STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165366	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lake Mills Care Center	406 South Tenth Avenue East Lake Mills, IA 50450

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41537 Based on record review, staff interview the facility failed to create a comprehensive Care Plan with appropriate goals and interventions for 1 of 2 residents (Resident #43) for anticoagulants (also known as blood thinners, medications that prevent blood clots from forming or growing and can cause increased risk of bleeding, which can manifest as excessive bruising, prolonged nosebleeds, or even internal bleeding) and diuretics (medications that increase urine production, helping the body eliminate excess salt and water and can cause negative side effects such as dehydration, dizziness, fatigue, muscle cramps, headache) and 1 of 3 residents for diabetes and insulin (Resident #50). The facility reported a census of 52 residents. Findings include 1. The Minimum Data Set (MDS) for Resident #43 dated 2/5/25 documented she admitted to the facility on [DATE] with diagnoses of heart failure, hypertension, deep vein thrombosis (the formation of a blood clot in a deep vein, this clot can potentially travel to the lungs, causing a pulmonary embolism), and respiratory failure. The MDS also documented she takes anticoagulants and diuretics now and prior to admission. Record review of Resident #43 Order Summary Report dated 3/12/25 documented orders for apixaban (anticoagulant medication) 5 milligrams (mg) twice a day for acute embolism and thrombosis, torsemide (diuretic medication) 20mg daily for heart failure, and spironolactone (diuretic medication) 25mg daily for heart failure. Record Review of Resident #43's current Care Plan on 4/8/25 did not include goals and interventions for anticoagulant and diuretic medications. 48003 2. Resident #50's MDS dated [DATE] documented a BIMS score of 15 indicating intact cognition. The MDS documented Resident #50 diagnosis of diabetes. The MDS further documented she received insulin (diabetic medication) during the 7 day look back period. Review of Resident #50's Care Plan lacked documentation of the diabetes, insulin medication or any interventions for the high risk medication. (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
	165366	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lake Mills Care Center	406 South Tenth Avenue East Lake Mills, IA 50450

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 4/8/25 at 2:45 PM, the MDS coordinator reported she writes down what medications residents are on and make sure the ones needed on the care plan are on it. She reported she missed the insulin and diabetes on the care plan for Resident #50.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165366	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lake Mills Care Center	406 South Tenth Avenue East Lake Mills, IA 50450

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41537 Based on record review, staff and policy review the facility failed to promptly implement and ensure physician notification and response for 1 of 1 residents with new onset of Urinary Tract Infection (UTI) signs and symptoms resulting a delay in care and unresolved pain (Resident #20). The facility also failed to notify 1 of 2 residents physician timely for elevated blood sugar levels (Resident #8). The facility reported a census of 52 residents. Findings include: 1. The Minimum Data Set (MDS) for Resident #20 dated 12/30/24 documented a Brief Interview for Mental Status (BIMS) of 15 indicating no cognitive impairment. The MDS documented diagnoses of diabetes mellitus, heart failure and renal failure. The MDS showed she needed substantial/maximal assistance with lower body dressing, showering/bathing, and toileting. The MDS also documented she was not on a toileting program and was always continent of bowel and bladder. Record review of a Change in Condition Assessment auto generated system Progress Note dated 4/6/2025 at 4:34 PM documented Resident #20 has experienced the following change in condition: complaining of frequency, urgency, burning, and increased incontinency with urination and cranberry juice was given. A fax was sent to her Doctor to address in the morning. During an interview with Resident #20 on 4/7/25 at 9:30 AM revealed she thinks she has a UTI and it started 4/4/25 (Friday) in the late afternoon. She informed she has had pain, burning, urgency and incontinence all weekend, and has told all of the nurses and asked them to do something about it but the weekend was coming and she knew nothing would get done, so she has dealt with the burning and pain all weekend. She revealed she has told nurses and one took her blood pressure and checked her over but nothing has happened, she then informed they need to get her urine checked this morning so she doesn't have to live with this for another night. Record review of a Progress Note dated 4/7/25 at 2:53 PM documented Resident #20 Doctor was updated about possibility of a UTI and ongoing symptoms and an order was received for Resident #20 to have a UA with Culture and Sensitivity (C&S) urine labs completed. Record review of a Progress Note by Staff E, Licensed Practical Nurse (LPN) dated 4/7/25 at 1:50 PM documented Resident #20 continues with pain/burning with urination, urgency, and increased incontinence. Resident #20 does not have a fever and has no changes in cognition, and reports I can't go on like this. Is there any way we can get an order sooner for a urine sample? Resident is also on a fluid restriction so fluid intake cannot be increased. Record review of a Progress Note dated 4/7/25 at 9:26 PM documented Resident #20 continues with complaints of painful urination and will collect urine lab sample in the morning. Unable to encourage fluids due to fluid restriction. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165366	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lake Mills Care Center	406 South Tenth Avenue East Lake Mills, IA 50450

