STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165308	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Ridge Specialty Care	1904 West Howard Street Knoxville, IA 50138

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. Based on electronic record review, resident interviews, staff interviews, and policy review, the facility failed to provide restorative programs as care planned for 3 of 4 residents reviewed for restorative care (Residents #2, #7, and #8). The facility reported a census of 71. Findings include: 1. Resident #7's Minimum Data Set (MDS) Assessment completed on 10/2/25 revealed a Brief Interview for Mental Status (BIMS) score of 13, indicating intact cognition. Diagnoses included a right femur (thigh bone) fracture, lack of coordination, history of falling, and cognitive communication deficit (difficulty speaking or understanding). The MDS documented limited range of motion on one side of the lower extremity including the hip, knee, ankle, and foot, and noted the use of a manual wheelchair for mobility. Resident #7 received Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy (ST) services in the seven days lookback period. On 4/21/26 at 12:42 PM Resident #7 reported he hadn't received his restorative programs recently for at least the past two weeks and he didn't know why. The SPN - Nursing/Therapy Communication note dated 12/1/25 at 10:51 AM documented communication from therapy to nursing. Occupational Therapy (OT) recommended a restorative nursing program (RNP) (nursing interventions that promote the resident's ability to live as independently as possible) 2 to 7 times per week. The program included static standing (standing still) using the parallel bars as tolerated. Staff should donn (put on) a dynamic left (L) lower extremity (LE) knee brace in the morning (AM) and doff (take off) at hour of sleep (HS) (bedtime) or as requested. Staff must ensure skin checks. A right (R) elevating leg rest and Left standard leg rest with a heel strap needs to be on the wheelchair (w/c) for both lower extremity (BLE) positioning. The SPN - Nursing/Therapy Communication note dated 12/1/25 at 12:42 PM documented communication from therapy to nursing. Physical Therapy (PT) recommended a RNP 2 to 6 times per week. The program includes seated lower extremity (LE) (leg) strengthening and reaching activities.The Restorative Note: Restorative Monthly Summary note dated 12/30/25 at 10:49 AM documented Resident #7 participated in the RNP with encouragement. The goal to maintain current strength and mobility remained ongoing. He required the assistance of one staff member for transfers and activities of daily living (ADLs). He moves throughout the facility independently with his wheelchair (w/c) and wears a knee brace to assist with a contracture (permanent tightening of muscles or joints) to his knee. He ate independently in the dining room. No decline occurred. The restorative program continued with the current plan of care.A progress note on 2/2/26 indicated Resident #7 received physical and occupational therapies and his restorative program resolved. The SPN - Nursing/Therapy Communication note dated 3/6/26 at 12:32 PM documented communication from therapy to nursing. PT recommended a RNP 2 to 6 times per week. The program included LE strengthening activities. (continued on next page)

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The Restorative Note: Restorative Monthly Summary note dated 3/9/26 at 3:00 PM documented Resident #7 participated in the RNP with encouragement. The goal to maintain current strength and mobility remains ongoing. He required the assistance of one staff member for transfers and ADLs.The SPN - Nursing/Therapy Communication note dated 4/1/26 at 8:36 AM documented communication from therapy to nursing. Therapy recommended changes to the existing RNP 2 to 6 times per week. The changes included an omnicycle (exercise bicycle) for the LE, passive range of motion (PROM) (exercises where staff move the resident's joints) to both knees to work on extension (straightening the joint), standing tolerance in the parallel bars with a gait belt, and working on leaning forward in the wheelchair to improve trunk flexion (bending of the torso). The Care Plan Focus revised 4/1/26, identified Resident #7 had a restorative program which included exercises of included an omnicycle for the LE, PROM to both knees to work on extension, standing tolerance in the parallel bars with a gait belt, and working on leaning forward in the wheelchair to improve trunk flexion 2 to 6 days a week for up to 15 minutes as tolerated. 2. Resident #8's MDS Assessment completed on 10/2/25 revealed a BIMS score of 14, indicating intact cognition. The MDS documented limited range of motion on one side of the upper extremity including the shoulder, elbow, wrist, and hand, and noted the use of a manual wheelchair for mobility. The MDS included diagnoses of muscle weakness, lack of coordination, reduced mobility, history of falling, and cognitive communication deficit. Resident #8 received restorative programs including PROM 2 days in the 7 day in the lookback period. On 4/21/26 at 11:30 AM Resident #8 reported he hadn't received his restorative programs recently. The Care Plan Focus revised 4/1/26, indicated Resident #8 had a Restorative: PROM program. The Interventions directed the following:a. Omni cycle for both lower extremitiesb. PROM to the left knee and anklec. General lower extremity exercises with a three-pound weight on the right leg for up to 15 minutes