin, range of motion, assist resident to a safe position and fill out fall paperwork which involves intervention appropriate to fall, staff education, resident education, and notify the Director of Nursing, Administrator, provider, and family. Staff B informed that if a resident's BIMS is lower than 13 neuro checks are automatically initiated for an unwitnessed fall.</p> <p>On [DATE] at 01:33 PM, the Nurse Practitioner (NP) for the facility revealed the expectation that resident fall assessment is completed immediately and indicated that there are times residents should not be moved because this may cause more harm. The NP expected that for cognitive deficits or functional decline the provider be notified immediately of the fall or if they hit their head, have injury, or pain to be notified within the hour. The NP stated that a hip fracture could be exacerbated with movement, and gave the example that a hairline fracture could be made worse. The NP expected that nurses assess resident following a fall to document change and establish a baseline. The NP stated CNA staff could check and report vital signs.</p> <p>On [DATE] at 02:31 PM, Staff G, Certified Nursing Assistant (CNA), confirmed working [DATE], on the date that Resident #3 had reportedly been observed on the floor. She stated that she told another CNA to notify the nurse that Resident #3 had fallen, while Staff G waited with the resident in her room. Staff G recalled that Resident #3 had been in a kneeling position on one knee and informed that after waiting 15 minutes with Resident #3 for the nurse, had assisted resident to stand up from the floor and then lay on the bed, due to resident trying to get self up and complaints of pain in her back. Staff G reported that another CNA returned to Resident #3's room with vital signs equipment and recalled that vitals looked okay and everything seemed okay when resident laid in bed, with no more pain than usual. Staff G stated a nurse entered the room and also assessed the resident.</p> <p>(continued on next page)</p>		

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 04/25/2024
NAME OF PROVIDER OR SUPPLIER Montrose Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 04:36 PM, the Director of Nursing (DON), stated she had not been notified that Resident #3 fell on [DATE] until Monday [DATE] when a CNA informed her that Resident #3 had fallen over the weekend. DON revealed having concern that there was a lack of documentation related to fall and completed investigation with staff who worked, as well as Resident #3, and resident's roommate. DON revealed that the nurse had been terminated due to lack of fall documentation and revealed the expectation that the nurse would do a proper fall assessment and notify the DON.</p> <p>The facility document, titled Fall Checklist, not dated, instructed nursing staff to complete the following tasks when a resident falls:</p> <ol style="list-style-type: none"> 1. Obtain vital signs and safely position resident 2. Complete fall huddle sheet with staff 3. Call Medical Doctor (MD), Physician's Assistant (PA), or Nurse Practitioner (NP) for EVERY fall 4. Call Power of Attorney (POA) 5. Text to Administrator, DON, and on-call nurse, if injury that requires higher level of care, the Administrator and DON must be called. 6. Complete fall investigation form 7. Initiate neurological assessment (if applicable) 8. Initiate skin sheets (if applicable) 9. Complete risk management in Electronic Health Record (EHR) 10. Add intervention to CNA intervention list 11. Complete Morse Fall Scale assessment in HER 		

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 04/25/2024
NAME OF PROVIDER OR SUPPLIER Montrose Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45338</p> <p>Based on clinical record review, observations, and staff interviews the facility failed to prevent pressure ulcer development, failed to ensure accurate assessment of a pressure ulcer, and failed to implement timely interventions to prevent the development and worsening of a pressure ulcer for one of one resident reviewed for pressure ulcers (Resident #4). The facility reported a census of 36 residents.</p> <p>Findings include:</p> <p>Review of the Minimum Data Set (MDS) assessment for Resident #4 dated 11/16/23 revealed the resident had a Brief Interview for Mental Status (BIMS) score of 13 out of 15, which indicated intact cognition. Per this assessment, the resident was at risk for pressure ulcer development, did not have one or more unhealed pressure ulcers, and did not have any venous or arterial ulcers.</p> <p>Review of census information for Resident #4 revealed the resident initially admitted to the facility on [DATE] and was hospitalized on [DATE].</p> <p>Review of Resident #4's Care Plan and Care Plan revision history for skin revealed the following:</p> <p>a. The Baseline Care Plan for the resident's admission 11/9/23 documented the resident had a left fibular fracture and wore a cam (controlled ankle movement) boot. The Baseline Care Plan lacked guidance as to the schedule when the cam boot applied and removed. Per the Baseline Care Plan, the resident had no open areas per the skin section.</p> <p>b. The Care Plan dated 11/21/23 documented, the resident has potential impairment to skin integrity. (This Care Plan focus was initiated after the resident had a blister present to the left heel).</p> <p>c. The revised Care Plan dated 1/23/24 documented, the resident has potential impairment to skin integrity and has an actual pressure ulcer. Location: left lateral foot Stage: DTI (deep tissue injury-persistent non-blanchable deep red, maroon or purple discoloration).</p> <p>d. The revised Care Plan dated 2/20/24 documented, the resident has potential impairment to skin integrity and has an actual pressure ulcer. Location: left lateral foot & heel Stage: DTI.</p> <p>e. The revised Care Plan dated 2/20/24 documented, the resident has potential impairment to skin integrity and has an actual pressure ulcer. Location: left heel Stage: Blister.</p> <p>f. The revised Care Plan dated 4/15/24 documented, the resident has potential impairment to skin integrity and has an actual pressure ulcer. Location: left heel Stage: Pressure Unstageable.</p> <p>Review of the resident's Nursing Admission Screening/History V2 Report dated 11/9/23 documented reason for admission as therapy due to fall and broken ankle. The assessment noted the resident had a left fractured tibia, and noted edema present to the feet and hands, increased to the left ankle. The Skin section of the assessment did not address any areas present to the resident's feet or toes.</p> <p>(continued on next page)</p>		

