

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165375	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/25/2024
NAME OF PROVIDER OR SUPPLIER  Anamosa Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1209 East Third Street Anamosa, IA 52205	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>48003</p> <p>Based on clinical record review, facility incident investigation review, policy review, and staff interviews, the facility failed to assess a resident after spilling hot thickened coffee during meal service which resulted in a second degree burn (tissue damage to the top and middle layers of skin in which blisters can develop). She required antibiotics and treatments at the wound care clinic for injury 1 of 1 residents reviewed (Resident #14). The facility reported a census of 60 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) for Resident #14 dated 4/24/24 documented a Brief Interview for Mental Status (BIMS) score of 4 indicating severe cognitive impairment. The MDS documented Resident #14 had diagnoses including hypertension, stroke, dementia, dysphagia, and hemiplegia to the left side. It further documents that the resident required supervision with eating (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.)</p> <p>The Care Plan for Resident #14 revised 2/07/24 with a focus area for Nutritional Status related to diabetes, altered textures, and need for supplement. Interventions listed to use plastic dinnerware due to behaviors and to monitor for chewing, swallowing problems.</p> <p>Review of the facility incident report investigation dated 6/01/24 documented Resident #14 was seated in the dining room for supper (supper meal served at 6 PM). She was served her thickened coffee in a styrofoam cup with a lid per her Care Plan. Staff laid her blanket on the table (the resident likes a blanket for her shoulders during the meal). Staff observed her grabbing onto her blanket and pulling it toward herself. When she pulled the blanket she spilled her hot coffee and juice on the table. Staff noted the spill and got rags to clean up the spill. They removed the wet blanket and rags from the table. The incident investigation lacked any documentation of the resident being assessed to make sure the hot coffee didn't spill on the resident. It documented it wasn't until staff was providing bedtime care that staff noticed the resident's thigh areas were red and had blisters. Staff then notified the nurse. The nurse then assessed the skin, tried to notify the resident representative and sent a message to the physician. The intervention done at the time was staff education to assess the resident right away after a spill of hot liquids.</p> <p>Review of the CNAs working the day of the incident lacked any documentation of assessing Resident #14 after the spill of the hot coffee to make sure it did not spill on the resident.</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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Progress Note, Health Status Note dated 6/01/24 at 9:39 PM Staff G, LPN documented Resident #14 spilled her hot chocolate on the table and herself and it wasn't found until HS (bedtime) cares noted blisters and red areas. It documented the left inner thigh with two blisters, the red area measured 12.7 centimeters (cm) by 7.6 cm. One of the fluid blisters measuring 2.4 cm by 1.2 cm.</p> <p>A Progress Note, Health Status Note dated 6/04/24 at 9:00 AM documented Resident #14 was seen by the Advanced Nurse Practitioner (ARNP) and she assessed the bilateral thigh burns. The ARNP ordered Cephalixin (antibiotic) four times a day for seven days.</p> <p>Review of the non-pressure skin condition report for 6/01/24 documented the resident had 12.7 cm by 7.6 cm burn area to left thigh with one blister measured 2.4 cm by 1.2 cm and the other blister 1 cm around. The right thigh burn measured 3.1 cm by 1.5 cm.</p> <p>A Progress Note, Health Status Note dated 6/22/24 at 5:32 AM documented the physician ordered a referral for Resident #14 to be seen at the wound clinic.</p> <p>The Wound Clinic Provider note dated 6/26/24 documented the resident's left thigh burn noted to have necrotic; partial granulation to the site. The physician debrided the wound (removal of the dead, damaged or infected tissue).</p> <p>During an interview on 7/22/24 at 4:58 PM Staff G, Licensed Practical Nurse (LPN) reported she was the nurse working the evening of the incident. She verbalized she was at the kitchen window when staff came up to get towels to clean up the spill but did not report any of the spill landing on the resident. She reported she did not assess the resident to make sure. She reported Staff I, Certified Nurse Aide (CNA) was sitting with the resident at the time of the incident. She reported it was not until Staff H, CNA came up at bedtime after 9 PM and reported the resident had a red area with blisters to the thighs. Staff G went to the residents room and assessed her.</p> <p>During an interview on 7/23/24 at 10:59 AM, the Administrator reported the staff failed to assess the resident to make sure the hot coffee did not spill on the resident. She reported Staff I, CNA was sitting at the table when the incident occurred.</p> <p>During an interview on 7/25/24 at 9:15 AM, Staff K, Dietary reported prior to the incident for Resident #14 staff had not been temping the coffee or hot chocolate.</p> <p>During an interview on 7/25/24 at 09:59 AM, the Dietary manager reported there was no policy in place prior to the incident to temp the coffee and hot chocolate.