STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165313	A. Building B. Wing	09/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakwood Specialty Care	200 16th Avenue East Albia, IA 52531

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34817 Based on record review, Facility Assessment and staff interviews, the facility failed to maintain an adequate number of staff for the facility's census. The facility reported a census of 50 residents. Findings include: The Payroll Based Journal (PBJ) Staffing Data Report for the fiscal year's Quarter 2 (1/1/24 to 3/31/24) revealed the category for an excessively low weekend staffing triggered and the facility had a one-star staffing rating triggered. The Facility Assessment for 2024 provided by the Administrator to the survey team on 9/3/24 had a review date 7/26/24. The assessment revealed the following daily staffing pattern and total number of staff needed per day: Licensed Nurse providing direct care: 6-7 Certified Nursing Assistants ((CNA/ Restorative): 11-13 Certified Medication Aide (CMA): 0-2 The facility had an average daily census of 50.6 residents. The facility assessment revealed staffing based on the resident's acuity and staffing strengths. The assessment also revealed the facility provided a wide range of services and used a team approach to support and care for the residents. A Facility Assessment revised 5/5/22 provided by the survey team on 9/5/24 revealed an average daily census of 43 resident. The assessment documented the types of residents and the top 5 diagnoses as coded on the MDS (Minimum Data Set Assessment) as well as the facility's services and resources such as equipment. The facility assessment documented the facility had a total of 43 employees, but lacked a daily staffing pattern or the total number of staff needed to care for the residents each day. (continued on next page)

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

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

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The facility's Nursing Schedules dated 1/1/24 - 3/31/24 had a total of 26 days on the weekend (Saturday/Sunday). The schedules revealed the following: a. Weekend staffing for Nursing: 26 of 26 day nursing shifts and 23 of 26 evening nursing shifts were insufficiently staffed. b. Weekend staffing for CNA's: 24 of 26 day shifts, 16 of 26 evening shifts, and 24 of 26 night shifts were insufficiently staffed. During an interview 9/4/24 at 9:45 AM, the DON confirmed the schedules dated 1/1/24 to 3/31/24 provided to the surveyor had the most up-to-date information and consistent with the staff who worked on those dates. During an interview 9/04/24 at 3:37 PM, Staff A, Certified Nursing Assistant (CNA) reported she worked the 2-10 PM shift. Staff A reported staffing could be better. The number of residents and what needed to be done for the residents was a lot to get done during her shift. Staff A reported only 1 CNA and 1 nurse assigned on each hall, but on the 6 AM - 2 PM shift there were 3 nurses and 6 CNA's assigned. There were 5 residents on Hall B and 5-8 residents on Hall C who required a mechanical lift and two staff assistance on transfers, and four to five residents required feeding assistance. During an interview 9/04/24 at 3:45 PM, Staff B, CNA, reported not enough CNA's are assigned to work on the 2-10 PM shift. Only 2 CNA's and 2 nurses assigned on the 2-10 PM shift typically. Staff B reported residents often got mad because they thought they had waited too long for someone to assist them. She tried to get to the residents as soon as she could but there was just one CNA on each hall (Hall B and Hall C). Staff B reported 25 residents on Hall C, and 3 residents required a mechanical lift and 2 staff for transfers, During an interview 9/05/24 at 7:55 AM, the Director of Nursing (DON) reported the number of staff scheduled each shift on Saturday and Sunday as follows: 6 AM - 2 PM: 4 nurses and 5 CNA's. Sometimes 1 nurse worked as a CNA when they didn't have enough CNA's 2 PM -10 PM: 3-4 nurses and 4 CNA's 10 PM -6 AM: 1 nurse and 3 CNA's The DON reported agency staff, the DON, Assistant DON, and the MDS nurse sometimes covered shifts whenever short-staffed. She took the resident's acuity into account for staffing when needed. The DON reported staffing numbers entered into Data Force, and Corporate entered the PBJ data. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview 9/05/24 at 12:27 PM, the DON reported the previous Administrator had worked on the facility assessment and the DON adjusted staffing numbers based on the PPD (per patient day). The staffing numbers in 1/2024 were different than the current staffing numbers needed. The average census 1/2024 to 3/2024 at 42, but the census currently at 50 and the resident acuity now higher. The DON and ADON worked the floor a lot during and had a high staff turnover during that time. The DON reported she took over updates on the facility assessment in 4/2024 after the prior administrator left. The facility assessment is a working document on her computer and unsure if she had prior versions of the facility assessment. On 9/05/24 at 12:49 PM, the DON provided a Facility assessment dated [DATE] from the Regional Nurse's computer. This assessment revealed the facility had an average census of 43 residents but had no daily staffing pattern listed. During an interview 9/05/24 at 1:15 PM, the Regional Nurse reported she did not have a copy of a Facility Assessment from 2023 but the prior survey team should have one because they requested this during the facility's survey last year. The Regional Nurse reported she planned to check through the survey folder from last year to see if the facility assessment was sent electronically. During an interview 9/05/24 at 1:50 PM, the Regional Nurse reported she would check to see if the prior administrator had a copy of the previous facility assessment but at this time the only facility assessments found are from 5/2022 and 2/2024.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. 34817 Based on observation, menu review, record review, and staff interviews, the facility failed to serve the appropriate portions for 4 of 4 residents who received pureed diets (Resident #9, #12, #27, and #31) and 10 of 10 residents on a mechanical soft diet (Resident #4, #7, #18, #19, #25, #28, #30, #35, #37, and #47). The facility reported a census of 50 residents. Findings include: The facility's Week 3 menu for Tuesday lunch identified barbeque (BBQ) chicken to be served as part of the planned pureed textured diet for the lunch meal served on 09/03/24. The facility's Week 3 menu for Tuesday lunch identified a #8 scoop of BBQ chicken to be served as part of the planned mechanical soft textured diet for the lunch meal served on 09/03/24. The facility's Census Order -All Special Diet Report identified four (4) residents on a pureed texture diet, and ten (10) residents on a mechanical soft textured diet. During observation on 09/03/24 at 12:08 PM, Staff C, Dietary Manager, placed six (6) chicken breasts into a robot coupe container and blended the contents. Staff C took tongs and removed a large portion of chicken breast from the container, and placed it into a small metal pan. Staff C blended the remaining contents in the robot container, then poured the ground chicken into a different metal pan. At 12:12 PM, Staff C placed 4 more chicken breasts into the robot container, and blended the contents together. Staff C poured all of the ground meat into a measuring cup and reported a total of 6 cups. Staff C checked the serving chart on the wall and reported a #10 scoop and a #20 scoop would be used whenever the entree served for residents on a ground/mechanical soft diet. The serving chart revealed a #10 scoop the equivalent of 3 1/4 ounces (oz.), and a #20 scoop the equivalent of 1 5/8 oz. At 12:16 PM, Staff C reported she planned to prepare five (5) pureed servings. Staff C placed 5 chicken breasts into a robot coupe container, added some BBQ sauce, and blended the contents together. Staff C poured the contents into a measuring cup and reported a total of 2 cups. Staff C checked the serving chart on the wall and reported a #8 scoop and a #20 scoop would be used when the entree served to the residents on a pureed diet. The serving chart revealed a #8 scoop the equivalent of 4 oz., and a #20 scoop the equivalent of 1 5/8 oz. During the lunch meal service on 09/03/24, the Activities Director (AD) plated food for the residents on a pureed diet (Resident #9, #12, #27, and #31) and for the residents on a mechanical soft diet (Resident #4, #7, #18, #19, #25, #28, #30, #35, #37, and #47). During meal service a gray and yellow scoop fell on to the floor but the scoops were not replaced. The AD continued to plate the food. (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	At 1:29 PM, the AD reported the last resident's food plated. The AD reported she used the following serving sizes: a. One #8 (gray) scoop of ground chicken, the