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 04/25/2024
NAME OF PROVIDER OR SUPPLIER Montrose Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a SNF (Skilled Nursing Facility) Fracture Documentation form dated 11/9/23 explained the resident had no bruising or skin issues and boot present to the left ankle.</p> <p>Review of the resident's Treatment Administration Record (TAR) dated November 2023 lacked an order to monitor skin underneath Resident #4's boot.</p> <p>Review of the resident's Braden Scale dated 11/9/23 revealed the resident at moderate risk for pressure ulcer development, with a score of 13 on the assessment.</p> <p>The Provider Progress Note dated 11/11/23 documented, this is a new admission to the nursing home post left fibular fracture. Per the Progress Note, the resident used a cam boot and weightbearing as tolerated.</p> <p>Review of Bathing Documentation and Skin Check sheets dated 11/11/23 and 11/14/23 lacked documentation of any skin issues.</p> <p>Review of SNF Fracture Documentation forms dated 11/10/23 through 11/15/23 documented presence of the boot.</p> <p>The Provider Progress Note dated 11/15/23 documented, left fibular fracture: continue with stabilizing boot.</p> <p>Review of the resident's Braden Scale dated 11/16/23 revealed the resident at risk for pressure ulcer development, with a score of 15 on the assessment, which indicated at risk.</p> <p>The Physician Order dated 11/16/23 revealed, Per Dr. [Name Redacted]-Cam boot on at all times while in PT/OT (physical therapy/occupational therapy). May keep Cam boot off when in bed or recliner or for hygiene.</p> <p>Review of Physician Orders, Skin and Wound Evaluations, Progress Notes, and Provider Progress Notes for the resident's left heel and/or ruptured blister revealed the following:</p> <p>The Health Status Note dated 11/16/23 at 10:58 AM documented, resident received shower today and nurse noticed blister to left heel and areas of discoloration and previous scabbed areas to left foot. Skin prepped areas. Mepilex applied to blister on left heel and remove after 5 days.</p> <p>The Communication with Physician Note dated 11/16/2023 documented, Fluid filled grayish blister 6.9 x 4.8 cm (centimeter) to left heal. Skin prepped and applied Mepilex. Area noted to left side of foot discolored and deterioration under area 3 x 0.6 cm will apply skin prep daily along with areas that were visible on admit of scabs to toes.</p> <p>The Nutrition/Dietary Note dated 11/17/23 at 10:38 AM documented the resident's skin as intact, following documentation of a blister to the resident's left heel the day prior.</p> <p>(continued on next page)</p>		