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation and interview on 4/8/25 at 7:46 AM with Resident #20 and Staff E, Certified Medication Aid (CMA) administering medications, Resident #20 was sitting on the toilet, and said she was having a terrible time with a UTI. During a follow up interview with Resident #20 on 4/8/25 at 2:19 PM reconfirmed her UTI symptoms of pain, burning, urgency and incontinence started on Friday (4/4/25) in the evening and continued on Saturday and Sunday but nothing was done. She then informed on Monday they had to get the clearance from the Doctor and she does not know what happened, but it didn't happen, but the facility finally managed to get the urine sample this morning (4/8/25). She revealed she has talked to all the nurses, but there wasn't anything they could do. She revealed she does not want to blame anyone here at the facility because for the most part it is very good staff. She then informed on Saturday (4/5/25) afternoon a nurse took her vitals and they haven't done anything since then. She stated urine burned all day Saturday, Sunday, and Monday, and she gets a sharp sharp pain, on a 0-10 pain scale (10 being the worst) it was over 10 many times when urinating. She stated all weekend she kept thinking she just wanted it to be Monday, cause it hurt so bad. She informed she suggested to a nurse (could not recall the nurses name) on Saturday maybe she should go to the emergency room (ER) and try to get some help for this, and the nurse told her that is not what the emergency room (ER) is for. She then revealed she has had UTI's in the past, but none like this, and this is the worst she has ever had. Record review of Resident #20 Urinalysis (UA) dated 4/8/25 at 17:35 documented the following significant results found in her urine: Blood, occult at 2+ (should not have any) Protein Stix at 1+ (should not have any) Leukocyte at 3+ (should not have any) White Cells are greater than 100 (normal range 0-5) Red Cells 11 to 25 (normal range 0-2) Record review of Resident #20 Pending Urine Culture lab dated 4/8/25 at 6:09 PM documented the following: Urine culture at 80,000 CFU/mL Colony Forming Units per milliliter (CFU/mL) probable: Proteus species (a bacterial count of 80,000 CFU/mL in a urine sample, with a probable identification of a Proteus species, is considered high and suggests a potential urinary tract infection (UTI). The presence of 100,000 CFU/mL or more of a single bacterial species is a common threshold for diagnosing a UTI). Record review of Resident #20's Assessments in her EHR on 4/9/25 at 9:26 AM documented no further assessments completed by nursing since her Change in Condition assessment on 4/6/25. Record Review of Resident #20's Vital Signs in her Electronic Health Record (EHR) on 4/9/25 at 9:27 AM revealed her last temperature was taken on 4/6/25 at 97.4 degrees Fahrenheit (F), and last blood pressure was taken on on 4/6/25 at 132/74 millimeters of mercury (mmHG), and last documented pain level assessment was on 4/4/25 at a 2 on 0-10 pain scale. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165366	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lake Mills Care Center	406 South Tenth Avenue East Lake Mills, IA 50450