equivalent of 4 oz. Residents on a mechanical soft diet were supposed to get a total of 4 7/8 oz. of ground chicken. b. One #16 (blue) scoop of pureed chicken, the equivalent of 2 oz. Residents on a pureed diet were supposed to get a total of 5 5/8 oz. of pureed chicken. During an interview on 09/04/24 at 10:05 AM, the consulting dietician reported she expected staff to follow the menu and serve the proper serving sizes. During an interview 09/04/24 at 10:10 AM, Staff C reported not enough serving utensils in the kitchen. She told the Administrator on 9/3/24 to order 4 of each serving utensil. During an interview 09/04/24 at 3:30 PM, the AD reported she looked at the menu book to know what serving size to serve on each entree, then she looked at the colored chart to see which numbered scoop to use. The AD stated she didn't know she needed to use two different scoops when she served the pureed chicken and ground chicken, but confirmed a couple of scoops fell on to the floor during the lunch meal service on 09/03/24. On 09/05/24 at 7:25 AM, the Administrator showed the surveyor the documents that were laminated and posted in the kitchen on 09/04/24 for staff to reference regarding equivalent measurements and serving food.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 34817 Based on observation, staff interview, and facility policy review the facility failed to prepare and serve all foods at a safe and palatable temperature in order to prevent foodborne illness for 1 of 1 meals observed. The facility reported a census of 50 residents. Findings include: During observation on 09/03/24 at 12:17 PM, four plates of lettuce salad with cut up pieces of ham, turkey, and boiled eggs, and twelve bowls of cottage cheese sat on the counter next to the stove. The plates of salad and the bowls of cottage cheese were not on ice or a cooling mechanism. During observation on 09/03/24 at 12:43 PM, the Activities Director (AD) checked and reported the food temperatures on the following entrees: a. Ground chicken at 162 degrees Fahrenheit (F) b. Pureed rice/broccoli casserole at 184 (F) c. Pureed chicken at 173.5 (F) At 12:53 PM, the AD began to plate food for the residents. At 12:59 PM, the Director of Nursing (DON) checked the temperatures on the following entrees: a. Lettuce salad at 54.1 (F) b. Cottage cheese at 49.6 (F) At 1:04 PM, a container of cheese slices sat on the counter and not on ice or a cooling mechanism. At 1:29 PM, the AD reported the last food plated for the residents. The AD checked the food temperatures of the remaining food which revealed the following: a. Ground chicken at 134 (F) b. Pureed rice/broccoli casserole at 136.8 (F) c. Pureed chicken at 163 (F) During meal service, the surveyor observed: A cheese slice placed on a hamburger patty for Resident #15, #17, and #39. Lettuce salads served to Resident #21, #41, and #50. (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Cottage cheese served to Resident #5 and #19. During an interview on 09/04/24 at 10:05 AM, the dietician consultant reported she expected the rice casserole at least 145 degrees (F), and chicken at least 165 degrees (F) whenever the entrees served. On 09/05/24 at 7:25 AM, the Administrator showed the surveyor documents that were laminated and posted in the kitchen on 09/04/24 for staff to reference regarding food temperatures and safe food service. A Preventing Foodborne Illness- Food Handling policy revised 7/2014 revealed food prepared and served to minimize the risk of foodborne illness. The critical factors implicated in foodborne illness are improper temperatures. An undated Food Temperature Chart revealed the minimum cooking temperature for poultry at 166 degrees (F) and casseroles at 165 degrees (F). A County Health Department Food Safety Program for Proper Food Storage revealed cold foods kept at 41 degrees (F) or below.