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 04/25/2024
NAME OF PROVIDER OR SUPPLIER Montrose Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>The Skin/Wound Note dated 11/17/23 at 12:06 PM documented, measurements on 11/16/23 for new areas. No pictures available at this time due to dressings intact and fragility of skin requires extended periods between dressing changes. The Physician Order dated 11/17/23 to 11/18/23 documented, Skin Prep Wipes Miscellaneous with directions to apply to left heel topically every day shift every 5 day(s) for blister, cover with bordered foam dressing.</p> <p>The Skin/Wound Evaluation dated 11/18/23 revealed the following: The following areas left blank per assessment: Type of wound, wound location, in-house or present on admission, and how long wound was present. The assessment noted a ruptured blister which measured 3.1 cm (centimeter) length (L) by 2.5 cm (W). The wound bed documented epithelial, granulation, and slough present. Per the assessment, progress documented improving with notes of blister opened and drained.</p> <p>The Provider Progress Note dated 11/18/23 documented the following per the Plan section for EXT (extremities): 1+ edema CAM boot in use. The note did not address wounds to the left heel.</p> <p>The Provider Progress Note dated 11/21/23 documented the following per the Physical Exam Integumentary section:</p> <p>Dry. Left heel red with blisters.</p> <p>The Health Status Note dated 11/22/23 documented, Resident left for his ortho appt at 1330 (1:30 PM) today and returned at 1600 (4:00 PM). Orders from the doctor received. Orders: Will continue to only wear the boot when getting up to transfer, otherwise boot off due to pressure sores. okay to weight bear with transfers.</p> <p>Review of the resident's Pressure Sore Risk assessment dated [DATE] revealed the resident scored 15 on the assessment which indicated at risk for pressure ulcer development.</p> <p>The Skin/Wound Evaluation dated 11/24/23 revealed a blister to the left heel which was in-house acquired. The date the wound present had been left blank, with wound documented as 4.0 cm L x 2.7 cm W. The wound described as an intact blister, documented as blister intact but fluid has decreased.</p> <p>The Physician Order, start date 11/24/23, documented, Mepilex Border Flex External Pad with directions to apply to left heel topically every day shift every Friday for protection. This order had been left blank on the resident's MAR for the date 11/24/23. The Health Status Note dated 11/25/23 at 1:46 PM documented, in part, Drsg's to LLE (left lower extremity) changed.</p> <p>Review of the resident's Braden Scale dated 11/29/23 revealed the resident scored 15 on the assessment which indicated at risk for pressure ulcer development.</p> <p>The Skin/Wound Evaluation dated 12/1/23 revealed an intact blister to the left heel which was in-house acquired. The date the wound present had been left blank, with wound measurements documented as 4.3 cm L x 3.4 cm W.</p> <p>The Health Status Note dated 12/2/2023 at 1:04 PM documented, Changed Mepilex order to be changed every 3 days due to preference to have nurses' monitor how wound looks throughout week.</p> <p>(continued on next page)</p>		

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 04/25/2024
NAME OF PROVIDER OR SUPPLIER Montrose Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>The Skin/Wound Evaluation dated 12/8/23 revealed an intact blister to the left heel which was in-house acquired. The date the wound present had been left blank, with wound measurements documented as 3.5 cm L x 2.8 cm W.</p> <p>The Skin/Wound Evaluation dated 12/15/23 revealed an intact blister to the left heel which was in-house acquired. The date the wound present had been left blank, with wound measurements documented as 3.6 cm L x 3.7 cm W.</p> <p>The Skin/Wound Evaluation dated 12/22/23 revealed an intact blister to the left heel which was in-house acquired. The date the wound present had been left blank, with wound measurements documented as 2.2 cm L x 2.8 cm W.</p> <p>The Provider Progress Note dated 12/22/23 documented, in part, [Resident #4] does have two wounds that nursing is doing management with dressing changes. Left heel DTI with black stable eschar. Tissue still present over wound. The assessment of the resident's left heel wound revealed a pressure DTI, which measured 2.21 x 2.82 CM, with tissue/wound bed 100% eschar. The Plan section for Pressure Injury of Deep Tissue Injury of Left Heel documented to continue to elevate area to limit pressure. Monitor for s/s (signs/symptoms) worsening condition. Current treatment for Mepilex to area and change weekly. If develops moisture will change to Betadine BID (twice a day) and keep OTA (open to air).</p> <p>On 12/27/24, Resident #4 sent to the hospital to address a different concern. Review of a Consultation Note dated 12/28/23 from hospital records revealed the resident had a consultation done for ulcers to the left heel and foot. The History of Present Illness section documented, in part, on admission, it was noted that he had several wounds to his left foot. Patient states these are the result of wearing a boot from his recent leg fracture. States the areas are painful to palpation. The Wound Assessment section documented, The ulcer on the left heel measures approximately 2.5 x 1.0, completely covered with thick necrotic tissue. Minimal serosanguinous drainage. No erythema. The area on the top of the left first toe wound measures approximately 0.5 cm in circumference. Large amount of yellow necrotic tissue present, small amount of serosanguinous drainage. The area on the left lateral foot measures 0.6 cm in circumference. Completely covered with yellow necrotic tissue. No erythema or induration. Pulses were not palpable due to 2+ edema.</p> <p>Observation on 4/22/24 at 8:14 AM revealed Resident #4 in a wheelchair in the common area. The resident moved themselves from the dining area to towards the television area in the common area by the entrance to the facility. The resident had gray socks to their feet, and their left foot observed to rest on the wheelchair pedal.</p> <p>Observation on 4/22/24 at 8:28 AM and 9:03 AM revealed Resident #4 in the common area, with their feet resting directly on the wheelchair pedals.</p> <p>Observation of wound care conducted 4/22/24 revealed Resident #4 present in their recliner chair in their room, with the resident's left foot elevated on pillows. Wound care to the resident's heel performed by Staff C, Registered Nurse(RN).</p> <p>On 4/17/24 at 4:10 PM during an interview with Staff B, Licensed Practical Nurse (LPN)/Wound Nurse, Staff B explained the area to the heel was a blister that was present when the resident was admitted . Per Staff B, it was a blood blister that turned necrotic. Staff B explained she thought the heel wound was currently set for an unstageable because it was all necrotic at present time.</p> <p>(continued on next page)</p>		

