STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165336	A. Building B. Wing	03/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rehabilitation Center of Allison	900 7th Street West Allison, IA 50602

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 25854 Based on clinical record review, staff interview and facility policy review the facility failed to implement Care Plans for two (2) of 3 residents reviewed (Residents #1 and #2). The facility reported a census of 40 residents. Findings include: 1. The Care Plan Focus with a target date of 4/25/25 identified Resident #1 required assistance with activities of daily living (ADLs). Resident #1 used a wheelchair for mobility and cognitive impairment. She liked to have her stuffed animals with her. Resident #1 chose to wear a pair of safety glasses that aren't prescription. She used a foot bolster on her wheelchair pedals to keep her feet up. a. Resident #1 transferred with assistance from 2 staff and a lift device for all transfers. On 3/14/25 at 1:03 PM observed with the Director of Nursing (DON), Staff A, Certified Nursing Assistant (CNA), and Staff B, CNA, as they placed a gait belt assistive device on Resident #1, then transferred her from the wheelchair to her bed with the assistance of 2 staff and no lift device. According to an email dated 3/21/25 at 1:18 PM the DON, present at the time of Resident #1's transfer, confirmed she observed the same transfer. 2. The Care Plan Focus with a target date of 5/19/25 indicated Resident #2 required assistance with ADLs related to impaired cognition and weakness. She used a wheelchair for mobility and wore glasses. Resident #2 wore socks with her sandals to protect her toes. a. Resident #2 used a mechanical lift device for all functional transfers. (not dated) An Incident Report form dated 3/17/25 at 1:30 AM indicated the staff found Resident #2 on the floor and assisted her from the floor to the bed with the assistance of (3) staff and a gait belt assistive device.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165336	A. Building B. Wing	03/21/2025

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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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. 25854 Based on schedule review, time card review, staff interview, and facility policy review the facility failed to provide a Registered Nurse (RN) in the facility for eight (8) consecutive hours per day as required by the Federal Regulations. The facility reported a census of 40 residents. Findings include: According to a calendar dated February 2025 compared to Attendance on Demand forms dated 2/1/25 through 2/28/25, the facility failed to staff an RN on 2/8/25 as required. During an interview 3/14/25 at 3:20 PM the Director of Nursing (DON) confirmed 2/8/25 as the only day she couldn't account for the required 8 hours of RN coverage.