

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165323	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER Correctionville Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44420</p> <p>Based on observations, interview, and record review, the facility failed to review and revise care plans for four out of four residents reviewed (Residents #3, #11, #21 and #26). Specifically, the facility failed to identify the targeted behaviors for residents that received anti-psychotic, antidepressant and psychotic medications. The facility reported a census of 27 residents.</p> <p>Findings include:</p> <p>1. The MDS assessment dated [DATE] for Resident #3 documented diagnoses of anxiety disorder, depression, dementia. The MDS showed a BIMS score of 15, which indicated no cognitive impairment.</p> <p>Review of the MDS dated [DATE] revealed Resident #3 is taking antipsychotic medications, and antidepressant medications in the review period.</p> <p>The Clinical Orders and Medication Administration Record for January 2024 for Resident #3 showed:</p> <p>a. Duloxetine started on 1/6/23 for anxiety</p> <p>b. Aripiprazole started on 7/19/23 for major depression.</p> <p>The care plan for Resident #3 failed to include the behaviors resident displayed, non-pharmacological interventions when behaviors were displayed or what targeted behaviors staff were to monitor for.</p> <p>2. The MDS assessment dated [DATE] for Resident #26 documented diagnoses of anxiety disorder and depression. The MDS showed a BIMS score of 15, which indicated no cognitive impairment.</p> <p>Review of the MDS dated [DATE] revealed Resident #26 is taking antipsychotic medications and antidepressant medications in the review period.</p> <p>The Clinical Orders and Medication Administration Record for January 2024 for Resident #26 showed:</p> <p>a. Mirtazapine started on 10/29/24 for depression</p> <p>b. Seroquel started on 11/13/24 for depression.</p> <p>(continued on next page)</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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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The care plan for Resident #26 failed to include the behaviors resident displayed, non-pharmacological interventions when behaviors were displayed or what targeted behaviors staff were to monitor for.</p> <p>44474</p> <p>3. The MDS assessment dated [DATE] for Resident #3 documented diagnoses of Bipolar Disease, Schizophrenia and depression. The MDS showed a BIMS score of 15 indicating no cognitive impairment.</p> <p>Review of the MDS dated [DATE] revealed Resident #3 is taking antipsychotic medications, antianxiety and antidepressant medications in the review period.</p> <p>Review of the Order Review History Report signed 1/11/25 revealed the following orders:</p> <ul style="list-style-type: none"> a. Bupsirone tablet with a start date of 3/20/24 b. Clozapine tablet with a start date of 3/20/24 c. Divalproex tablet with a start date of 3/20/24 d. Venlafaxine tablet with a start date of 3/20/24 e. Quetiapine tablet with a start date of 9/16/24 f. Rexulti tablet with a start date of 12/20/24 <p>Review of the January Medication Administration Record (MAR) revealed the following orders:</p> <ul style="list-style-type: none"> a. Bupsirone tablet b. Clozapine tablet c. Divalproex tablet d. Venlafaxine tablet e. Quetiapine tablet f. Rexulti tablet <p>The care plan did not include the behaviors resident displayed, non-pharmacological interventions when behaviors were displayed or what targeted behaviors staff were to monitor for.</p> <p>4. The MDS assessment dated [DATE] for Resident #21 documented diagnoses of non-Alzheimer 's dementia and delirium. The MDS showed a BIMS score of 03 indicating severe cognitive impairment.</p> <p>Review of the MDS dated [DATE] revealed Resident #21 is taking antipsychotic medications and antidepressant medications in the review period.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Order Review History Report signed 1/11/25 revealed the following orders:</p> <ul style="list-style-type: none"> a. Escitalopram tablet with a start date of 10/3/23 b. Quetiapine fumarate tablet with a start date of 8/16/24 c. Trazodone tablet with a start date of 1/3/25 <p>Review of the January Medication Administration Record (MAR) revealed the following orders:</p> <ul style="list-style-type: none"> a. Escitalopram tablet b. Quetiapine fumarate tablet c. Trazodone tablet <p>The care plan did not include the behaviors resident displayed, non-pharmacological interventions when behaviors were displayed or what targeted behaviors staff were to monitor for.</p> <p>Review of facility provided policy titled Using the Care Plan revised August 2006 revealed the care plan shall be used in developing the resident ' s daily care routines and will be available to staff personnel who have the responsibility for providing care or services to the resident and documentation must be consistent with the resident ' s care plan.</p> <p>Interview on 01/15/25 at 9:35 a.m., with the Director of Nursing revealed she was not aware the targeted behaviors needed to be on the care plan. The targeted behaviors are listed for the nurse to monitor and she would add them to the care plan.</p>