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 04/25/2024
NAME OF PROVIDER OR SUPPLIER Montrose Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/22/24 at 2:43 PM, Staff C, Registered Nurse (RN) queried if the resident came into the facility with the heel wound or acquired at the facility, and explained they were not sure without looking at the records. When queried if the resident had a boot when the resident initially came into the facility, Staff C explained the resident had a black cam boot that they believed the resident came with from the hospital. Staff C acknowledged an initial skin would be done on admission.</p> <p>On 4/24/24 at approximately 4:40 PM, Staff H, Consultant #1 acknowledged she would expect an order to be put in to remove the boot each shift and inspect skin. Staff H also acknowledged she did not see notification completed to dietary.</p> <p>On 4/24/24 at 10:02 AM, the facility Administrator explained via email on 4/24/24 at 10:02 AM that the facility did not have a pressure ulcer policy.</p>

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 04/25/2024
NAME OF PROVIDER OR SUPPLIER Montrose Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45338</p> <p>Based on observation, interview, and record review, the facility failed to ensure safety of residents when transporting residents without foot pedals during transport in a wheelchair for three of six residents reviewed for falls (Resident #7, Resident #9, Resident #92). The facility reported a census of 36 residents.</p> <p>Findings include:</p> <p>1. Review of the Minimum Data Set (MDS) assessment dated [DATE] for Resident #9 revealed the resident scored 14 out of 15 on a Brief Interview for Mental Status (BIMS) exam, which indicated intact cognition.</p> <p>The Care Plan dated 9/20/22, revised 2/14/24, documented, the resident at risk for falling r/t (related to) muscle weakness and edema.</p> <p>Observation on 4/22/24 at 8:26 AM revealed Staff A, Certified Nursing Assistant (CNA) assisted Resident #9 and pushed the resident in their wheelchair. The resident did not have foot pedals present to the wheelchair pushed in the wheelchair by staff. The resident had shoes present to their feet at the time of observation.</p> <p>Observation on 4/22/24 at 8:30 AM revealed the resident again assisted by staff, and Resident #9 pushed in their wheelchair without foot pedals present.</p> <p>2. Review of the MDS dated [DATE] revealed Resident #92 scored 6 out of 15 on a BIMS assessment, which indicated severely impaired cognition.</p> <p>Review of the resident's Morse Fall Scale-V2 form dated 4/2/24 for Resident #92 revealed the resident scored 50 on the assessment, which indicated high risk for falling.</p> <p>The Care Plan dated 4/12/24 documented, the resident is at risk for falls r/t poor gait/balance problems and inability to ambulate on admission.</p> <p>Review of the Health Status Note dated 4/11/24 at 5:56 PM for Resident #92 documented the following: Resident observed on floor in hallway. Resident on left side, wheelchair at feet and sock attached to wheelchair. Resident being assisted to shower room by CNA to get weight. Per CNA and resident, his sock got caught on the wheelchair which caused him to fall out of his wheelchair. Resident stated he did not have more pain than he was having previously. Resident and CNA stated the resident did not hit his head. Educated staff on use of wheelchair foot pedals.</p> <p>Review of the Fall Scene Investigation Report dated 4/11/24 at 5:47 PM documented, root cause of fall is believed to be: no use of pedals.</p> <p>Observation on 4/18/24 at 8:28 AM revealed Resident #92 self propelling down the hall in their wheelchair, using their feet.</p> <p>(continued on next page)</p>		

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 04/25/2024
NAME OF PROVIDER OR SUPPLIER Montrose Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/24/24 at approximately 4:40 PM when queried about use of wheelchair foot pedals when moving residents in a wheelchair, the Director of Nursing acknowledged if the resident pushed anywhere the foot pedals needed to be applied.</p> <p>The Facility Policy titled Fall Checklist, undated, did not address the area of concern.</p> <p>48888</p> <p>3. The MDS, dated [DATE], for Resident #7 revealed a BIMS score of 14 out of 15, indicating intact cognition. Diagnoses included: Cerebral Vascular Accident (CVA), polyarthritis, and long term use of anticoagulants. Resident able to transfer, ambulate, and toilet self independently, supervision required for bathing.</p> <p>The Care Plan, revised 01/10/24, revealed Resident #7 at high risk of falls with the goal that resident will transfer and ambulate independently while minimizing the risk for falls.</p> <p>On 04/15/24 at 11:50 AM, observation of staff member push Resident #7 in wheelchair, without foot pedals in place, from the [NAME] hallway to South hallway spa room, feet skimmed across the top of the floor.</p>		