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34817 Based on observations, staff interviews, and policy review the facility failed to maintain clean and sanitary conditions in the kitchen, failed to label and store food items and discard leftovers after 3 days in order to maintain food quality and reduce the risk of food-borne illness in the kitchen and the designated resident's refrigerator for one of one nursing units observed. Facility staff also failed to wash hands to prevent food borne illness. The facility reported a census of 50 residents. Findings include: 1. Initial kitchen observations on [DATE] starting at 9:40 AM revealed the following: a. The microwave had dried yellow debris splattered over the interior glass door and the glass plate inside the microwave, and splatters of food on the top and sides inside the microwave. b. A large frying pan had multiple scratches and the interior surface had peeled and missing Teflon coating. c. The [NAME] Cold Refrigerator had food particles on shelving, and a red liquid spillage on the bottom. The outside of the refrigerator and Victory freezer had splatters of dried liquid debris. d. Gray, fuzzy particles hung from the ceiling above the steam cart. e. The Arctic Air refrigerator had the following items: A box of prune juice without a lid, and dated ,d+[DATE]. One quart of half & half had no open date. One open gallon of white whole milk had no open date. f. The [NAME] Cold refrigerator had containers of food not labeled or dated: A container of apple sauce A container of blue berries A container labeled saltine crackers had sliced tomatoes inside. A container with a green lid labeled pickles had what appeared to be cooked hamburger patties with broth and white particles floating inside. A large package of hot dogs with the top of the package open to air and undated when opened. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Three cans of crescent rolls had a use by date [DATE]. Two bags of chicken breasts and two rolls of uncooked hamburger not labeled or dated. The bags of chicken breasts were lying on top of the uncooked hamburger thawing on the bottom shelf of the refrigerator. g. The Victory Freezer had several bags of unlabeled and undated food including a bag of French fries, a bag of sausage links, and two bags of diced chicken. h. The dry storage area had a container labeled dry milk and a use by date ,d+[DATE]. Observations during a follow-up visit to the kitchen on [DATE] revealed the following: a. At 11:33 AM, the garbage can located by the handwashing sink had trash heaped over the top and the garbage can lid propped open from the trash inside. b. At 12:02 PM Staff C, Dietary, placed an item into the overflowing trash, then proceeded to place utensils on the steam table. At 12:03 PM Staff C took dirty dishes to the dishwashing area after she prepared pureed rice and broccoli casserole in a robot coupe. At 12:08 PM Staff C blended chicken breasts in a robot container then poured the ground chicken into a metal pan. Staff C did not wash her hands. At 12:16 PM Staff C, prepared pureed chicken. At 12:22 PM Staff C washed her hands. c. At 12:34 PM, a staff member in the kitchen removed the bag of overflowing trash and placed the bag on the floor by the large mixer. A follow-up visit to the kitchen on [DATE] at 09:45 AM revealed the following: a. The ceiling above the steam table still had gray, fuzzy debris. b. Several items in the [NAME] Cold refrigerator remained unlabeled and undated including 1 quart half and half, 1 gallon of white milk, hot dogs in a Ziploc bag, and a roll of hamburger thawing on the bottom shelf. c. Three cans of outdated Crescent rolls (use by date [DATE]). d. A large frying pan still scratched and had peeled up and missing protective coating. e. The Victory freezer continued to have items unlabeled and undated including the bag of French fries, sausage links, and two bags of diced chicken. The top of a box of uncooked hamburger patties was open and had food exposed to air. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	f. A container of dry milk remained on the shelf in the dry storage area and had a use by date ,d+[DATE]. During an interview on [DATE] at 9:40 AM, the Activities Director (AD) reported the dietary manager (DM) quit that morning so other departments worked in the kitchen. In an interview on [DATE] at 10:25 AM, the Administrator reported the DM just quit on [DATE] AM. During an interview [DATE] at 1:37 PM, the Dietician reported staff had a daily cleaning checklist and items marked off on the checklist whenever the cleaning task completed. She expected staff labeled and dated food whenever food came into the facility, whenever food opened, as well as any left overs. The surveyor showed the dietician the unlabeled and undated food in the refrigerator. The dietician reported she was uncertain what some of the food were in the containers. During an interview [DATE] at 10:05 AM the Dietician reported she threw the containers of applesauce and hamburger patties away after the surveyor pointed it out to her. On [DATE] at 10:54 AM, the Regional Clinical Director reported the facility