STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165316	A. Building B. Wing	12/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eldora Specialty Care	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)
F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, staff interview and policy review, the facility failed to submit a Level II Preadmission Screening and Resident Review (PASRR) evaluation for 1 of 1 resident reviewed with a new mental health diagnosis (Resident #1). The facility reported a census of 35 residents.Findings include:The Minimum Data Set (MDS) dated [DATE] documented Resident #1 had a Brief Interview for Mental Status (BIMS) score of 3, indicating severe cognitive impairment. The MDS included diagnoses of medically complex conditions, non-Alzheimer's dementia, depression, bipolar disorder and major depressive disorder. The indicated Resident #1 took an antipsychotic, antidepressant and antianxiety medication during the lookback period. The Care Plan Focus revised 6/2/25 indicated Resident #1 had behavior problems related to diagnoses of unspecified dementia, unspecified severity without behavioral disturbance, psychotic disturbance, mood disturbance and anxiety directed staff. The Interventions directed to administer behavior medications as ordered by the physician, assist in selection of appropriate coping mechanism, encourage to express feelings appropriately, and explain all procedures before starting. The clinical record review revealed Resident #1 had a diagnosis effective 11/17/23 of bipolar disorder. The clinical record review further revealed they didn't have a Level II PASRR evaluation submitted after receiving the bipolar diagnosis. During an interview on 12/10/25 at 12:45 PM, the Director of Nursing (DON), acknowledged Resident #1 had an active diagnosis of bipolar disorder effective 11/17/23, which remained as an active diagnosis since that time. The DON acknowledged the MDS effective 1/17/24 included the diagnosis of bipolar disorder and each subsequent MDS included this diagnosis. The DON stated an expectation to submit a Level II PASRR with a new diagnosis and acknowledged a new diagnosis of bipolar disorder would qualify for a new PASRR. She acknowledged she didn't submit a Level II PASRR for Resident #1 after the diagnosis of bipolar disorder. Review of the facility policy admission Criteria, revised March 2019, documented the facility conducts a Level I PASARR screen for all potential admissions, regardless of payer source, to determine if the individual meets the criteria for a mental disorder (MD), intellectual disorder (ID) or related disorders (RD). If the level I screen indicates that the individual may meet the criteria for a MD, ID, or RD, he or she is referred to the state PASRR representative for the Level II (evaluation and determination) screening process.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain dental services for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, resident interview, staff interview and policy review, the facility failed to assist 1 of 1 resident (Resident #10) in obtaining routine dental care. The facility reported a census of 35 residents. Findings include:The Minimum Data Set (MDS) dated [DATE] documented Resident #10 had a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. The MDS included diagnoses of medically complex conditions, heart failure, anxiety disorder, depression and bipolar disorder. The MDS didn't indicate Resident #10 had dentures. The Care Plan Focus initiated 5/2/24 related to Activities of Daily Living (ADL's) included the following InterventionsResident #10 ate independently with set upResident #10 needed partial assistance of 1 for oral hygiene. During an interview on 12/8/25 at 1:30 PM, Resident #10 stated she didn't have any upper or lower teeth, advising all of her teeth were removed several years ago. Resident #10 stated she didn't have dentures and voiced a desire to facility staff to have a dental appointment to discuss dentures. Resident #10 stated she wanted dentures and had been waiting for an appointment to get dentures. She added she waited for a long time for an appointment. Resident #10 stated the facility Social Worker (SW) helped her, but she didn't have an appointment scheduled and didn't see a dentist since her admission to the facility in May of 2024. The clinical record review lacked documentation regarding dental services or dental appointments for Resident #10. The clinical record listed Resident #10 had Medicaid funding. During an interview on 12/9/25 at 1:04 PM, Staff B, Social Services, stated Resident #10 had Medicaid funding. Staff B acknowledged the resident asked for a dental appointment to get fitted for dentures and expressed a desire to have dentures. Staff B stated a dental company comes to the facility to provide dental services for residents, however Resident #10 has not had dental services from this company or any other dental provider since her admission to the facility last year. Staff B stated a dental appointment had not been made for Resident #10, the resident had not received dental care since admission or since she asked to see if she could get dentures. Staff B could not recall specifically when Resident #10 asked for a dental appointment. Staff B stated Resident #10 inquired from her again yesterday about dentures and wanted to follow up with getting dentures. Staff B located an email dated 6/11/25 from the dental company that comes to the facility. The email had attachments for treatment authorization and fee for services. Staff B stated the email came around the time Resident #10 first asked for dentures. Staff B stated she didn't know what happened to the forms and said she didn't have any other documentation to show she took any additional steps to assist Resident #10 in setting up an appointment for dental care. During an interview on 12/10/25 at 12:30 PM, the Administrator stated she didn't know what steps Staff B took to set up dental care for Resident #10. During an interview on 12/10/25 at 1:30 PM, the Administrator stated Resident #10 advised her of her conversations with Staff B with regard to dentures and stated she would like to have dentures. The Administrator stated Staff B could not find additional documentation since June 2025 that she took any additional steps to set up dental care for Resident #10 until yesterday. The Administrator stated the facility expected to provide prompt dental services for Resident #10 when she requested the services. The Administrator acknowledged the facility didn't promptly provide or assist the resident with dental needs. Review of the facility policy Dental Services, revised December 2016, documented routine and 24-hour emergency dental services are provided to our residents through:a. A contract agreement with a licensed dentist that comes to the facility monthly.b. Referral to the resident's personal dentist.c. Referral to community dentists; ord. Referral to other health care organizations that provide dental services.The Social Services representatives will assist residents with appointments, transportation arrangements, and for reimbursement of dental services under the state plan, if eligible.

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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** Based on observation, staff interviews and policy review, the facility failed to implement enhanced barrier precautions (EBP) while administering medication via a peg (feeding) tube for 1 of 2 residents reviewed for EBP (Resident #3). The facility reported a census of 35 residents. Findings include The Minimum Data Set (MDS) dated [DATE] revealed Resident #3 had a diagnosis of malignant neoplasm (cancer) of head, face and neck. The MDS reflected Resident #3 had a feeding tube and depended on staff to eat. The Care Plan revised 11/17/25 indicated Resident #3 had a peg tube. The Intervention directed staff to give medications via the peg tube. Review of Physician Orders for Resident #3 revealed an order for EBP due to a peg tube and a tracheostomy stoma (a surgical opening used for breathing instead of through the mouth or nose) effective 11/14/25. Review of the December 2025 Medication Administration Record (MAR) for Resident #3 revealed an order for Oxycodone (narcotic pain medication) 5 milligrams (mg) every 6 hours for pain as needed (PRN) via the peg tube. During an observation on 12/10/25 at 11:15 AM, observed Staff A, Licensed Practical Nurse (LPN) administer Resident #3's as needed 5 mg Oxycodone via Resident #3's peg tube. Staff A failed to apply personal protective equipment (PPE) during the administration. During an interview on 12/10/25 at 1:00 PM, Staff A acknowledged Resident #3 had been on EBP and she didn't apply PPE during administration of their pain medication. Review of facility policy titled, Enhanced Barrier Precautions, revised 12/10/25 revealed PPE for enhanced barrier precautions is necessary when performing high-contact care activities including device care or use of feeding tubes. During an interview on 12/10/25 at 1:15 PM, the Director of Nursing (DON) revealed she expected EBP to be implemented while staff administered medication to a resident via a feeding tube.