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 04/25/2024
NAME OF PROVIDER OR SUPPLIER Montrose Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48888</p> <p>Based on staff interviews, provider interview, clinical record review, and hospital record review, the facility failed to identify and notify the provider in a timely manner, of changes in urine and catheter for 1 of 2 residents (Resident #8) reviewed for urinary catheter care. The facility reported a census of 36 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS), dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating intact cognition. Diagnoses included: vesicointestinal fistula, neurogenic bladder, and renal insufficiency, renal failure, or End Stage Renal Disease (ESRD). Resident #8 required an indwelling catheter and dependent on staff assistance with transfers and toileting hygiene.</p> <p>The Care Plan, revised on 04/15/24, revealed a focus area for indwelling urinary catheter due to neurogenic bladder with a goal that Resident #8 will have catheter care managed appropriately by not exhibiting signs of infection or urethral trauma. The Care Plan instructed staff to monitor, document, and report any signs of Urinary Tract Infection (UTI), listed as: acute confusion, urgency, frequency, bladder spasms, nocturia, burning, pain, difficulty urinating, low back/flank pain, malaise, nausea, vomiting, foul odor, concentrated urine, blood in urine, fever, chills, altered mental status, and change in behavior (01/08/24).</p> <p>Review of Nursing Progress Notes, revealed the following entries:</p> <p>a.) 11/07/23 at 01:24 PM: Nurse notified of possible liquid stool in Resident #8's catheter tubing and drainage bag. Facility notified Provider and received order to send Resident #8 to emergency room (ER) for further evaluation/treatment.</p> <p>b.) 11/07/23 at 06:56 PM: ER updated facility on Resident #8 condition, confirmed resident had a fistula, received surgical consultation at Hospital.</p> <p>c.) 12/18/23 at 12:38 PM: Orders from a Urology appointment instructed staff to monitor for fecal matter in urine and monitor for signs/symptoms of infection that could lead to sepsis. Notify Urology Office if resident showed fecal matter so referral to Specialist would be made.</p> <p>d.) 02/04/24 at 01:37 PM: Resident #8 stated her catheter felt like it was leaking, staff noted a small amount of urine in brief. Nursing deflated catheter balloon, advanced it, and reinflated with 30 milliliter (mL).</p> <p>e.) 02/05/24 at 05:48: Small amount of urine leakage into resident's brief, adequate amount of clear yellow urine also noted in Foley bag.</p> <p>f.) 02/06/24 at 03:38 AM: Catheter drained slightly cloudy yellow urine, no increased odor. No acute concerns.</p> <p>(continued on next page)</p>		

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 04/25/2024
NAME OF PROVIDER OR SUPPLIER Montrose Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>g.) 02/20/24 at 08:01 PM: Catheter changed due to leaking, new 16 French catheter with 30 mL balloon inserted via sterile technique.</p> <p>h.) 02/27/24 at 05:43 AM: Concentrated urine with intermittent brown sedimentation observed in catheter tubing. An FYI provided on nursing communication sheet for continued monitoring and follow up as needed with urology.</p> <p>i.) 02/27/24 at 09:46 AM: Provider and Urology office notified of brown sedimentation in catheter, referral made to Specialist to schedule an appointment.</p> <p>j.) 03/01/24 at 12:51 PM: Resident #8 reported catheter felt like it was leaking, nursing adjusted catheter.</p> <p>k.) 03/02/24 at 02:23 PM: Resident #8 stated she wet though pants and had to change pants three times the day before due to leakage.</p> <p>l.) 03/03/24 at 11:23 AM: [NAME] sediment present in catheter bag and tubing, Resident #8 stated she felt like she had urinated in pants every time she took a drink.</p> <p>m.) 03/03/24 at 02:27 PM: Provider notified of feces present in drainage bag, Provide stated since resident is stable without complaint to notify Urology the following day.</p> <p>The Progress Notes lacked any documentation of Urology follow up.</p> <p>n.) 03/05/24 at 1:46 AM: Foley patent and continues to drain concentrated urine with presence of dark brown sedimentation. Resident afebrile and denies dysuria. Urology referral appointment continues to be pending per Provider follow up recommendation. At 10:19 AM message left with Urology. At 4:00 PM appointment scheduled for 5/22/24.</p> <p>o.) 03/08/24 at 09:09 AM: Urine light yellow in color with random chunks of brown matter noted in tubing. Nursing reported continued to monitor.</p> <p>p.) 03/11/24 at 09:57 AM: Catheter draining light yellow urine with large chunks of white sediment noted throughout tubing.</p> <p>q.) 04/23/24 at 08:23 AM: Catheter draining light yellow urine with scant amount of opaque sediment noted throughout tubing.</p> <p>The Progress Notes lacked notification to the provider of the delay in the urology appointment.</p> <p>The Hospital History and Physical (H&P) note, dated 11/07/23, revealed the diagnosis of Colovesicular fistula, based on CT scan, plan, and plan to be evaluated by surgery, nothing by mouth intake status.</p> <p>The CT scan report, signed 11/10/23, revealed there appeared to be a fistula between right colon and bladder posterior as well as view of urinary bladder collapsed around a Foley catheter and a small amount of contrast viewed within the bladder lumen, presumed to be related to bowel fistula.</p> <p>(continued on next page)</p>		

