

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Eldora Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1510 22nd Street Eldora, IA 50627	

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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42441</p> <p>Based on clinical record review and staff interview, the facility failed to submit a Level II Preadmission Screening and Resident Review (PASRR) evaluation for 1 of 1 residents reviewed with a new mental health diagnosis (Resident #24). The facility reported a census of 35 residents.</p> <p>Findings include:</p> <p>Resident #24's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 13, indicating intact cognition. The MDS included a diagnosis of bipolar disorder. Resident #24 received antipsychotic medications during the lookback period.</p> <p>The Care Plan Focus revised 9/5/24 reflected Resident #24 had a behavior problem, refused to be checked and changed when wet, he would seek out women, he would pace up and down the halls. The Care Plan Goal indicated Resident #24 wouldn't have a negative outcome from the behaviors.</p> <p>Resident #24's Medical Diagnosis reviewed on 12/11/24 included a diagnosis of bipolar disorder effective 10/2/23.</p> <p>Resident #24's clinical record review revealed a negative Level 1 PASRR screening completed 7/31/23. The Level 1 PASRR documented the mental health conditions for Resident #24 as depression and altered mental status. The clinical record lacked a Level II PASRR evaluation submission following the new mental health diagnosis of bipolar disorder effective 10/2/23.</p> <p>Resident #24's December 2024 Medication Administration Record (MAR) included an order started 6/11/24 for aripiprazole (antipsychotic) 5 milligrams (MG) 1 tablet by mouth 1 time a day related to bipolar disorder.</p> <p>On 12/11/24 at 8:54 AM, the Director of Nursing (DON) reported the facility didn't complete a Level II PASSR evaluation for Resident #24 because the new diagnosis of bipolar disorder became effective 10/2/23.</p> <p>During a follow-up interview on 12/11/24 at 10:00 AM, the DON acknowledged the facility didn't complete a Level II PASSR with Resident #24's diagnosis of bipolar disorder. The DON added the facility didn't have a policy or protocol regarding the completion of PASRRs as they followed the regulations.</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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