for 2 to 6 days a week as tolerated. The Restorative Note: Restorative Monthly Review note dated 4/3/26 at 11:24 AM documented Resident #8 participated in the restorative program (nursing interventions that promote the resident's ability to live as independently as possible) as offered most days. The goal to maintain current strength and range of motion (the distance a joint can move) remained met and ongoing. Resident #8's Point of Care (POC) Documentation Report reviewed on 4/23/26 for the lookback period of 30 days listed not applicable for 4/18/26 with no other documentation. On 4/22/26 at 11:20 AM the Restorative Nurse, Registered Nurse (RN), reported she coordinated restorative programs for approximately 26 residents. She acknowledged the facility hasn't done restorative programs for about a month. She stated the facility employed a restorative aide, but she no longer worked at the facility and since she left, they haven't done the programs. She stated staff documented participation in the EMR under POC tasks. On 4/23/26 at 11:14 AM Staff E, Certified Nursing Assistant (CNA)/CMA, stated that over the last three months, the restorative aide routinely moved from completing restorative programs to help on the floor with resident cares. She stated residents complained to her about not getting their programs, but she couldn't recall specific names. On 4/23/26 at 11:30 AM Staff D, CNA, acknowledged there's currently no restorative aide working at (continued on next page)

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F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the facility. She stated January 2026 was when the staffing worsened. She stated she hasn't completed any restorative programs with the residents. On 4/23/26 at 11:36 AM the Director of Nursing (DON) acknowledged staffing definitely remained a challenge and caused problems with residents receiving restorative programs. She stated the restorative aide voluntarily left employment on 3/24/26 because she was pulled to the floor to work as a CNA. 3. Resident #2's MDS assessment completed on 3/18/26 identified a BIMS score of 3, indicating severely cognitively impaired. The MDS documented Resident #2 used a wheelchair and required staff dependence for all motion except eating. The MDS included diagnoses of non-Alzheimer's dementia (brain disorder that causes a decline in thinking skills), arthritis (joint inflammation), pain in the left shoulder, muscle weakness, and a history of falls. The MDS noted Resident #2 participated in at least 15 minutes of active range of motion (exercises where the resident moves their own joints) through a restorative program in the 7-day lookback period. The Care Plan Focus revised 3/31/26, indicated Resident #2 had a RNP to maintain strength and the current ability to transfer. The plan instructed staff to document refusals of the RNP.The Restorative Note: Restorative Monthly Summary note dated 4/1/26 at 1:39 PM documented Resident #2 participates in the restorative program (nursing interventions that promote the resident's ability to live as independently as possible) with encouragement. The goal to maintain her current strength and transfer abilities remained ongoing. The restorative program continued with the current plan of care.Resident #2's April 2026 Documentation Survey Report reviewed 4/22/26 directed staff to complete forward leans using a basketball hoop for 3 sets of 10 repetitions to increase upper body and core strength. The plan directed staff to perform 2 to 6 times per week. The reported reflected a schedule of Monday and Thursdays. On 4/6/26, the documentation reflected Resident #2 refused to participate. The report lacked any other documentation. A review of Resident #2's nursing progress notes since April 2025 lacked documentation of restorative care refusals. On 4/21/26 at 12:22 PM Staff G, Licensed Practical Nurse (LPN), stated staffing felt worse in the last few months. She knew restorative therapy didn't occurred due to a direct result of staffing issues. She stated restorative aides are the first staff pulled to the floor when they require additional staff. The facility hasn't had a dedicated restorative aide for some time. On 4/21/26 at 1:32 PM Staff H, RN, stated it's been a struggle to get bathing and restorative care covered because of the facility's lack of staff. She believed it began in January or February. On 4/23/26 at 11:14 AM Staff E, CNA, stated she's aware restorative care wasn't occurring. She stated it's because restorative aides are the first pulled to the floor when the facility has low staffing. She stated this has been ongoing for the last three months. She stated residents complained to her about the lack of restorative services. On 4/23/26 at 11:30 AM Staff D stated the lack of staffing impacted showers and restorative care. She stated they weren't occurring. (continued on next page)