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 04/25/2024
NAME OF PROVIDER OR SUPPLIER Montrose Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/22/24 at 4:00 PM, Nurse Practitioner (NP) unaware of Resident #8 symptoms of stool in urine. NP stated that, in general, residents with indwelling catheter may have intermittent sedimentation and that urine color change may not be required to call immediately to Provider but if accompanied by other systematic changes to call Provider right away. NP revealed the expectation to call right away for the following examples: resident's symptoms worsened or continued, resident had fever, changes in vital signs, or no output.</p> <p>On 04/24/24 at 04:36 PM: Director of Nursing (DON), revealed that the Urology office had instructed nursing to call office for changes in urination, such as brown sedimentation in urine as this would indicate feces in stool.</p>

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 04/25/2024
NAME OF PROVIDER OR SUPPLIER Montrose Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48888</p> <p>Based on observation, resident interviews, provider interview, staff interviews, and clinical record review, the facility failed to identify and adequately treat pain related to an open ulcer on a residents right ankle during wound care for 1 of 2 residents (Resident #8) reviewed for pain management. The facility reported a census of 36 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS), dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating intact cognition. Diagnoses included: atherosclerosis of native arteries of right leg with ulceration, non-pressure chronic ulcer of right ankle with fat layer exposed, and arthritis. MDS revealed Resident #8 had one stage II pressure ulcer.</p> <p>The Care Plan revealed a focus area, initiated 03/27/23 for pressure ulcer to right lateral ankle and the goal that ulcer will heal without complications. Interventions instructed staff to report any further skin breakdown, such as sore, tender, red, or broken areas. Report signs of cellulitis such as localized pain, redness swelling, tenderness, drainage, or fever. Report signs of osteomyelitis, such as, pain, redness, swelling, muscle spasms in affected joint, and fever. The Care Plan revealed a focus area, revised on 01/23/24 that resident receives scheduled and PRN (as needed) pain medications. Interventions instructed staff to monitor for any complaints of pain and to administer medications as ordered.</p> <p>The Medication Administration Record (MAR), dated April 2024, revealed current orders for the following medications and wound treatments:</p> <ol style="list-style-type: none"> 1. Gabapentin 300 milligrams (mg) twice a day related to osteoarthritis, started 01/05/24. 2. Tylenol Extra Strength 1000 mg daily at bedtime for pain, started 01/05/24. 3. Tylenol 650 mg every 4 hours as needed for pain/fever, started 01/05/24. No doses administered in month of April, 2024. 4. Ibuprofen 600 mg every 6 hours as needed for pain, started 01/22/24. No doses administered in month of April, 2024. 5. Aquacel-Ag Extra Hydrofiber (Silver- Carboxymethylcellulose sodium) external pad, applied to right heel topically every 2 days for wound, started 03/10/24. 6. Mupirocin External Ointment 2%, applied to right dorsal foot topically every other day for right dorsal foot wound, cover with foam and secure with tape, started 02/07/24. <p>Review of Nursing Progress Notes, revealed the following entry information:</p> <p>(continued on next page)</p>		

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 04/25/2024
NAME OF PROVIDER OR SUPPLIER Montrose Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>a.) 04/25/23: Provider visit noted Resident #8 had concerns about right ankle wound, present for over a month, that is getting dressed by nursing. Resident #8 with history of arterial ulcers in this area is at increased risk of recurrence due to significant contraction present to right ankle from surgical fixation. Resident #8 had discomfort with dressing changes and when laying in bed.</p> <p>b.) 05/10/23: Resident #8 reported and showed signs of increased pain with dressing change. Right lower extremity noted to be red with pitting edema present.</p> <p>c.) 06/10/23: Provider visit noted wound had gotten wider and Resident #8 had a great deal of pain when area is cleaned to redress ankle. A referral made for Wound Clinic to follow for proper numbing for mechanical debridement of wound.</p> <p>d.) 08/30/23: Resident #8 voiced continued discomfort at right ankle wound site.</p> <p>e.) 09/14/23: Resident #8's wound to right ankle had deteriorated, measured bigger, had a majority of slough to wound bed, and noted to be red and inflamed. Resident #8 complained of pain with treatment change.</p> <p>f.) 09/30/23: Provider visit informed that Resident #8 had discussed a need for more pain management regarding ankle wound. Physician's Assistant (PA) wrote order for Tramadol dosage at bed time.</p> <p>g.) 10/01/23: PA ordered for nursing to discontinue Tramadol order due to Resident #8 diagnosis of Stage 4 Renal Disease and to give Tylenol 650 mg three times per day.</p> <p>h.) 10/18/23: Resident #8 returned from Hospital with order for Tramadol; PA discontinued order and indicated to complaints of discomfort would be addressed if it comes up.</p> <p>i.) 03/13/24: Resident #8 stated her wound hurt, she continued on oral antibiotics.</p> <p>j.) 03/16/24 at 3:59 PM: Resident #8 voiced concerns about pain in her foot and stated she has been asking for pain mediation to help.</p> <p>A Hospital Wound Consultation Note, dated 10/07/23, revealed Resident #8 had been seen for ulceration of right lateral ankle and complained of pain when the bandages are being changed. Noted pain of area with palpation during assessment of peri-wound. Wound cultures showed Pseudomonas as well as Staph bacterium from both culture taken at Hospital and Wound Clinic.</p> <p>A Hospital Computed Tomography (CT) Report, dated 10/07/23, revealed no clear signs of osteomyelitis, however, it is reported that osteitis and early phase osteomyelitis cannot be excluded without concordant evaluation with more sensitive imaging such as Magnetic Resonance Imaging (MRI).</p> <p>A Podiatry Consultation Note, dated 10/09/23, revealed Resident #8 Power of Attorney (POA) stated that the patient has had problems with pain control in the past and she feels that this is a concern the patient has with potentially performing wound debridement surgery.</p> <p>A Wound Clinic Note, dated 10/17/23, revealed Resident #8 stated she had pain when bandages are being changed and noted to have pain with palpation to wound site within the subcutaneous tissue visibly.</p> <p>(continued on next page)</p>		