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>44420</p> <p>Based on the Center for Medicare and Medicaid Services (CMS) Payroll Based Journal (PBJ) Staffing Data Report (July 1 - September 30) review, facility staffing reports review, and staff interviews, the facility failed to submit accurate staff reports for the PBJ Staffing Data Report. The facility reported a census of 27 residents.</p> <p>Findings include:</p> <p>The PBJ Staffing Data Report with a run date 1/8/25 triggered for Excessively Low Weekend Staffing and One Star Staffing Rating.</p> <p>Review of Facility Daily Assignment Sheets revealed staffing for nurses and certified nursing assistants (CNAs) scheduled an extra CNA on weekdays to complete baths, and the Director of Nursing worked extra shifts on the nights and weekends.</p> <p>The Reporting Direct-Care Staffing Information (Payroll-Based Journal) policy October 2017 identified staffing and census information will be reported electronically to CMS through the Payroll-Based Journal system in compliance with 6106 of the Affordable Care Act. Policy Interpretation and Implementation:</p> <ol style="list-style-type: none"> Beginning with the fiscal quarter of 2016 (beginning July 1, 2016), direct-care staffing and census information will be reported electronically to CMS through the Payroll-Based Journal (PBJ) system. Direct-care staffing information includes staff hired directly by the facility, those hired through an agency, and contract employees. Providers who are employed by the facility (including physicians) are included in direct-care staffing information; providers who bill Medicare directly are not included. For auditing purposes, reported staffing information is based on payroll records, or other verifiable information. Information may be uploaded to the PBJ system manually, or through a payroll time and attendance system, or a combination of both. The PBJ system is accessed through the QIES at https://www.qtso.com/. Manual entries are made only by designated personnel with training on the PBJ user interface. Technical specifications for uploading data directly from a payroll or time and attendance system will be accessed through: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html. <p>(continued on next page)</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>9. Staffing information is collected daily and reported for each fiscal quarter no later than 45 days after the end of the reporting quarter.</p> <p>10. Staffing data includes the number of hours worked each day by each staff member.</p> <p>11. Census data is reported each fiscal quarter and includes resident census on the last day of each month of the quarter.</p> <p>In an interview on 1/12/25 at 1:42 PM, the Administrator and DON reported the DON worked sufficient nights and weekends and failed to report worked hours. Also, an employee from the attached assisted living facility also worked hours that were not included in the reported hours to CMS.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>44420</p> <p>Based on observation, infection control policy, clinical record review and staff interview, the facility failed to conduct blood sugar tests in a manner that protected the resident from blood borne pathogens for 2 out of 2 residents reviewed (Resident #3 and #15). The facility reported a census of 27 residents.</p> <p>Findings included:</p> <p>1. Observation on 1/14/25 at 11:32 AM Staff A, Licensed Practical Nurse (LPN), entered Resident #15 ' s room with a bag of supplies for a blood sugar test. Staff A placed testing supplies directly on Resident #15 ' s bedside table. Staff A failed to place a barrier between the surface of the bedside table and testing supplies. Staff A placed the blood testing strip into the glucometer. Staff A applied gloves, cleansed the resident's finger with an alcohol swab, allowed the solution to dry, then lanced the resident ' s finger. Staff A collected a sample of blood using a testing strip. Staff A placed the glucometer back on the resident's table without a barrier. After the glucometer measured the blood sugar results Staff A removed the blood sugar strip from the glucometer then discarded the testing strip and gloves. Staff A failed to perform hand hygiene. Staff A then collected the blood sugar testing supplies and placed the supplies back into the bag. Staff A failed to sanitize the glucometer. Staff A collected the bag and exited the room. Staff A completed hand hygiene in the hall.</p> <p>2. Observation on 1/14/25 at 11:45 AM Staff A, Licensed Practical Nurse (LPN), entered used a wheelchair to transfer Resident #3 from the dining room to the nurses station. Staff A placed blood sugar testing supplies directly on the countertop of the nurses station. Staff A failed to place a barrier between the surface of the countertop and testing supplies. Staff A placed the blood testing strip into the glucometer. Staff A applied gloves, cleansed the resident's finger with an alcohol swab, allowed the solution to dry, then lanced the resident ' s finger. Staff A collected a sample of blood using a testing strip. Staff A placed the glucometer back on the countertop without a barrier. After the glucometer measured the blood sugar results Staff A removed the blood sugar strip from the glucometer then discarded the testing strip and gloves. Staff A failed to perform hand hygiene. Staff A then collected the blood sugar testing supplies and placed the supplies back into the bag. Staff A failed to sanitize the glucometer.</p> <p>The Obtaining a Fingertstick Glucose Level policy dated October 2011 identified to clean reusable equipment per the manufacturer instructions and current infection control standards of practice. The policy also instructed staff to wash hands after removing gloves.</p> <p>In an interview on 1/15/25 at 8:23 AM, the Director of Nursing, (DON) reported when a blood sugar is tested , staff are to place a protective barrier between the testing supplies and the surface being used. The DON reported staff should immediately perform hand hygiene after gloves are removed.</p>		