STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165323	A. Building B. Wing	02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Correctionville Specialty Care	1116 East Highway 20 Correctionville, IA 51016

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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** 44420 Based on clinical record review, resident interview, staff interview and facility policy review the facility failed to provide bathing assistance as scheduled for 3 of 4 residents reviewed for bathing (Resident #2, #6 and #9). The facility reported a census of 32 residents. Findings include: 1. The Minimum Data Set (MDS) assessment dated [DATE] for Resident #2 documented a new admission to the facility from the hospital. The Medical Diagnosis report for Resident #2 showed a diagnoses of Diabetes Mellitus, diabetic ulcer and pain in the lower leg. The Care Plan with an initiated date of 2/19/25 for Resident #2 showed the resident required assistance from one person for bathing. In an interview on 2/24/25 at 4:33 PM, Resident #2 reported he doesn't want to get anyone in trouble but hasn't been offered a bath since admission on 2/19/25. When asked if he refused a bath Resident #2 stated, I was never offered one, so I couldn't refuse one. The Documentation Survey Report dated February 2025 showed the resident scheduled for baths on Mondays and Thursdays. The report also showed staff documented a bath not applicable on Thursday, February 20th and Monday, February 24th. 2. The MDS assessment dated [DATE] for Resident #6 documented diagnoses of difficulty walking and muscle wasting. The MDS showed the Brief Interview for Mental Status (BIMS) score of 15, which indicated no cognitive impairment. The MDS also revealed Resident #6 dependent for bathing. The Care Plan with an initiated date of 10/24/23 for Resident #6 showed the resident required assistance of one person for bathing. In an interview on 2/25/25 at 9:28 AM, Resident #6 reported a bath is scheduled once a week but isn't offered once a week. When asked if she refused baths Resident #6 stated, sometimes. When asked if she refused a bath in the last few weeks, Resident #6 stated no. (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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NAME OF PROVIDER OR SUPPLIER: Correctionville Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE: 1116 East Highway 20 Correctionville, IA 51016	

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Documentation Survey Report v2 for Resident #6 revealed the resident to shower every Wednesday. The report also showed staff documented Resident #6 refused a bath two consecutive Wednesdays, February 11th and 19th. 3. The MDS assessment dated [DATE] for Resident #9 documented an admission to the facility from the hospital. The Medical Diagnosis report for Resident #9 showed a diagnoses of legal blindness, muscle weakness, impingement syndrome of the right shoulder. The Brief Interview for Mental Status Evaluation for Resident #9 showed a score of 15, which indicated no cognitive impairment. The Care Plan with an initiated date of 2/13/25 for Resident #9 showed the resident required partial assistance of one person for bathing. In an interview on 2/25/25 at 9:47 AM, Resident #9 reported he hasn't been offered a bath since a week from last Sunday (February 16th). When asked if he refused baths when offered by staff, the resident replied no. Review of report titled Documentation Survey Report v2 for Resident #9 baths are to be completed on bath days as needed. No bath documented since February 16th. In an interview on 2/19/25 at 11:30 AM, Staff B, Certified Nursing Assistant (CNA) stated, we are short staffed. That's the reason why baths aren't being done. We do other grooming at the same time like nails, so that doesn't get done either. With all the new residents it has been impossible. A lot of them are Hoyer machines which need two staff to do. Look at Resident #6's bath documentation. I know she isn't getting baths. In an interview on 2/20/25 at 2:38 PM, when asked if residents received scheduled baths Staff C, CNA replied no. Just because we are short staffed because there are only two of us on the floor, plus the new residents need two people at a time. We at least try to give them a bed bath so they get something. In an interview on 2/24/25 at 9:20 AM, Staff D, CNA stated some residents lately haven't gotten baths done due to being short on staff and with new residents. In an interview on 2/24/25 at 9:58 AM, when asked if residents received scheduled baths, Staff E, CNA stated we used to have time to give baths before we got all these new residents and had things under control. We had a bath aide scheduled and everyone got baths. Now the bath aide is pulled to the floor. Tomorrow there is a bath aide scheduled, it's me but they will need me to help them on the floor. A lot of the new residents are two assist. The night shift only has two CNA's scheduled. If residents don't get a bath I documented they refused their bath. When asked why a refusal is documented when the resident didn't refuse, the CNA replied, the prior Director of Nursing (DON) told us to document that the resident refused if they didn't get a bath. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 2/24/25 at 11:23 AM, Staff F, Registered Nurse (RN) stated the residents are not getting baths. There just isn't the staff. They try to schedule the bath aide. The bath aides have been pulled to the floor. When asked how baths are documented when staff didn't have time, Staff F replied some of the CNA's told me the old DON told them to document that residents refused baths instead of not getting a bath. In an interview on 2/24/25 at 1:03 PM, Staff G, RN stated baths are not getting done. Staff mark as refused even if they don't have time to give baths. The Bath Shower/Tub policy last revised February 2018 identified staff need to notify the supervisor if the resident refuses a bath and to document the reason why and intervention. In an interview on 2/24/25 at 1:16 PM, when asked about bath documentation discrepancies Staff H, RN reported staff have the option to document the bath wasn't applicable, or the resident refused. Staff H explained there isn't an option that accurately reflected staff did not complete the bath. Staff H reported she would talk to Informatics about adding another option. Staff H also reported the bathing schedule wasn't entered into the electronic chart accurately for residents which failed to prompt staff to document. Staff H planned to correct the bathing schedules in the electronic charts. Staff H reported paper documentation showed baths are completed as scheduled. In an interview on 2/24/25 at 2:05 PM, when asked about the paper bathing documentation that failed to match the electronic chart bathing documentation the Administrator stated, if staff don't have time to give baths we need to know so we can fix it. Staff shouldn't be documenting baths are being done when they're not.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44420 Based on clinical record review, staff interviews, and policy review the facility failed to complete assessments for the necessary care and services to maintain the residents' highest practical physical well- being. Clinical record review revealed the nursing staff failed to perform neurological assessments for 1 out 3 residents reviewed for falls (Resident#1). The facility reported a census of 32 residents. Findings included: 1. The Minimum Data Set (MDS) assessment dated [DATE] for Resident #1 documented diagnoses of polyneuropathy, muscle weakness and repeated falls. The MDS showed the BIMS score of 9, which indicated moderate cognitive impairment. The Progress Notes for Resident #1 revealed the resident had unwitnessed falls on the following dates: a. 2/17/25 b. 2/18/25 c. 2/19/25 The neurological assessments for Resident #1 revealed the facility failed to complete and/or properly complete neurological assessments on the following dates: a. 2/17/25 b. 2/19/25 c. 2/20/25 The neurological assessment policy last revised on March 18th, 2021 revealed after fall neurological assessments per the following schedule: a. Initial assessment b. Every 15 minutes x4 c. Every 30 minutes x2 d. Every hour x2 e. Every 8 hours x9 (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 2/24/25 at 8:46 AM, Staff A, Registered Nurse (RN) when asked if nurses had time to complete necessary care to residents. Staff A stated, we have had a lot of new admits lately, it's hard for staff to get things done. In an interview on 2/25/25 at 10:21 AM, the Administrator reported that she expected staff to complete neurological assessments per policy after an unwitnessed fall. The Administrator reported the facility received eight new admits in three weeks and staff needed time to adjust to the additional workload. The Administrator reported she planned to hire a nurse to work weekdays to provide additional assistance to the whole team.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 44420 Based on observation, clinical record review, resident, family and staff family interviews, the facility failed to provide an environment that is free from accidents and hazards for 2 of 2 residents reviewed (Resident #1 and #10). The facility reported a census of 32 residents. Findings include: In an interview on 2/20/25 at 2:38 PM, Staff C Certified Nursing Assistant (CNA) stated Resident #10 kept pulling on TV wires thinking it was the call light and almost pulled the TV off the wall, Resident #10 was directly below the TV. In an interview on 2/20/25 at 3:52 PM, Resident #1's family stated, the TV cords were close to the call lights. Mom kept pulling on the TV cords. She thought it was the call light. The TV is over the bed. We were afraid she was going to pull down the TV. Observations on 2/24/25 at 1:50 PM showed Resident #1's TV cords hanging down from the TV and inches from the call light string. The TV hung over the resident's bed. Observations on 2/24/25 at 1:55 PM showed Resident #10's TV cords hanging down from the TV and inches from the call light string. The TV hung over the resident's bed. The Homelike Environment policy provided by the facility and last revised February 2021 failed to address environmental hazards. In an interview on 2/24/25 at 2:22 PM, the Administrator observed rooms with TV cords hanging close to the call light. When asked if the Administrator felt this could potentially be a hazard she replied I could see that. I ' ll have maintenance work on it. It shouldn't take him long to come up with something.

