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	04/14/2026

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review a, policy review and staff interviews, the facility failed to notify the physician of an omission of a medication for 1 of 3 residents reviewed (Resident #5). The facility reported a census of 47 residents. Findings include: Resident #5's Minimum Data Set assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 14, indicating intact cognition. The MDS included diagnoses of adult failure to thrive, diabetes and cancer. Resident #5's October 2025 MAR listed the zinc order. Documentation directed to see progress notes from 10/4/26-10/9/26. The Orders-Administration Note 10/4/25 - 10/9/25 listed Zinc Sulfate as unavailable.The Progress Notes lacked documentation of the facility notifying the provider that Resident #5 didn't receive the Zinc Sulfate as order. On 4/14/26 at 11:50 AM the Administrator reported she couldn't find documentation of the physician being notified for the zinc not given for Resident #5. The facility policy titled Medication Administration-Medication Pass revised May 2023 lacked documentation of the process of what to do if a medication is not available.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, policy review, pharmacy and staff interviews, the facility failed to administer medications per physician orders for 2 of 3 residents reviewed (Resident #2 and Resident #5). The facility reported a census of 47 residents. Findings include:1. Resident #2's Minimum Data Set (MDS) dated [DATE] identified a Brief Interview for Mental Status (BIMs) score of 0, indicating severe cognitive impairment. The MDS included diagnoses of cancer, heart failure, and dementia. Resident #2's admission orders dated 11/20/25 documented an order for furosemide (diuretic medication to get rid of excess water and sodium from the body) 20 milligrams (mg) to be given daily. Resident #2's census tab in the Electronic Health Record (EHR) documented an admission date of 11/20/25 and discharge 12/1/25. Resident #2's November 2025 Medication Administration Record (MAR) lacked the order of furosemide or administration of it from November 21 through the end of the month. On 4/13/26 at 2:20 PM the Contracted Pharmacy reported when they delivered Resident #2's furosemide on admission, the facility sent it back. The facility never gave the medication. On 4/13/25 at 2:30 PM the Administrator reported the facility had an admission team in charge of putting orders in the computer for new admissions. After the admission team put in the orders, the night shift nurse would double check the orders. She reported she didn't know why Resident #2 didn't receive his furosemide and she will have to look into it. On 4/13/26 at 3:19 PM the Administrator reported she found the admission orders for the furosemide and couldn't find that it was discontinued, so the staff should have given it to Resident #2. The facility policy titled Medication Administration-Medication Pass revised May 2023 lacked documentation of the process to check a new admission medication to ensure the staff transcribed the medication list correctly. 2. Resident #5's MDS dated [DATE] identified a BIMS score of 14, indicating intact cognition. The MDS included diagnoses of adult failure to thrive, diabetes and cancer. Resident #5's admission orders dated 10/3/25 documented an order for zinc sulfate 220 mg to be given daily starting on 10/4/26 Resident #5's October 2025 MAR listed the zinc order. Documentation directed to see progress notes from 10/4/26-10/9/26.The Orders-Administration Note 10/4/25 - 10/9/25 listed Zinc Sulfate as unavailable. On 4/14/26 at 10:45 AM the Administrator reported the previous staff member, who ordered stock medications, failed to obtain the zinc immediately because it remained on backorder. She noted her uncertainty regarding whether the pharmacy knew of the shortage, as the facility could not procure the medication from their regular supplier.On 4/14/26 at 11:50 AM the Administrator reported she still could not find documentation that the facility notified the pharmacy the zinc needed to be obtained from them because the company they ordered through held it on backorder.