| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 165340 | A. Building<br>B. Wing | 10/29/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Grandview Healthcare Center | 800 Fifth Street SE<br>Oelwein, IA 50662 |

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 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure services provided by the nursing facility meet professional standards of quality.<br><br>20331<br><br>Based on observation, clinical record review, resident and staff interviews, the facility failed to administer a treatment as the physician ordered for one of three residents reviewed. (Resident #1). The facility reported a census of 53 residents.<br><br>Findings include:<br><br>The MDS (Minimum Data Set) dated 7/30/2024 reported Resident #1 had no cognitive impairment, required total assistance of staff to transfer from one surface to another, and had bowel and bladder incontinence. The resident had diagnoses including diabetes, anxiety, morbid obesity, and lymphadenitis (inflammation of the lymph nodes).<br><br>The Care Plan identified the resident required assistance with ADL's (Activities of Daily Living) and directed staff to don size D tubi-grip (compression sleeves) from fingers to elbow first thing in the morning, and don size J tubi-grip from elbow to shoulder in the morning. Remove both at hour of sleep (HS). She may need them pulled back up during the day. If skin becomes sore/irritated remove and tell therapy. Refuses this treatment most of the time.<br><br>The Physician Order dated 6/27/2024 directed staff to don size D tubi-grip from fingers to elbow, the hole is for thumb, and size J tubi-grip from elbow to shoulder first thing in the morning. Staff were to remove both at HS (hour of sleep).<br><br>The resident's September MAR/TAR (Medication Administration Record/Treatment Administration Record) documented the resident refused the tubi-grip sleeves eleven out of thirty days. The October MAR/TAR revealed the resident refused the tubi-grip sleeves sixteen out of twenty-eight days.<br><br>The resident's Progress Notes included nursing entries on September 5, 11, 19, 21, 22, 23, and 27 that documented staff did not observe the tubi-grips on the resident's arms, had no knowledge of, and/or the resident stated she had no tubi-grips.<br><br>Observation on 10/28/2024 at 9:55 A.M. revealed the resident in bed on her left side with no tubi-grip sleeves on.<br><br>(continued on next page) |



| 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 |
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|---|---|
| F 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 10/28/2024 at 1:30 P.M. Staff A, CNA and Staff B, CNA (Certified Nurse's Aide) revealed they were unaware the resident had an order for tubi-grips. Staff C, co-DON (Director of Nursing) handed the surveyor a copy of the resident EMAR (electronic Medication Administration Record) that indicated the resident had refused the tubi-grips on that day, 10/28/2024 signed by Staff D, CMA ( Medication Aide). When asked, Staff D indicated she had not gone in the resident's room, but documented the resident refused the tubi-grips that morning.<br><br>At 1:40 P.M., the resident reported she did not have the tubi-grips since some time in August, when the facility changed therapy companies. Staff D checked the resident's order, went to the therapy room and retrieved size D tubi-grip for the resident's lower arms. The facility failed to have Size J for the upper arms in stock. Staff D indicated they would have to place an order and would apply size K tubi-grip on the upper arms in the meantime.<br><br>At 2:05 P.M., Staff E, CMA indicated she knew the resident had an order for tubi-grip and said she rarely had them on. Staff E left a note for therapy letting them know she needed it about a month prior. Staff E revealed she would ask the aides if the resident had them on and if not, she usually put the resident refused.<br><br>At 2:10 P.M., Staff F, CNA reported she made the resident new tubi-grips. The resident indicated she had lost them and needed new ones. At times the resident refused.<br><br>On 10/28/2024 at 2:15 P.M., Staff C and Staff G, co DON's were interviewed in the shared director of nursing office. Staff C revealed the tubi-grip order was on the TAR and therefore nurses/medication aides were to apply them, not the nurse's aides. Therapy had recommended the tubi-grip and the physician ordered it. Staff G indicated the the resident had the tubi-grip ordered due to her edema.<br><br>On 10/29/2024 at 9:25 A.M., Resident #1's physician via his nurse reported if the resident had the order for tubi-grip, therapy saw a reason for it and staff should be putting them on.<br><br>On 10/29/2024 at 9:40 A.M., Staff H, Physical Therapist reported she cut new lengths of tubi-grip for the resident that morning, applied them and ordered size J for the upper arms. |