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 04/25/2024
NAME OF PROVIDER OR SUPPLIER Montrose Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/22/24 at 09:45 AM, observed wound care performed by Staff C, Registered Nurse (RN), to Resident #8's right ankle ulcer. Old dressing removed from Resident #8 right ankle, utilized wound cleanser spray to loosen tape and bandage, noted moderate amount of serosanguinous drainage on old padded dressing. Ulcer to right ankle had red, raw appearance in wound bed, surrounding skin appeared dark pink with flaky, scaly skin. Ulcer actively dripped bright red blood onto a bed pad placed underneath wound. Throughout wound treatment, as Staff C cleaned wound and applied ointment to wound bed, Resident #8 gasped, screamed, squeezed her eyes shut, and bit tongue, staff had not stopped for a break or offer pain medication. A Certified Nursing Assistant (CNA) assisted with keeping Resident #8 right leg elevated during treatment, attempted to console resident and stated to Resident #8, it's okay, just think happy thoughts. Right ankle wound treatment is scheduled every other day and wound measurements are completed by Wound Nurse every Friday.</p> <p>On 04/22/24 at 10:00 AM, Resident #8 reported the pain she experienced in ankle/wound site is frequent in occurrence and described pain as shooting type. Resident #8 stated facility does not give her anything except Tylenol for pain, stated she had previously reported to facility staff that Tylenol does not help, but they will not give her anything else for pain.</p> <p>On 04/22/24 at 02:44 PM, Staff C, RN, stated Resident #8 has had an open ulcer to her right ankle as long as she can remember. She reported the wound had more leakage lately and wound easily irritated with wound cleanser which caused wound to bleed. Staff C, stated Resident #8 has always had pain with dressing change, reported no narcotics ordered for Resident #8 but thought she utilized Gabapentin and Baclofen for nerve pain. Staff C stated that Resident #8 could be given dosages of as needed Tylenol or Baclofen oral medication in response to pain, and stated staff should give medication some time to see if it helped, and then go back and attempt to finish. Staff C revealed that the provider should be notified for change in wound drainage or if the resident had increased pain.</p> <p>On 04/22/24 at 04:00 PM, the Nurse Practitioner (NP) for the facility, stated Resident #8's wound is very chronic and stated the resident recently had an exacerbation of inflammation. NP reported Resident #8 had scheduled Tylenol for pain and that her pain often resulted from wound cares and positioning of right lower extremity. NP also noted that Resident #8 had not consistently complained about pain but would be good about telling staff, and felt overall Resident #8 had been fairly comfortable except during her dressing changes. NP stated she would encourage pre-medication for wound treatment utilizing an as needed pain medication a half hour to an hour prior to treatment to see if it helps Resident #8 tolerate procedure better. NP revealed the expectation that nursing staff notify provider for increased pain and stated, if it's once with increase pain that improves an FYI may be okay, if resident has no pain relief, staff are expected to call the provider.</p> <p>On 04/24/24 at 04:35 PM, the Director of Nursing (DON) stated signs of pain observed during wound cares would not have been voiced by Resident #8 if cares had not been observed and that the signs of pain displayed by the resident were a character thing. The DON stated if Resident #8 needed pain medication she would voice it. The DON stated Resident #8 had only utilized as needed pain medication once in the last month and felt that staff would not need to offer pain medication, and the resident would know to ask if she needed it. The DON stated the scheduled and as needed medications had provided effective relief of pain for Resident #8.</p> <p>(continued on next page)</p>		