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F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 4/23/26 at 11:37 AM the Director of Nursing (DON) acknowledged staffing remains an ongoing issue and she knew it caused issues with bathing and restorative services. She stated she expected staff to follow the Care Plan regarding restorative services. A request occurred for a policy regarding restorative services, but the facility didn't provide one.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on electronic record review, resident interviews, staff interviews, and policy review, the facility failed to provide resident showers as scheduled for 5 of 5 residents reviewed for activities of daily living (Residents #1, #2, #4, #5, and #7). The facility reported a census of 71. Findings include: 1. Resident #3's Minimum Data Set (MDS) Assessment completed on 3/18/26 revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. The DMS included diagnoses of arthritis (joint inflammation), low back pain, malnutrition (lack of proper nutrition), and osteoporosis (brittle bones). The MDS noted the use of a motorized wheelchair for mobility. Resident #3 required maximum staff assistance for bathing and transfers to and from the bed to the wheelchair. The Care Plan, revised 3/31/26, outlined Resident #3 required staff assistance for bathing. The Documentation Survey Report v2 outlined Resident #3 scheduled for bathing two times per week on Tuesdays and Fridays. Review of monthly reports revealed the following: a. January 2026, 9 out of 9 showers occurred. b. February 2026, 6 out of 8 showers occurred. - No documentation identified why 1 of the 2 missed showers didn't occur.c. March 2026, 7 out of 9 showers occurred. - No further documentation identified why the 2 showers didn't occur. d. April 2026, 5 out of 6 showers occurred. - No documentation identified why the 1 shower didn't occur. On 4/21/26 at 11:45 AM Resident #3 reported they didn't receive a shower last Friday, 4/17/26. Resident #3 stated no one came to give the shower. On 4/21/26 at 1:30 PM Staff A, Certified Medication Aide (CMA), acknowledged some residents don't receive or aren't offered showers as scheduled. Staff A noted residents on the 300 and 400 halls experience the most impact and receive a shower one time per week. Staff A explained there isn't a specific bath aide scheduled for that side of the facility. Residents on the other halls most likely receive two showers per week, as scheduled. Staff A stated they'd lost count and couldn't estimate how long this went on. On 4/21/26 at 2:55 PM Staff C, Certified Nursing Assistant (CNA), stated there's no extra staff to assist with showers on the weekends as there's no scheduled bath aide. Staff working weekends can't help catch up with showers from the past week. On 4/22/26 at 8:30 AM Staff B, CNA, acknowledged some residents don't receive or aren't offered scheduled showers. Residents on the 300 and 400 halls experience the most impact. Staff B explained two full-time bath aides remained scheduled during weekdays until early December 2025. One bath aide worked for each side of the building with the primary responsibility to provide resident showers and bathing. After this, the facility only had 1 full-time bath aide and attempted to fill the other open position with facility staff or agency staff. However, the position remained unfilled. On 4/22/26 at 10:35 AM Staff D, CNA, acknowledged some residents don't receive or aren't offered showers as scheduled. Residents on the 300 and 400 halls experience the most impact. Staff D noted there's one full time bath aide. 2. Resident #7's MDS assessment dated [DATE] identified a BIMS score of 13, indicating intact cognition. The MDS included diagnoses of a right femur (thigh bone) fracture, lack of coordination, history of falling, and cognitive communication deficit (difficulty with speaking or understanding). The (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	MDS documented limited range of motion on one side of the lower extremity including the hip, knee, ankle, and foot. The MDS indicated Resident #7 used a manual wheelchair for mobility. Resident #7 required moderate staff assistance for bathing. The Care Plan, revised 3/31/26, outlined Resident #7 required staff assistance for bathing. The Documentation Survey Report v2 outlined Resident #7 scheduled for bathing two times per week on Tuesdays and Fridays. Review of monthly reports revealed the following: a. January 2026, 9 out of 9 showers occurred. b. February 2026, 5 out of 8 showers occurred. - No documentation identified why the 3 showers didn't occur. c. March 2026, 6 out of 9 showers occurred. - 3/27/26, the report indicated Resident #7 refused. - No additional documentation identified why the other 2 showers didn't occur. d. April 2026 up to 4/23/26, 3 out of 6 showers occurred. - 4/7/26 and 4/14/26, the report indicated Resident #7 refused. - No additional documentation identified why the 1 other shower didn't occur. On 4/21/26 at 12:42 PM Resident #7 stated he's supposed to get a shower twice a week, on Tuesdays and Fridays. He stated he felt he needed two showers a week and he'd only refused a shower on a Saturday when he'd received a shower the previous day, on Friday. On 4/22/26 at 2:15 PM Staff F, CNA, acknowledged some residents felt upset and complained about not receiving or being offered showers on their scheduled day. She stated residents remain scheduled for showers either on Mondays and Thursdays or Tuesdays and Fridays. Staff try to get residents showered at least once every week as staffing remained challenging and the facility used a lot of agency staff. On 4/23/26 at 11:14 AM Staff E, CNA/CMA, stated staffing felt a little rough and the facility definitely had a shortage of CNA staff. She acknowledged the shower aide and restorative aide (aide assisting with exercise) moved from their positions to help on the floor with resident care. She stated she's aware resident showers haven't occurred as scheduled due to staffing challenges. She stated the last three months remained the most challenging for CNA staffing. She stated residents complained about not getting showers but couldn't recall specific individuals. On 4/23/26 at 11:30 AM Staff D stated staffing wasn't great, we are short a lot. She acknowledged some residents don't receive or aren't offered showers as scheduled. Residents on the 300 and 400 halls experience the most impact as there's no shower aide for that hallway. The facility attempted to fill the open position with facility staff or agency staff. On 4/23/26 at 11:36 AM the Director of Nursing (DON) acknowledged staffing definitely remained a challenge and caused problems with residents receiving showers as scheduled. 