STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165347	A. Building B. Wing	11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nora Springs Care Center	907 W Congress Nora Springs, IA 50458

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on staff interview, facility investigation, and review of policy and procedures, the facility failed to report all alleged violations involving mistreatment, neglect, or abuse of a resident (Resident #1) to the Department of Inspection and Appeals and Licensing (DIAL) within 2 hours. The facility reported a census of 42 residents.Findings include:The Minimum Data Set (MDS) for Resident #1, with an assessment reference dated 8/21/25, documented diagnoses which included heart failure, hypertension (high blood pressure), diabetes mellitus, weakness and need for assistance with personal hygiene. The MDS identified a Brief Interview for Mental Status (BIMS) score of 9 for which indicated moderate memory impairments, is usually understood and understand by others and substantial to maximal assistance with upper and lower body dressing, and supervision to set up with personal hygiene. The MDS documented no behaviors.The Plan of Care with an initiated date 8/19/25, revealed the resident has impaired cognitive function and needed time to respond and process tasks, to keep routine and environment consistent, offer cues, direction and redirection as needed, and orient resident to environment as needed.The Facility Investigation dated 9/6/25 at approximately 4:31 PM, documented, Staff A, Certified Nursing Assistant (CNA) worked a scheduled shift on 9/6/25 from 2:00 PM - 10:00 PM. Staff A was assigned to shower Resident #1 during that shift. The resident shower occurred from 4:31 PM-4:55 PM. At approximately 4:46 PM, another employee, Staff B, CNA, went to the shower room to obtain a wheelchair from storage behind the shower area. Staff B, stated that she knocked, cracked open the door to peek in and announce that Staff B was entering the room for equipment. Staff A appeared to be startled by the employee and was observed quickly changing position from kneeling down in front of the resident to standing beside resident's right side. During the announcement with the door cracked open, Staff B, stated that when she looked down, she saw that a cell phone was propped up against the wall and recording on Snapchat. Upon fully entering the shower room, Staff B, stated she could see her leg come into the view of the recording, and she could see Resident #1's leg within the phone screen. Staff B, then walked into the room to get equipment, passing Staff A, and the resident. When Staff B, turned back to leave the room, Staff A, was then observed standing in the doorway, no cell phone in sight.The resident was sitting in a shower chair during this time with a shirt and brief on, but pants were not fully on. Staff B, then left the shower room and immediately reported to the nurse on duty about the incident. After the incident, facility leadership was immediately notified and began a review of the situation. Resident #1 was interviewed on 9/9/25. Resident #1 stated that he had no concerns of improper treatment from facility staff, and he has not witnessed any cellphone use in care areas. Resident #1 had no recollection of the incident in question. Following a comprehensive investigation-including interviews with residents and staff, and a review of employment records-no evidence was found that Staff A was recording in the resident care area. The resident involved shows no signs of physical abuse or adverse effects and reports no emotional distress or mental anguish related to the incident. To reinforce expectations and safeguard resident privacy, the facility has implemented robust staff re-education, increased supervision, and ongoing monitoring to ensure strict adherence to all cell phone use and abuse prevention policies.Interview on 10/6/25 at 3:00 PM, the facility Administrator confirmed the facility failed to (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165347	A. Building B. Wing	11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nora Springs Care Center	907 W Congress Nora Springs, IA 50458

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	notify DIAL of the incident between Resident #1 and Staff A within the 2-hour time frame. The Patient Protection Guidelines with Abuse Prevention, Reporting, and Investigation Policy dated September 2025, documented, residents must not be subjected to abuse by anyone, including, but not limited to, facility staff, other residents, consultants, or volunteers, staff of other agencies serving the resident, family members or legal guardians, friend, or other individuals. All allegations of Resident abuse, neglect, exploitation, mistreatment, injuries of unknown origin and misappropriation should be reported immediately to the charge nurse. The charge nurse is responsible for immediately reporting the allegation of abuse to the Administrator, or designated representative. All allegations of Resident abuse shall be reported to the Iowa Department of Inspections and Appeals not later than 2 hours after the allegation is made.