had no policy on maintenance of equipment or supplies such as pots and pans in the kitchen. On [DATE] at 7:25 AM, the Administrator showed the surveyor documents that were laminated and posted in the kitchen on [DATE] for staff to reference regarding proper food storage and safe food service. During an interview on [DATE] at 7:40 AM, and a tour of the kitchen with Staff C and the surveyor, Staff C reported the frying pan as not sanitizable and she planned to discard the pan. Staff C stated she would not use the pan in her kitchen. Staff C stated all food should be labeled and dated, including leftovers. The leftovers should be discarded after 3 days. Staff C confirmed the refrigerators had lots of spillage and food particles in them and the doors on the outside needed cleaned. At the time, Staff C stated she found some cleaning checklists dated 2023, but planned to look for cleaning checklists from 2024. On [DATE] at 9:20 AM, Staff C reported no cleaning schedules found except from 2023. She posted a Proper Food Storage policy and put together a log book with a cleaning schedule effective [DATE] for staff to complete and sign off tasks when completed. 2. On [DATE] at 10:35 AM, Staff D, Licensed Practical Nurse (LPN) reported the refrigerator for resident food and pop located in a locked room on Hall B. Observations of the residents' refrigerator with Staff D revealed the following: a. Brown, sticky spillage on the interior door shelf. b. A package of honey ham had a use by date of [DATE]. c. Eight containers of Activia yogurt had a date of [DATE]. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	d. A box had a resident's name wrote on it but no date listed. The box contained dried up pizza slices inside. e. A fast food bag labeled with a resident's name had a sandwich inside. The bag had a date [DATE]. f. Fourteen mighty shakes had a use by [DATE]. No thaw date listed on the shakes. g. A clear bowl had what appeared to be beef and noodles not dated or labeled. During an interview [DATE] at 10:35 AM, Staff D, LPN, reported she was unsure who cleaned the residents' refrigerator. She had only worked at the facility for a few months. During an interview [DATE] at 10:49 AM, Staff E, Housekeeper, reported she had never cleaned the residents' refrigerator but would have done it if someone told her it needed cleaned. During an interview [DATE] at 10:51 AM, Staff F, Certified Nursing Assistant (CNA) reported she was not sure who cleaned the residents' refrigerator. Staff F thought the night shift staff cleaned the refrigerator because they cleaned the staff breakroom refrigerator. During an interview [DATE] at 10:55 AM, the Director of Nursing (DON) reported the AD took care of the resident snack room and residents' refrigerator. The DON reported she thought pop mostly kept in the refrigerator. The DON confirmed no record of who cleaned the refrigerator or when the refrigerator had been cleaned out. At the time, the surveyor showed the DON the expired items, thawed mighty shakes, and unlabeled and undated food. During an interview [DATE] at 11:31 AM, the Regional Dietary Manager reported mighty shakes discarded after 7 days if thawed and not used. A Preventing Foodborne Illness- Food Handling policy revised ,d+[DATE] revealed food stored, prepared, handled and served to minimize the risk of foodborne illness. The critical factors implicated in foodborne illness are poor personal hygiene of food service employees and contaminated equipment. All food service equipment and utensils sanitized according to current guidelines and manufacturers' recommendations. A Food Receiving and Storage policy revised ,d+[DATE] revealed the following: a. Foods received and stored in a manner that complies with safe food handling practices. A clean food storage area maintained at all times. b. All foods stored in the refrigerator or freezer needed covered, labeled and dated. c. Refrigerated food must be stored below 41 degrees F and labeled with a use by date. d. Beverages dated when opened and discarded after 24 hours. e. Wrappers of frozen foods must stay intact until thawing. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	f. Uncooked and raw animal products needed stored separately in a drip-proof container and below fruits, vegetables and other ready-to-eat foods. g. Dry foods stored in bins removed from original packaging, labeled and dated (use by date). An undated Proper Food Storage Policy revealed the refrigerator and freezer should always be organized and clean and the bottoms and outside of them wiped clean daily. All food items labeled and dated, and food disposed of after 3 days of the marked date.