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 4/9/25 at 9:41 AM with Staff C, Certified Nurse Aide (CNA) informed she works at the facility full time and Resident #20 will call when she needs assistance and she has been having some complaints of UTI symptoms since 4/8/25. During an interview on 4/9/25 at 9:50 AM with Staff D, LPN revealed she collected a urinalysis (UA) lab and sent it to the clinic for Resident #20 on 4/8/25 and she has not seen results faxed back. During an interview on 4/9/25 at 9:56 AM with Staff E, Certified Medication Aide (CMA) revealed she has worked with Resident #20 on 4/7/25 and 4/8/25 and stated she complained she might have a UTI and the nurses were aware. During an interview on 4/9/25 at 10:06 AM with Staff B, LPN revealed Resident #20 is still having pain with urination and urgency and she has not called yet today for lab results. She revealed she worked Monday 4/7/25 and Resident #20 was having pain, burning, and urgency with urination and increased incontinence. She then stated on 4/7/25 she got an order from Resident #20's Doctor for her urine to be tested and sent to the lab, but it was too late in the day to get her urine to the lab so they waited till Tuesday 4/8/25 to get her urine and she has not heard anything back yet. She stated if a nurse completes a Change of Condition Assessment related to a possible urinary tract infection they are supposed to chart vital signs and document on urine characteristics for three (3) days every shift. During an interview on 4/9/25 at 10:47 AM the Director of Nursing (DON) revealed she would expect nursing staff to notify Resident #20's Doctor timely if concerns regarding UTI symptoms were present and a change in condition assessment was completed. During an observation and interview on 4/9/25 at 11:02 AM, Staff B, LPN provided Resident #20's pending urine culture lab and completed urinalysis (UA) lab, when asked if the urinalysis was back yet, she proceeded to go through the fax book and found Resident #20's UA lab results timed stamped from the fax machine as received on 4/8/25 at 6:14 PM, Staff B informed no one has sent the results to the Doctor, she informed she was not aware it was here. UA results were taken to the DON and informed nothing has been done, the DON stated she will take care of it and contact Resident #20's Doctor now. During an interview on 4/9/25 at 6:08 PM with Staff A, Advanced Registered Nurse Practioner (ARNP) revealed the last call she received from the facility regarding Resident #20 was in September 2024 and it was regarding low back pain. She informed she is only able to see the on call screen, and it only shows if the facility called on a resident between 6:00 PM and 6:00 AM and informed nothing has been called in since September 2024 for Resident #20. Record review of Resident #20's current Care Plan on 4/9/25 documented the following: Resident is at increased risk of developing skin impairment and UTI's her goal is to remain free of complications related to incontinence and intervention is to monitor skin and report abnormal findings to practitioner and therapy consult as needed. 2. The MDS dated [DATE] for Resident #8 documented diagnoses of diabetes mellitus, hyponatremia (when the level of sodium in your blood is lower than normal), and hypertension. The MDS also documented daily insulin injections. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165366	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lake Mills Care Center	406 South Tenth Avenue East Lake Mills, IA 50450

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident #8's current Care Plan dated 8/8/25 instructed to monitor blood sugar levels as ordered and report to Doctor per parameters, dated 10/18/24. The Care Plan lacked resident #8 parameters. Record review of an After Summary Visit orders from the local hospital dated 3/10/25 lacked blood sugar parameters. Record review of Resident #8's Blood Sugars in his EHR documented the following: On 3/10/25 at 8:53 PM 486 milligrams per deciliter (mg/dL) (For most adults with diabetes, a target range for blood sugar is typically 80 to 130 mg/dL before meals and less than 180 mg/dL one to two hours after meals) On 3/10/25 at 9:54 PM 474 mg/dL On 3/11/25 at 7:08 AM 366 mg/dL On 3/11/25 at 11:08 AM 374 mg/dL Record review of Resident #8's Progress Notes lacked documentation of Doctor notification regarding elevated blood sugars on 3/10/25. Record review of Resident #8 Miscellaneous documents in his EHR lacked documentation of Doctor notification regarding elevated blood sugars on 3/10/25. During an interview on 4/9/25 at 10:47 AM the DON revealed she would expect the nurses to call if a blood sugar was obtained outside of parameters and on 3/10/25 she revealed blood sugars for Resident #8 were outside parameters and his Doctor should of been notified at that time. She then informed he was seen the following day by his provider on 3/11/25. An e-mail provided by the Provisional Administrator on 4/8/25 at 4:19 PM provided the following information the facility follows when asked for facility policy and/or procedures related to Physician Notification and Change of Condition/Assessment: Physician Notification Policy In our facility, we maintain timely and appropriate communication with physicians regarding residents' changes in condition, lab results, or other clinically relevant findings. Our nursing staff is trained to use their clinical judgment and follow internal protocols to determine when to notify the physician, always prioritizing resident safety and well-being. Notifications are documented per policy, and any updates or directives received are incorporated into the plan of care as needed. Change of Condition/Assessment Policy Our team is trained to recognize both acute and subtle changes in a resident's condition-whether physical, cognitive, behavioral, or functional. A change in condition may be identified through routine monitoring, staff observation, resident or family reports, or during cares. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165366	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lake Mills Care Center	406 South Tenth Avenue East Lake Mills, IA 50450

