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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165308 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 08/30/2024 |
| NAME OF PROVIDER OR SUPPLIER West Ridge Specialty Care | | STREET ADDRESS, CITY, STATE, ZIP CODE 1904 West Howard Street Knoxville, IA 50138 | |

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

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47079</p> <p>Based on clinical record review, staff and resident interview, and policy review, the facility failed to report suspected abuse to the proper state agency within two (2) hours. The facility reported a census of 72 residents.</p> <p>Findings include:</p> <p>A Facility Reported Incident (FRI) dated 7/29/24 indicated the facility reported to the State Agency (SA) on 7/24/24 at 10:58 am Resident #1 stated Staff A, Certified Nurse Aide (CNA) swore at her in the early morning of 7/24/24.</p> <p>The Annual Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated completely intact cognition. It included diagnoses of anemia, Coronary Artery Disease (CAD), Heart Failure, renal failure, Diabetes Mellitus, thyroid disorder, and Chronic Obstructive Pulmonary Disease (COPD). It indicated the resident required set-up assistance with eating and oral hygiene and was dependent or required maximum assistance with all other areas of Activities of Daily Living (ADLs).</p> <p>A progress note dated 7/24/24 at 1:52 am revealed Resident #1 fell during the shift and required assistance to get up.</p> <p>The Care Plan dated 10/23/23 indicated the resident required one (1) person assistance with transfers. It directed staff to use a mechanical lift for resident transfers.</p> <p>On 8/29/24 at 4:36 PM, Staff B, CNA stated she and Staff A were assisting Resident #1 off of the floor in the early morning hours on 7/24/24 and heard Staff A curse at the resident but was unable to recall the specific words Staff A used. She stated she did not report this to the charge nurse.</p> <p>A progress note dated 7/24/24 at 8:55 am revealed Resident #1 told the Director of Nursing (DON) Staff A swore at her last evening.</p> <p>On 8/30/24 at 12:39 PM, the administrator stated the on-call administrator designee spoke with the staff nurse regarding the residents fall but not the report of suspected abuse. She stated the administrative team was made aware of it the next morning.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>An undated document titled Past Non-Compliance Checklist included the facility failed to investigate and report verbal abuse timely. It also included verbal allegation of abuse occurred on 7/24/24 and staff did not report it to management or the charge nurse timely to initiate an investigation.</p> <p>A document titled In-Service Form Education Description: Abuse and Neglect dated 7/24/24 directed staff that all allegations of resident abuse should be reported immediately to the charge nurse.</p> <p>On 8/30/24 at 4:30 pm, the DON stated staff should report situations if they are unsure whether or not it is abuse.</p> | | |