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 04/25/2024
NAME OF PROVIDER OR SUPPLIER Montrose Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/24/24 at 04:55 PM, Resident #8 reported she never knows when her pain is going to start or how long it's going to last, and again described pain as shooting up her lower extremities. Resident #8 stated pain is sometimes with wound cares and sometimes resulted from putting her leg up. Resident informed that she had requested pain medication to help, all the time, and stated she's even begged to have something stronger to help, but all they will give is Tylenol 500. Resident unaware of any additional medication she may have as needed or prior to wound treatment and asked, What would they give me?. Resident revealed that NP had visited on 04/23/24, spoke to resident about pain, and planned to observe wound dressing change to be completed on 04/25/24.</p> <p>On 04/24/24 at 10:02 AM, Administrator revealed the facility lacked policy or procedure related to pressure ulcers/injuries.</p>		

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 04/25/2024
NAME OF PROVIDER OR SUPPLIER Montrose Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>45338</p> <p>Based on clinical record review, facility record review, staff interviews and facility procedure review the facility failed to ensure a resident received medications only prescribed to them for one of eight residents reviewed for medication administration (Resident #14), when staff administered Resident #14 medications prescribed to Resident #10. The facility reported a census of 36 residents.</p> <p>Findings include:</p> <p>1.The Minimum Data Set (MDS) for Resident #14 dated 12/23/23 documented the resident scored 13 out of 15 on a Brief Interview for Mental Status (BIMS) exam, which indicated intact cognition.</p> <p>Review of the Medication Error Report dated 1/23/24 at 3:05 PM documented the following description of error: Wrong meds given to resident. The Type of Error section marked wrong resident, and the Reason for Error section documented, Failure to identify resident.</p> <p>The Progress Note dated 1/23/24 at 4:28 PM documented, the resident received Risperdal 0.25 mg (milligram) (an antipsychotic medication), Atrovastatin 40 mg, Calcium plus Vitamin D 600-400 mg, Corlanor 5 mg, Depakote 250 mg, and Midodrine 5 mg. Resident observed sitting upright in W/C (wheelchair) in his room, denies discomfort or feeling anything other than his normal. VS (vital signs) obtained, BP (blood pressure)-145/71,P (pulse) 64 and regular, R (respirations)-18, T (temperature)-97.9, O2 (oxygen) 95% RA (room air). This nurse spoke with [Name Redacted] NP (Nurse Practitioner) regarding above. Received verbal order to obtain VS (vital signs) and monitor for dizziness and double vision every 2h (hours) x 12h (hours).</p> <p>Review of an email dated 1/23/24 from the facility's former Director of Nursing, subject med error, documented, The med tech this afternoon gave [Resident #10's] medications to [Resident #14].</p> <p>Review of the resident's Medication Administration Record (MAR) dated January 2024 did not include the following medications for Resident #14: Risperdal, Calcium Vitamin D, Corlanor (medication used for heart failure), Depakote (an anticonvulsant medication), and Midodrine (medication used for low blood pressure).</p> <p>2. Review of Resident #10's MAR dated January 2024 revealed Risperdal, Atrovastatin, Calcium Vitamin-D, Corlanor, Depakote, and Midodrine were all prescribed to Resident #10.</p> <p>On 4/24/24 at 2:10 PM when queried about identification of residents for medications, the Director of Nursing explained there were pictures, and depending on the BIMS could ask the resident their name. The MDS Coordinator explained some of the staff had been at the facility awhile, and further explained could ask someone who knew the resident.</p> <p>Review of the procedure sheet provided by the facility titled Medication Administration Pocket-Guide, undated, revealed, Read MAR (Medication Administration Record) carefully (Right Drug, Dose, Time, Route to the Right Resident).</p>		

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 04/25/2024
NAME OF PROVIDER OR SUPPLIER Montrose Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop, implement, and/or maintain an effective training program for all new and existing staff members.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45338</p> <p>Based on training records review, staff interview, and facility assessment review, the facility failed to ensure training for communication and behavioral health occurred prior to a staff member working independently with residents for one of five employees reviewed for staff training (Staff D, Registered Nurse). The facility reported a census of 36 residents.</p> <p>Findings include:</p> <p>Review of a Hire and Termination list provided by the facility revealed Staff D, Registered Nurse, rehired to the facility on [DATE].</p> <p>Review of training records provided for Staff D revealed communication training completed 11/6/20, and behavioral health training completed 9/3/22.</p> <p>On 4/25/24 at 11:31 AM, proof of trainings provided on orientation for Staff D requested via email from the facility's Administrator. On 4/25/24 at 11:44 AM, the Administrator explained via email she did not have them.</p> <p>Review of the Facility assessment dated ,d+[DATE] updated 2/13/24 did not include requirements for behavioral health or communications training for all employees.</p>