| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 165365 | A. Building<br>B. Wing | 12/31/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Oakwood Care Center | 400 Highway 18 West<br>Clear Lake, IA 50428 |

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 0814<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Dispose of garbage and refuse properly.<br><br>Based on observation, staff interviews, and policy review the facility failed to cover 3 garbage containers with lids. The facility reported a census of 64 residents. Findings include:On 12/29/25 at 1:30 PM observed the kitchen garbage next to the meal preparation table not actively in use, touching the surface of the table. The garbage can had the lid off and rested next to the garbage on the floor. On 12/31/25 at 10:40 AM observed the lid to the kitchen garbage on the floor propped up against the prep table near the storage of the disposable foam dishes. Witnessed the garbage by clean dishes and snack carts with 2 other garbage cans with the lids off by the drink cart. On 12/31/25 at 11:10 AM the Dietary Manager (DM) acknowledged the facility had an issue with the Dietary Staff not keeping the lids on the garbage cans in the kitchen. The DM informed the [NAME] and Dietary Aide of recommendations from the Corporate Dietary Consultant to keep the garbage cans covered and away from the food prep areas. The DM indicated they had a problem and that he should place a sign on the garbage cans. He added he would provide education on the garbage cans. On 12/31/25 at 11:50 AM the Administrator (ADM) reported she expected the staff to cover the garbage cans with lids in the kitchen. In addition, the ADM added she expected the staff to store the garbage cans and lids away from food preparation areas when not in use. The facility's Food Handling policy, revised October 2023, lacked direction related to covering the garbage cans when not in use. |

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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|---|---|
| F 0578<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, policy review and staff interviews, the facility failed to ensure code status between, the Iowa Physician Orders for Scope of Treatment (IPOST), the Electronic Medical Record (EMR) and the Care Plan were congruent for 1 of 1 resident reviewed for Advanced Directives (Resident #10). The facility reported a census of 64 residents.Findings include: The Care Plan Focus with a target date of [DATE] listed Resident #10's Advanced Directives Status - as a full code (provide life-saving measures if the heart stopped beating). The Intervention directed staff to go to the Electronic Medical Record (EMR) chart to identify their code status. Resident #10's EMR documented on the Profile tab, Orders tab and [DATE] Medication Administration Record (MAR) documented their code status as full code.Resident #10's Iowa Physician Orders for Scope of Treatment (IPOST) dated [DATE] signed by her and their physician, listed a DNR (no life-saving efforts done to save their life) status in the event her heart stopped beating.During an interview on [DATE] at 2:50 PM Staff A, Licensed Practical Nurse (LPN), reported she looks for a resident's code status in the EMR on the Profile Tab because it is on there and that is where to look. During an interview on [DATE] at 3:04 PM Staff B, Registered Nurse (RN), reported she looked for a resident's code status, in the MAR in the EMR.On [DATE] at 9:10 AM the Minimum Data Set (MDS) Coordinator reported they try to update the Care Plans within a week of changes. She reported any nurse could change the Care Plan to update the code status of a resident.On [DATE] at 9:13 AM the Administrator reported the Social Worker addresses the residents' code status at care conferences. In addition, the staff are to update the code status timely in the chart. The Administrator verified staff are to look for the resident's code status in the EMR in the Profile Tab. The facility policy titled Code Status Identification and CPR revised [DATE] directed the staff, the clinical record will maintain each residents' resuscitation status. |

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| | 165365 | A. Building<br>B. Wing | 12/31/2025 |

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|---|---|
| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, observation, policy review, staff interview, resident interview, and guidance from the Centers for Disease Control and Prevention (CDC), the facility failed to implement Enhanced Barrier Precautions (EBP) for 1 of 2 residents reviewed for infection control (Resident #5). The facility reported a census of 64 residents. Findings include:Resident #5's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. The MDS included diagnoses of pressure ulcers to left heel and sacral region, osteomyelitis (bone infection), and diabetes. Resident #5's Electronic Health Record (EHR) listed diagnoses of an unspecified open wound to the left lower leg. The Care Plan Focus with a target date of 2/12/26 indicated Resident #5 needed EBP related to wounds and a urinary catheter. The Interventions directed the staff to use EBP precautions (wear a gown and gloves while performing wound care). On 12/31/25 at 10:20 AM observed Staff C, Licensed Practical Nurse (LPN), gather supplies and go into the Resident #5's room and provide wound care on the left lower leg on the shin. The outside of Resident #5's doorway had an EBP sign and EBP supplies (gowns and gloves in a 3-drawer plastic container). Staff C failed to use EBP while providing Resident #5's wound care, as they didn't wear the required gown. She only wore gloves for the process. During an interview on 12/31/25 at 10:30 AM Staff C reported Resident #5 is on EBP and she forgot to wear a gown during their wound care. On 12/31/25 at 10:32 AM the Director of Nursing (DON) acknowledged Staff C didn't follow EBP as they didn't wear a gown while doing wound care. The facility policy titled Infection Control Manual Surveillance dated September 2023 lacked direction for EBP. The Centers for Disease Control and Prevention (CDC) directed to review document dated June 2021 titled Consideration for Use of Enhanced Barrier Precautions in Skilled Nursing Facilities that skilled nursing facilities should consider EBP for residents with wounds or indwelling medical devices, regardless of Multi Drug Resistant Organisms (MDRO) colonization status or infection or colonization with an MDRO. In the Quality and Safety Oversight (QSO)-22-08-NH, dated 3/20/24, the Centers for Medicare and Medicaid Services (CMS) indicated in July 2022, the CDC released EBP recommendations and CMS updated its infection prevention and control guidance accordingly. The F880 Infection Prevention and Control would incorporate the new guidance related to EBP to assist long-term care (LTC) surveyors when evaluating the use of enhanced barrier precautions in nursing homes. Indwelling medical devices and wounds are risk factors for colonization with a MDRO. Once colonized, these residents can serve as sources of transmission within the facility. The expansion of EBP for all residents with wounds or indwelling medical devices is intended to protect these high-risk individuals both from acquisition and from serving as a source of transmission if they have already become colonized. |