3. Resident #1's Minimum Data Set (MDS) assessment dated [DATE] identified a BIMS score of 10, indicating moderately impaired cognition. The MDS documented Resident #1 remained dependent on staff for personal hygiene. The MDS included diagnoses of anemia (low red blood cell count), heart failure, hypertension (high blood pressure), gastric reflux disease (acid reflux), renal failure (kidney failure), obstructive uropathy (urine flow blockage), cerebrovascular accident (stroke), respiratory failure, Parkinson's disease (nervous system disorder affecting movement), and a cognitive communications defect (difficulty speaking or understanding). On 4/20/26 at 3:26 PM Resident #1 stated she believed the facility had staffing issues. She stated (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	she recently missed numerous baths and noted she'd complained about it. The Care Plan Focus revised 4/14/26 indicated Resident #1 as an assist of one for oral cares and bathing. Resident #1's January 2026 Documentation Survey Report v2 outlined Resident #1's bath scheduled as Fridays and Sundays. The report lacked documentation for baths from 1/16/26 until 1/26/26, a period of 10 days. 4. Resident #2's MDS assessment dated [DATE] identified a BIMS score of 3, indicating severely cognitively impaired. The MDS documented her reliance on staff for bathing. The MDS included diagnoses of non-Alzheimer's dementia (brain disorder that causes a decline in thinking skills), diabetes mellitus (high blood sugar), arthritis (joint inflammation), pain in the left shoulder, muscle weakness, and a history of falls. The MDS noted Resident #2 participated in at least 15 minutes of active range of motion (exercises where the resident moves their own joints) through a restorative program (nursing interventions that promote the resident's ability to live as independently as possible) in the 7-day lookback period. The Care Plan revised 3/31/26, indicated Resident #2 she required assistance from one staff for bathing. Resident #2's January 2026 Documentation Survey Report v2 listed their bath schedule as Mondays and Thursdays. The report lacked documentation of a bath or refusal from 1/20/26 until 1/29/26. Resident #2's February 2026, Documentation Survey Report v2 listed their bath schedule as Mondays and Thursdays. The facility failed to document a bath or refusal from 2/6/26 until 2/12/26. Resident #2's March 2026 Documentation Survey Report v2 listed their bath schedule as Mondays and Thursdays. The facility failed to document a bath or refusal from 3/27/26 until the following month. 5. Resident #4's MDS Assessment completed on 3/18/26 revealed a BIMS score of 15, indicating intact cognition. The MDS documented Resident #4 remained dependent on staff for bathing. The MDS included diagnoses of anemia, atrial fibrillation (irregular heartbeat), coronary artery disease (clogged heart arteries), hypertension, peripheral vascular disease (poor circulation), gastroesophageal reflux disease (acid reflux), renal insufficiency (kidney failure), arthritis, and osteoporosis (brittle bones). The Care Plan revised 3/31/26, documented Resident #4 required an assist of one person with bathing. Resident #4's January 2026 Documentation Survey Report v2 listed their bath schedule as Tuesdays and Fridays. The facility failed to document a bath or refusal from 1/28/26 until 2/2/26. Resident #4's March 2026, Documentation Survey Report v2 listed their bath schedule as Tuesdays and Fridays. The facility failed to document a bath or refusal from 3/11/26 until 3/17/26, and again from 3/21/26 until 4/3/26. On 4/21/26 at 1:32 PM Staff H, Registered Nurse (RN), stated it's been a struggle to get bathing and restorative care covered because of the facility's lack of staff. She believed this began in January or February. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 4/23/26 at 11:14 AM Staff E, Certified Nursing Assistant (CNA), stated she's aware restorative care wasn't occurring. She stated it's because restorative aides and bath aides are the first pulled to the floor when the facility has low staffing. She stated this has been ongoing for the last three months. She stated residents complained to her about the lack of consistent baths. On 4/23/26 at 11:30 AM Staff D stated the lack of staffing impacted showers and restorative care. She stated they weren't occurring. On 4/23/26 at 11:37 AM the Director of Nursing (DON) acknowledged staffing remained an ongoing issue and she knew it caused issues with bathing and restorative services. She stated her expectation for staff is to follow the Care Plan. The Activities of Daily Living (ADLs), Support policy dated March 2018 directed appropriate care and services will be provided for residents who are unable to carry out ADLs (activities of daily living) independently, with the consent of the resident and in accordance with the Care Plan, including appropriate assistance with hygiene and bathing.