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 46873 Based on clinical record review, staff interview and facility policy review, the facility failed to maintain accurate medical records for 1 of 18 residents (Res #26) reviewed. The facility reported a census of 50 residents. Findings include: The Minimum Data Set (MDS) Assessment of Resident #26 dated 9/20/23 identified a Brief Interview of Mental Status (BIMS) score of 6 which indicated severe cognitive impairment. The MDS documented the resident to have experienced hallucinations during the look back period. The MDS documented the resident exhibited verbal behaviors directed towards others during 4-6 days of the 7-day look back period and exhibited wandering behavior during 1-3 days of the 7-day look back period. The MDS documented diagnoses that included Non-Alzheimer's Dementia, seizure disorder, depression and bipolar disorder. The MDS failed to document the resident having a diagnosis of schizophrenia. The Medical Diagnosis section of the Electronic Health Record (EHR) of Resident #26 documented schizophrenia became an active diagnosis on 9/8/23 but was not added to the EHR until 5/2/24. The Note To Attending Physician documented the pharmacy requested to change the residents order for Olanzapine (also known as Zyprexa), an antipsychotic medication from 2.5 mg twice a day to 5 mg once a day due to insurance regulations. The physician signed agreement with this request on 9/5/23. The note failed to reveal a diagnosis related to this medication. The Medication Administration Record (MAR) for Resident #26 for Sept of 2023 revealed the order for Zyprexa/Olanzapine 2.5 mg twice daily was ordered as related to unspecified dementia, and bipolar disorder. This order was discontinued on 9/7/23. The MAR recorded the new order for Olanzapine, 5 mg once a day, start date of 9/8/23 was ordered as related to schizophrenia. The Order Details for the Olanzapine dated 9/7/23 was documented as being entered into the EHR by Staff H, Licensed Practical Nurse. The Nurses Note dated 9/7/23 at 2:37 pm documented a new order was received from the physician to change Olanzapine 2.5 mg twice daily to 5 mg daily. The Note documented this was related to insurance change. The Note failed to document the physician giving a diagnosis of schizophrenia related to this medication. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165313	A. Building B. Wing	09/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakwood Specialty Care	200 16th Avenue East Albia, IA 52531

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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The encounter note dated 10/6/23 by the Mental Health Nurse Practitioner (NP) documented this visit was the initial evaluation by the provider to begin services for Resident #26. The note documented the visit was for an initial psychiatric review of diagnostics and evaluation of current medications. The note documented the resident was receiving Olanzapine for the treatment of schizophrenia. The note additionally documented behaviors of combativeness, yelling out, pulling fire alarms, increased agitation, elopement attempts, and throwing furniture. Additional behaviors were documented including making repetitive statements, cursing, agitation and wanting to return to his home. The note recorded multiple diagnoses of past medical history, which did not include schizophrenia. The note listed the resident's medications, dosage and frequency was taken from the facility where the patient resided, and reflected the best information available at the time of the encounter. Each medication listed was linked to a diagnosis and an ICD-10 code (International Classification of Diseases, a global system for coding and classifying medical diagnoses, symptoms and procedures) except for the Olanzapine which only stated schizophrenia with no ICD-10 code. On 9/5/24 at 8:35 am, the Director of Nursing (DON) stated Staff H, LPN no longer worked for the facility. She stated Staff H had moved to a different state and the phone number the facility had on file for her was no longer active and they were unable to reach her. She stated the facility was unable to determine why Staff H had used the diagnosis of schizophrenia for the medication and was unable to locate any earlier record of Resident #26 having the diagnosis. She stated the