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	When a change is suspected, the nurse performs a thorough assessment, which may include reviewing vital signs, performing a head-to-toe physical assessment, evaluating mental status, pain, fluid intake/output. The nurse uses clinical judgment in conjunction with the resident's baseline status to determine if the change is significant. Based on the findings, the physician is notified per facility protocol, and any new orders or interventions are implemented promptly. The care plan is updated as appropriate, and documentation reflects the assessment, actions taken, and resident response. Communication with the resident, family, and interdisciplinary team is also part of the process to ensure continuity of care

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165366	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lake Mills Care Center	406 South Tenth Avenue East Lake Mills, IA 50450

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26527 Based on observation, record review, and staff interview, the facility failed to provide care consistent with professional standards to prevent a pressure ulcer, and failed to provide the necessary treatment and services to promote healing for 1 resident with a pressure ulcer (Resident #2). The facility reported a census of 52 residents. Findings include: The MDS (Minimum Data Set) assessment identifies the definition of pressure ulcers: Stage I is an intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues. Stage II is partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough (dead tissue, usually cream or yellow in color). May also present as an intact or open/ruptured blister. Stage III Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling. Stage IV is full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar (dry, black, hard necrotic tissue). may be present on some parts of the wound bed. Often includes undermining and tunneling or eschar. Unstageable Ulcer: inability to see the wound bed. Other staging considerations include: Deep Tissue Pressure Injury (DTPI): Persistent non-blanchable deep red, maroon or purple discoloration. Intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration due to damage of underlying soft tissue. This area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue. These changes often precede skin color changes and discoloration may appear differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. According to the Minimum Data Set (MDS) assessment dated [DATE], Resident #2 scored 4 on the Brief Interview for Mental Status (BIMS) indicating severe cognitive impairment. The resident was dependent for transfer, toileting, putting on/taking off footwear, and did not walk. The resident required substantial/maximal assist with rolling left to right. The resident's diagnoses included non-Alzheimer's dementia and Multiple Sclerosis (MS).The resident had risk for pressure ulcers, but had no pressure ulcers. The resident had a pressure reducing device for the bed, and a pressure reducing device for the chair. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165366	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lake Mills Care Center	406 South Tenth Avenue East Lake Mills, IA 50450

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	According to the MDS assessment dated [DATE], Resident #2 scored 6 on the BIMS indicating severe cognitive impairment. The resident had an unstageable pressure injury presenting as a deep pressure injury. In addition to pressure reducing devices to the bed and chair, the resident had a turning and repositioning program and nutrition or hydration interventions to manage skin problems. The Care Plan with a goal target date of 6/29/25 identified the resident at risk for alteration in skin integrity related to (r/t) a history of pressure ulcer to right inner buttocks and left buttocks and had the potential for pressure ulcer development r/t the history of pressure ulcers, impaired skin integrity r/t impaired mobility, incontinence, cognitive impairment, MS, and tremors. 2/1/25 dark purple non blanchable deep tissue injury right heel, encourage heel lift boots to bilateral feet. At times resident chose not to lay down in the morning, but usually laid down in the afternoon. 4/8/25 Resident's physician was okay with her wearing tennis shoes to her right foot if that was what she desired. The interventions included: a. Administering medications as ordered. b. Administering treatment per physician orders. c. Applying bilateral heel lift boots when in bed as tolerated (after the pressure ulcer developed). d. Encouraging good nutrition and hydration in order to promote healthier skin. e. Encouraging to reposition. f. Following facility policies/protocols for the prevention/treatment of skin breakdown. g. Observing skin condition with care. h. Pressure reducing device on bed. i. Pressure reducing device on chair. j. Providing preventative skin care. k. Using pillows/positioning devices as needed. The Progress Notes dated 1/29/25 at 6:14 p.m. documented the resident had cold symptoms and an emesis. The Progress Notes dated 1/30/25 at 5:42 a.m. documented the resident's head of the bed elevated throughout the shift and would encourage fluids with each contact. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165366	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lake Mills Care Center	406 South Tenth Avenue East Lake Mills, IA 50450

