

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165335	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Hubbard Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 403 South State Street Hubbard, IA 50122	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42441</p> <p>Based on clinical record review and staff interviews, the facility failed to notify a resident 48-hours in advance that their Medicare Part A coverage would end and services would no longer be covered for 1 of 3 residents reviewed (Resident #50). The facility reported a census of 47 residents.</p> <p>Findings include:</p> <p>Resident #50's Minimum Data Set (MDS) assessment dated [DATE] listed an admitted [DATE]. The MDS identified a Brief Interview for Mental Status (BIMS) of 14, indicating intact cognition.</p> <p>The Skilled Nursing Facility (SNF) Beneficiary Protection Notification (BPN) form completed by the facility indicated Resident #50's skilled services started on 11/14/24 and ended on 11/19/24.</p> <p>The SNF Advanced Beneficiary Notice (ABN) with Resident #50's verbal signature dated 11/19/24 revealed beginning 11/20/24 they may have to pay out of pocket for physical therapy (PT), occupational therapy (OT) and daily skilled nursing care.</p> <p>The Notice of Medicare Non-Coverage (NOMNC) form with Resident #50's verbal signature dated 11/19/24 revealed effective 11/19/24 skilled services would end.</p> <p>During an interview on 1/8/25 at 9:45 AM the Social Worker acknowledged residents must receive a 48-hour notice in regards to termination of Medicare Part A coverage.</p> <p>During an interview on 1/8/25 at 12:40 PM, the Administrator reported the facility didn't have a policy regarding the completion of the SNF ABN and NOMNC forms, as they follow Medicare guidelines.</p> <p>During an interview on 1/8/25 at 3:55 PM, the Administrator explained they expected the notification of Medicare non-coverage forms be completed 48-hours in advance.</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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>42441</p> <p>Based on personnel record review, policy review and staff interview, the facility failed to prevent an employee from beginning employment prior to completion of their background check for 1 of 5 personnel records reviewed (Staff A, Certified Nurse Aide CNA). The facility reported a census of 47 residents.</p> <p>Findings include:</p> <p>Review of Staff A's personnel file listed a start date of 5/28/24. The personnel included Staff A's Single Contact License & Background Check (SING) completed on 5/28/24 at 1:57 PM.</p> <p>The Time Card Report for Staff A dated 5/26/24 to 6/8/24 revealed they worked at the facility on 5/28/24 from 5:55 AM to 2:31 PM.</p> <p>The facility policy title Nursing Facility Abuse Prevention, Identification, Investigation and Reporting Policy dated October 2022 documented the facility will conduct and Iowa criminal record check and dependent adult/child abuse registry check on all prospective employees and other individuals engaged to provide services to residents, prior to hire, in the manner prescribed under 481 Iowa Administrative Code 58.11(3).</p> <p>During an interview 1/9/25 at 10:24 AM the Administrator acknowledged Staff A began working 5/28/24 prior to the completion of their background check.</p>