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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** 44420 Based on facility record review and resident and staff interviews, the facility staff did not consistently answer call lights within a reasonable amount of time. Residents reported having to wait over 15 minutes for call lights to be answered for 3 of 3 residents reviewed (Resident #6, #7 and #9). The facility reported a census of 32 residents. Findings include: 1. The Minimum Data Set (MDS) assessment tool with the assessment reference date of 1/30/25 for Resident #6 documented a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident had intact cognition. The MDS indicated Resident #6 dependent for transfers, toileting and bathing. The MDS identified a diagnoses of difficult walking and muscle wasting. The Care Plan identified Resident #6 required a mechanical stand for transfers. In an interview on 2/25/25 at 9:28 AM, Resident #6 reported she waited over 15 minutes for call lights 1-4 times a day. Resident #6 reported she used a mechanical device for assistance with transfers and felt this sometimes caused delays in assistance. 2. The MDS assessment dated [DATE] for Resident #7 showed the resident admitted to the facility from the hospital. The Brief Interview for Mental Status Evaluation for Resident #7 showed a score of 15, which indicated no cognitive impairment. The Medical Diagnosis report for Resident #7 showed a diagnoses of pressure ulcer, spina bifida and weakness. The Care Plan for Resident #7 showed the resident required partial assistance for bed mobility, moderate assistance for upper body dressing and dependent for lower body dressing. In an interview on 2/25/25 at 9:05 AM, when asked if she had to wait for longer than 15 minutes for call lights, Resident #7 stated yes we wait over an hour most nights before 10 PM. Resident #7 reported she needed assistance to get ready for bed and unable to sleep until staff arrived to assist the bedtime cares. 3. The MDS assessment dated [DATE] for Resident #9 documented an admission to the facility from the hospital. The Medical Diagnosis report for Resident #9 showed a diagnoses of legal blindness, muscle weakness, impingement syndrome of the right shoulder. The Brief Interview for Mental Status Evaluation for Resident #9 showed a score of 15, which indicated no cognitive impairment. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Care Plan with an initiated date of 2/13/25 for Resident #9 showed the resident required partial assistance of one person for bathing, transfers, dressing and hygiene. In an interview on 2/25/25 at 9:47 AM, Resident #9 stated staff took over 15 minutes to answer call lights 2-3 times every evening. When asked how a delayed call light response impacted the resident he replied I get frustrated. In an interview on 2/20/25 at 2:38 PM, when asked if residents received scheduled baths Staff C, CNA replied no. Just because we are short staffed because there are only two of us on the floor, plus the new residents need two people at a time. We at least try to give them a bed bath so they get something.When asked if call lights could be answered within 15 minutes Staff C stated, it's the same thing only two of us on the floor with new residents. In an interview on 2/24/25 at 8:46 AM, Staff A, Registered Nurse (RN) reported it took over 15 minutes to answer call lights for almost all residents every night because there wasn't enough help. When asked if nurses had time to complete necessary care to residents. Staff A stated, we have had a lot of new admits lately, it's hard for staff to get things done. In an interview on 2/24/25 at 1:03 PM, Staff G, RN stated staff can't get call lights answered within 15 minutes with the new admits, more so on the evening shift. They just need more help. The Answering the Call Light policy last revised March 2021 failed to identify a time frame in which staff are required to respond to a call light. In an interview on 2/24/25 at 2:05 PM, when asked for a timeframe in which staff are to respond to a call light the Administrator replied, within 15 minutes.