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Progress Notes dated dated 1/30/25 at 8:45 a.m. documented the resident experienced a change in condition. The resident had a large emesis undigested food light tannish in color, and no foul odor. The resident did feel nauseated, but better since vomited. Skin pink in color and warm to touch, and nasal drainage and congestion noted. Questioned with fever, urinary incontinence, and significant history of Urinary Tract Infection (UTI), if they could obtain a straight catheter urine sample for Urinalysis (UA) and Culture and Sensitivity (C&S). At 9:10 a.m. the resident received Tylenol for a temperature of 100.6 degrees. At 1:54 p.m. the facility received an order for a UA and C&S. At 9:26 p.m. the resident remained on isolation due to cold symptoms. Noted with occasional nonproductive cough, and poor appetite. Fluids encouraged and offered with each contact. The Progress Notes dated 1/31/25 at 10:17 a.m. documented the resident had been more lethargic, confused, with increased needs in assistance. The resident's Oxygen (O2) saturation (sat) 85% (norm 92-100%) and O2 placed per nasal prongs at 2 liters. She denied dysuria (pain with urination) but had some episodes of shaking, possibly chills. At 12:31 p.m. O2 sat 89% on 4 liters of O2. At 6:38 p.m. the resident had been resting in bed and said she felt better, but may have been unreliable due to her poor cognition. The Progress Notes dated 2/1/25 at 12:31 p.m. documented the resident noted with dark purple, non-blanchable area to the right heel measuring 1.8 by 2.7 cm. The intact area did not appear tender with assessment. The resident had a recent change in condition on 1/30/25 and continued isolation precautions. Staff anticipated and met all the resident's needs, including repositioning every 2 hours and as needed. Staff encouraged the resident to wear heel protector boots at all times as tolerated. Questioned if considering the location and characteristics if it would be a deep tissue pressure injury. The Progress Notes dated 2/4/25 at 11:27 a.m. documented call to family regarding recommendation of hospice services per the physician. The family member voiced understanding and stated she would call the physician and her other family members to discuss the recommendation and would get back to them. At 12:20 p.m. a return fax received, signed by the physician citing the wound was likely a deep pressure injury. It would be reasonable to proceed with the Wound Care consult. Family has been contacted regarding/ Hospice referral. Can we hold off on wound care consult at this time until family makes a decision? Wound will still be assessed weekly by the facility's wound care certified skin nurse. The Progress Notes dated 2/6/25 at 10:41 a.m. documented a return fax received, signed by the physician, citing he thought it was reasonable to wait until the family decided how they would like to proceed. The Progress Notes dated 2/12/25 at 2:01 p.m. documented the resident's family member stated they would not go with hospice services. The clinical record lacked documentation the facility set up a wound care consult. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165366	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lake Mills Care Center	406 South Tenth Avenue East Lake Mills, IA 50450

