

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165352	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2025
NAME OF PROVIDER OR SUPPLIER Emmetsburg Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2405 21st Street Emmetsburg, IA 50536	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26527</p> <p>Based on record review and staff interview, the facility failed to perform adequate assessments following falls for 1 of 4 residents reviewed (Resident #2). The facility reported a census of 40 residents.</p> <p>Findings include:</p> <p>According to the Minimum Data Set (MDS) assessment dated [DATE] Resident #2 scored 14 on the Brief Interview for Mental Status (BIMS) indicating no cognitive impairment. The resident had diagnoses including diabetes, heart failure, anxiety disorder, and repeat falls. The resident had a fall in the last month, the last 2-6 months, and since admission.</p> <p>The Care Plan with a goal target date of 4/19/25 identified Resident #2 at risk for falls, generalized weakness, a history of falling, and difficulty in walking.</p> <p>An Incident Report dated 1/9/25 at 8:55 p.m. documented Resident #2 shouted for help. The nurse ran to the resident's room and found the resident laying on the floor. The resident stated she tried to transfer herself to the bathroom without assistance. Upon assessment the resident's vital signs were within normal limits. Pupils were equal and reacting to light, she had a strong grip strength, and intact skin. The resident stated she hit her head. No head injuries observed, and pain rated at 4. The fall protocol initiated and they were doing neuro (neurological) assessments.</p> <p>On 2/19/25 at 2:03 p.m. the Regional Nurse Consultant (RNC) replied to an email with an attached Neuro Flow Sheet which indicated how the flow sheet was used.</p> <p>The double sided Neurological (nervous system, brain, spinal cord, and peripheral nerves) Flow Sheet directed to complete neurological evaluation with vital signs initially, then every 30 minutes x 4, then every hour x 4, then every 8 hours x 9 (72 hours). More frequent evaluations may be necessary. They were to complete episodic charting for at least 72 hours including any pertinent evaluation findings related to the neurological evaluation. To review the most recent evaluation on the medical record and notify the physician of any changes from the previous evaluation.</p> <p>The Neurological Flow Sheet with a start date of 1/9/25 at 7:40 p.m. showed assessments were not completed at 10:10 p.m., 11:10 p.m. and 1/10/25 at 12:10 a.m. 1:10 a.m. and documented sleeping. The second page lacked any neuro assessments.</p> <p>(continued on next page)</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An Incident Report dated 1/12/25 at 3:24 a.m. documented the writer went to administer Resident #2's bedtime (HS) meds and observed the resident laying on the floor on her left side with her legs facing her recliner and her head facing her bed. The resident could not explain how she fell .</p> <p>The Neurological Flow Sheet with a start date of 1/12/25 at 9:30 p.m. showed assessments were not completed 1/13/25 at 1, 2, 3, 4 a.m. and 8 p.m. and 1/14/25 at 4 a.m. documented sleeping. Assessment completed 1/13/25 at 12 p.m. The slots on 1/13/25 at 8 p.m. and 1/14/25 at 4 a.m. documented sleeping.</p> <p>An Incident Report dated 1/31/25 at 10:34 a.m. documented Resident #2 found sitting on floor leaned up against recliner in room when CNA rounding. Resident stated she was coming back from the bathroom and slipped. Neuros initiated per protocol.</p> <p>The Neurological Flow Sheet with a start date of 1/31/25 at 10:15 p.m. showed assessments not completed at 11:15 p.m., 11:45 p.m., and 2/1/25 at 12:45, 1:45, 2:45, and 3:45 a.m., documented sleeping. The second page showed the assessments completed only 2 of 9 times.</p> <p>On 2/20/25 at 9:38 a.m. the Regional Nurse Consultant stated they should be completing neuros per the neuro sheet.</p>		