

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER Parkview Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2237 Highway 34 Fairfield, IA 52556	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49990</p> <p>Based on observation, clinical record review, resident and staff interviews the facility failed to ensure a residents clothing fit properly and in good repair as to provide personal privacy while in common areas of the facility for 1 of 12 (Resident #6) residents reviewed. The facility reported a census of 47 residents.</p> <p>Findings include:</p> <p>The Minimum Data Sample (MDS), dated [DATE], for Resident # 6 revealed a Brief Interview for Mental Status (BIMS) score of 5 out of 15, indicating severely impaired cognition. The MDS listed diagnoses included: non-Alzheimer's dementia, anxiety disorder, and depression.</p> <p>During an observation on 8/13/24 at 12:21 PM, Resident # 6 used his wheelchair to propel the hallway near his room. Resident #6 had a tear in his pants from his groin to his knee, with an adult incontinence brief visible through the tear.</p> <p>During an interview on 08/15/24 at 09:39 AM, Resident # 6 stated his clothes do not fit properly, most of them are torn, and need to be thrown out.</p> <p>During an interview on 08/15/24 at 10:16 AM, Staff F, Certified Medication Aide (CMS), stated CMA's and Certified Nursing Assistants (CNA's) are look at a residents clothing when they are assisting with dressing , and report any clothing needs to nursing or Social Services. She acknowledged Resident # 6 required new clothing, and stated he is on the the list of people they look for clothes for when they get clothing donations from staff or the community. Staff F stated if the resident were to come out of his room undressed or with holes in his clothing staff are directed to assist the resident back to his room and help him dress appropriately. If the resident were to refuse, they are to tell the charge nurse and have them document the episode in the electronic health record's progress notes. She acknowledged that if there was no charting done, she believes that an episode of refusal did not occur.</p> <p>During an interview on 08/15/24 at 10:21 AM . Staff G, CNA acknowledged Resident # 6 needs new clothes. She stated he had very few pairs of pants. She stated the expectation is for staff to assist a resident back to their room if they are not wearing clothes, wearing clothes improperly, or wearing clothes with revealing rips, holes, or tears. If the resident refused assistance they are to tell the nurse and have them document the behavior.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 08/14/24 at 02:31 PM, Staff E, Social Services acknowledged Resident # 6 is in need of new clothing. She stated he is on their donations list, having received a donation of clothing and shoes earlier in the year. She stated the facility is responsible for contacting Resident # 6's Power of Attorney to inform them that he is in need of new clothes. She indicated she did not know when the last time a request for new clothing had been made. She stated there is no formal system to assess clothing needs for cognitively impaired residents. She noted housekeeping does an initial inventory of resident clothing and CNAs are then responsible for informing social services or nursing staff of a residents needs.</p> <p>During an interview on 08/14/24 at 08:52 AM , the Administrator stated it is her expectation if a resident was moving around the facility with significant holes in their pants or shirts the CNAs or nursing staff would direct the resident to their room and assist them in dressing more appropriately. If the resident refuses, the expectation is that the CNAs or nursing staff document this refusal. She acknowledged the resident is on a clothing donation list.</p> <p>A review of Nursing Progress Notes revealed a note, dated 6/12/23, documenting contact with Resident #6 Power of Attorney. No further documentation of contact with the Power of Attorney found in the clinical record.</p> <p>The facility provided documentation indicating Resident #6 last received a clothing donation on 02/02/24.</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>47582</p> <p>Based on document review, and staff interviews the facility failed to employ a Certified Dietary Manager to carry out the functions of the food and nutrition service. The facility reported a census of 47 residents.</p> <p>Findings include:</p> <p>During an interview on 08/13/24 at 11:00 AM, the Dietary Supervisor stated she did not have education and training completed to be a Certified Dietary Manager. She stated she enrolled and began the class to be certified over a year ago but had not completed the course work.</p> <p>A review of the Dietary schedule for July 21, 2024 to August 3, 2024 revealed the Dietary Supervisor scheduled to work: 7/21/24, 7/23/24, 7/24/24, 7/28/24, 7/29/24, 7/30/24, and 8/3/24.</p> <p>During an interview on 08/13/24 at 3:30 PM, the Administrator confirmed the facility did not employ a Certified Dietary Manager but had her enrolled in the program to become a Certified Dietary Manager.</p>		