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Progress Notes dated 2/26/25 at 2 a.m. documented a Certified Nursing Assistant (CNA) reported an area on the resident's right heel. The area was first documented on 2/1/25. They were waiting on family to decide on hospice care before coming up with a treatment plan. The area was intact but had gotten bigger. On 2/1/25 the area measured 1.8 x 2.7 cm. Then the area is measured 2.2 x 3.7 cm, dark purple almost black, and nonblanchable. The note questioned if they should move forward with a wound clinic consult. At 5:45 p.m. received a fax from the physician stating please proceed with Wound Care Consult. The resident likely had a pressure ulcer due to her failing health and would likely worsen over time. The clinical record lacked documentation the facility attempted to get the resident seen for a wound care consult. The Progress Notes dated 3/5/25 at 10:18 p.m. documented receipt of a fax from the physician following up on the Skin Evaluation Pressure Wound Assessment stating: wound care nurse evaluation please, and thank you. Order put in. The clinical record lacked any documentation the facility attempted to make an appointment for a wound care nurse evaluation. The Progress Notes dated 4/1/25 at 2:56 p.m. documented receipt of a return fax from the physician regarding the:Pressure Wound assessment. Received the order, the resident would benefit from wound care intervention. He would recommend a consultation with the Wound Nurse or at the Wound Care Clinic of her choice. The resident's family notified and requested a specific wound clinic. Request placed to set up appointment. The Progress Notes dated 4/2/25 at 8:30 a.m. documented a call placed to to the wound clinic the family chose. The earliest appointment available 4/21/25. The family called and fine with any wound clinic available. The Progress Notes dated 4/3/25 at 15:26 p.m. documented the facility faxed the order to the wound clinic and they were unable to schedule an appointment until the order was entered in the system. The Progress Notes dated 4/4/25 at 1 p.m. documented the resident's physician replied he would be happy to order the consult, and requested the facility let him know where the wounds were located so he could enter an accurate referral. The Progress Notes dated 4/7/25 at 8:25 a.m. documented receipt of a call from the wound clinic and they could make an appointment because the order was in the system. The 1st available on 4/14/25 at 2:45 p.m. On 4/7/25 at 4:54 p.m. the resident sat in her wheelchair in her room and allowed a Certified Nursing Assistant (CNA) to remove her right slipper and sock to reveal dry black eschar to the right interior heel. On 4/8/25 at 8:59 a.m. the resident sat in her wheelchair in her room. The resident wore tennis shoes. At 11:10 a.m. the resident still had shoes on. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165366	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lake Mills Care Center	406 South Tenth Avenue East Lake Mills, IA 50450

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/9/25 at 8:04 a.m. the resident was dressed and wore slippers on in the dining room. On 4/8/25 at 11:54 p.m. the facility Wound Nurse stated they did not have an order for the resident to not wear shoes. In an email dated 4/8/25 the Provisional Administrator responded to the request for policy on pressure ulcer care, that they would follow the standard of care. On 4/8/25 at 12:55 p.m. the Provisional Administrator and previous Administrator stated the resident may want to wear her shoes, and they allowed resident's choice. The clinical record lacked any documentation the facility addressed the the resident's footwear in relation to the pressure ulcer. On 4/8/25 at 4:15 p.m. the Director of Nursing (DON) asked the MDS Coordinator if there were any additional assessment or interventions when the resident was ill (the end of January), and the MDS Coordinator named interventions they put in place after the resident developed the pressure ulcer, including the boots and dietary. The DON acknowledged the lag time in getting the resident seen after the pressure sore developed. She said they made many calls to the wound center, but they would not make an appointment until the doctor made a proper referral. She said she knew if it wasn't documented it wasn't done. The DON said the resident liked to be dressed and that included shoes. She didn't know if they encouraged the resident to wear her slippers. The National Pressure Injury Advisory Panel (NPIAP), Pressure Injury Prevention Points directed repeating risk assessments with any change in condition. Repositioning and mobilization included keeping the heels free from the bed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165366	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lake Mills Care Center	406 South Tenth Avenue East Lake Mills, IA 50450

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 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. 48003 Based on observations, facility document review and staff interviews, the facility failed to post staff daily posting with the census and staffing data required. The facility reported a census of 52 residents. Findings include: An observation on 4/6/25 at 10:10 AM noted the facility staff post did not have resident census, total hours worked for each category nor identify if the nurse was a Licensed Practical Nurse (LPN)or Registered Nurse (RN) each shift. An observation on 4/6/25 at 3:00 PM noted the facility staff post did not have resident census, total hours worked for each category nor identify if nurse was an LPN or RN each shift. An observation on 4/7/25 at 8:30 AM noted the facility staff post did not have resident census, total hours worked for each category nor identify if nurse was an LPN or RN each shift. An observation on 4/7/25 at 1:00 PM noted the facility staff post did not have resident census, total hours worked for each category nor identify if nurse was an LPN or RN each shift. During an interview on 4/7/25 at 1:15 PM, the MDS Coordinator reported she was not sure why the staff posting does not have the census on it and would check into it. During an interview on 4/7/25 at 1:29 PM, the Provisional Administrator reports the staff postings changed on December 1st. She is unsure why the census is not on it and it should be. Acknowledged the staff posting should also identify the categories of nursing department for identifying RN, LPNs and CNAs.