

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165374	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2024
NAME OF PROVIDER OR SUPPLIER Mill Valley Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 Park Street Bellevue, IA 52031	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>49976</p> <p>Based on observation, record review, staff interview, and policy review the facility failed to follow appropriate transfer techniques resulting in injury for 1 of 1 resident reviewed (Resident #184). The facility reported a census of 35 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) report dated 9/21/23 for Resident #184 documented a Brief Interview for Mental Status score of 6/15 indicating severe cognitive impairment. The MDS further indicated diagnoses including: non-traumatic brain dysfunction, non-Alzheimer's dementia, and arthritis.</p> <p>The Therapy Progress Note dated 10/8/23 reported Resident #184 attempted two stand pivot transfers with two assist but was unable to do it adequately, causing termination of transfer to prevent rolling an ankle. Consultation with nursing and aide staff regarding current level of function was done.</p> <p>The Therapy Communication form dated 10/08/23 and signed by Staff A, Physical Therapist (PT) indicated the resident was an assist of two and total body lift.</p> <p>The Restorative - MDS Communication Log entry dated 10/11/23 signed off by the Restorative Aide and the Director of Nursing (DON) documented Resident #184 was an assist of two with full body lift.</p> <p>The Health Status note dated 10/11/23 at 1:55 PM noted a nurse was called into Resident #184's room by the Certified Nursing Assistant (CNA) for a skin tear to the Lower Left Extremity (LLE). The CNAs stated they were transferring the resident via two assist with a gait belt and walker and the resident's feet got twisted together, causing the skin to tear on the LLE.</p> <p>In an interview on 7/24/24 at 8:02 AM with Staff B, Certified Occupational Therapy Assistant clarified full body lift meant a Hoyer lift.</p> <p>In an interview on 7/24/24 at 8:16 AM Staff C, Speech Therapist explained nurses and CNA's are allowed to provide more assistance with transfers, not less than prescribed. When a transfer level changes, the PT communicates the change with the DON and Restorative Nurse via the communication form. The Restorative Aide then puts a sign in the resident's room with the new transfer level.</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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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/24/24 at 12:24 PM Staff A, PT explained Resident #184 was on her therapy caseload in April as an assist of 1. They picked her back up for right knee pain in the fall and changed her to assist of 2. She had a subluxated patella (partial dislocation) and they got an order for a brace. The resident had a cognitive decline towards the end and therapy wasn't benefiting her. They turned her into a full body lift. Staff A confirmed information is passed through a communication sheet and handed to the Restorative Nurse. The Nurse then gives it to the DON and it is signed off. The DON/Aide updates the sheet in the resident's room. All changes are discussed during the weekly Medicare meeting. The MDS Nurse notes the change on the Care Plan in the Electronic Health Record.</p> <p>In an interview on 7/24/24 at 12:30 PM the MDS Nurse reported she works with the restorative team. She updates the Care Plan after she gets the communication note from therapy. They keep a running sheet between them all to make sure nothing gets missed and they date when it is added to the Care Plan.</p> <p>During an interview on 7/24/24 at 2:04 PM the DON explained there was a lot of change over at the time the resident was transferred incorrectly and that might have played a part in the delay of the information being passed from PT to the team. They also did not have a Restorative Nurse at the time, just the aide, so that too might have impacted the delay.</p> <p>The facility lacked a policy on resident transfers.</p>		