diagnosis was free typed into the medication order and not linked to an active order in the resident's EHR. She stated the medication was for bipolar disorder on prior orders. The DON further stated that the pharmacy did request clarification from the Mental Health Nurse Practitioner (NP) recently on 6/11/24 and the NP did feel the diagnosis was accurate. On 9/5/24 at 11:23 am, the DON stated she would be speaking to her psychiatric provider and asking her to look at the diagnosis and address it formally. She stated her expectation is for a nurse to type a diagnosis if a physician gives a verbal order which includes that diagnosis, and a progress note should be made to link that diagnosis with the verbal order. She stated if a physician does not add a new diagnosis, the medication should be linked to an active diagnosis currently on the resident's record. The facility policy Electronic Medical Records, revised March 2014 failed to reflect an expectation of Medical Records to be accurate and complete.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47079 Based on observation, record review, staff interview, and policy review, the facility failed to implement infection control practices to prevent cross contamination of invasive medical equipment for 1 of 1 resident reviewed (#12). The facility reported a census of 50 residents. Findings include: On 9/03/24 at 10:54 AM, Resident #12 was observed with a urinary catheter hung on the left side of the recliner with dependent loop. The Minimum Data Set (MDS) assessment dated [DATE] indicated the resident had a Brief Interview for Mental Status (BIMS) score of 99 which indicated the resident was not able to complete the interview. It included diagnoses of neurogenic bladder (lack of bladder control due to nerve damage), cerebral palsy, bipolar disorder, and need for assistance with personal cares. It also revealed the resident had an indwelling catheter and was dependent in all activities of daily living (ADLs). A Physician's Order included Enhanced Barrier Precautions (EBP) due to colostomy & suprapubic catheter every shift for infection control. A Progress Note dated 7/24/24 indicated the resident had a catheter and care was provided by staff. The Care Plan dated 1/03/22 indicated the resident was at risk for potential infection related to the catheter and directed staff to perform catheter care per facility protocol. It also included EBP when performing high-contact care activities. On 9/05/24 at 10:35 AM, Staff G, Certified Nurse Aide (CNA) emptied Resident #12's urinary catheter collection bag. During the procedure, Staff G performed hand hygiene with soap and water. She stated she was going to lay a clear, plastic trash bag on the floor to set the dirty container in. She donned gloves and grabbed the plastic bag and urine container. She placed the urine container in the plastic bag on the floor, obtained an alcohol swab off the bedside table, opened the package, removed the swab, and cleaned the catheter bag drain. She emptied the urine into the container, obtained another alcohol swab off the bedside table, opened it, removed the swab, and cleaned the catheter bag drain. She tucked the drain into the drain holder and emptied the urine into the toilet. At 10:05 am, Staff G stated that she forgot to put on the Personal Protective Equipment (PPE) gown for Enhanced Barrier Precautions (EBP). She also stated she should have performed hand hygiene between emptying the urine into the container and cleaning the drain. On 9/05/24 at 11:56 AM, the Director of Nursing (DON) stated staff should gown appropriately for resident care and should have had sanitizer set up and ready for a glove change between the two steps. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A policy titled Enhanced Barrier Precautions dated 3/28/24 defined Enhanced Barrier Precautions as an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and gloves use during high contact resident care activities. It indicated PPE for enhanced barrier precautions is only necessary when performing high-contact care activities and may not need to be donned prior to entering the resident's room. High-contact care included device care or use of urinary catheters. A policy titled Handwashing/Hand Hygiene revised 8/2019, directed staff to perform hand hygiene before and after handling an invasive device (e.g. urinary catheters), after handling contaminated equipment, and before moving from a contaminated body site to a clean body site during resident care.