</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>48003</p> <p>Based on personnel record review and staff interviews, the facility failed to do an annual performance evaluation for 5 of 5 employees reviewed (Staff B, Staff C, Staff D, Staff E, and Staff F). The facility identified a census of 60 residents.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Personnel record review documented Staff B, Certified Nurses Aide (CNA) had a hire date of 10/22/19. A performance review dated 10/27/2020 signed and dated by Staff B, CNA. Further review lacked any annual performance reviews completed in 2021, 2022, and 2023.</li> <li>2. Personnel record review documented Staff C, CNA had a hire date of 12/04/22. Further review lacked documentation of an annual performance review completed for Staff C since hire.</li> <li>3. Personnel record review documented Staff D, CNA had a hire date of 9/11/22. Further review lacked documentation of an annual performance review completed for Staff D since hire.</li> <li>4. Personnel record review documented Staff E, CNA had a hire date of 6/15/20. Further review lacked documentation of an annual performance review completed for Staff E since hire.</li> <li>5. Personnel record review documented Staff F, CNA had a hire date of 18/20/2014. A performance review dated 6/15/2020 signed and dated by Staff F, CNA. Further review lacked any annual performance reviews completed in 2021, 2022, and 2023.</li> </ol> <p>During an interview on 7/24/24 at 12:52 PM, the Director of Nursing (DON) reported the annual reviews should be done yearly for the CNAs by the DON. She reported the Admin. Assistant is in charge of keeping track of when those are due and who is due. She reports she started the DON position in November of 2023 and has not done any reviews since starting.</p> <p>During an interview on 7/24/24 at 12:56 PM, Admin. Assistant reported she has a spreadsheet of when annual evaluations are due and sends an email to the department heads when one is due but there is no follow up for making sure they are done. She reported she does not have a system in place to get them back completed.</p> <p>During an interview on 7/24/24 at 01:39 PM, the Administrator reported the annual evaluation's have not been consistently getting done. They are trying to get consistency in place but there hasn't been.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>48452</p> <p>Based on observation, staff interviews, and policy review the facility failed to maintain sanitary conditions for 1 of 1 residents when staff used their bare hand to clean the top of a pepper shaker before putting the pepper on a resident's food (Residents #58). The facility reported a census of 60 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment for resident #58 documented a Brief Interview for Mental Status (BIMS) score of 13/15 indicating intact cognition. Resident diagnoses included hypertension, respiratory failure, and diabetes mellitus. The MDS revealed the resident required supervision or touching assistance for eating meaning the helper provided verbal cues and/or touching/steadying and/or contact guard assistance as the resident completed the activity. Assistance might be provided throughout the meal or intermittently.</p> <p>On 07/22/24 at 12:24 PM observed Resident #58 seated at a table in the main dining room with two other residents. He added salt and pepper to his food from the shakers on the table. At 12:26 PM the resident called Staff A, Dietary aide, over from assisting another resident to help with the salt and pepper shakers. The resident explained the shaker was almost out of pepper and they needed more. Staff A took the shaker from the resident, held it up to look at it, and shook it. She told the resident there was enough pepper in the shaker, and then used the heel of her left hand to rub over the holes on the top of the shaker. She then sprinkled pepper on the resident's salad.</p> <p>During an interview with Resident #58 on 7/25/24 at 9:28 AM he stated he was not aware the staff member cleaned the top of the shaker with her bare hand before she put the pepper on his food. He said, Ewww. He added he would have said something to the staff person if he had known.</p> <p>An interview with Staff J, Cook, on 7/24/24 at 12:44 PM revealed the condiment containers on the tables in the main dining room were wiped out, run through the dishwasher, and refilled at meals. The shakers were only put in the dishwasher when they got low.</p> <p>A follow up interview with the Dietary Supervisor on 7/24/24 at 12:50 PM determined the shakers were usually cleaned when they were empty, as needed, or every other week. She confirmed the top of the shakers should not be cleaned off with a bare hand. She stated staff would need to be reeducated.</p> <p>A policy titled Infection Prevention and Control Plan effective 8/1/17 documented a goal of preventing food-borne illness and surveillance activity that included monitoring food safety.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48452</b></p> <p>Based on observations, pest control receipt review, resident interview, staff interviews, and policy review the facility failed to maintain an effective pest control program in the facility. The facility reported a census of 60 residents.</p> <p>Findings include:</p> <p>During an observation on 07/22/24 at 08:29 AM two flies were flying in circles in the kitchen. During food service one fly landed on the brown sugar topping a bowl of crispy rice cereal. It crawled from the sugar to the cereal, sat for about 10 seconds, and flew away. At 08:33 AM a fly landed on bowl of cheerios with brown sugar on it, crawled over the top of the sugar and into the hole of one of the cheerios, then crawled back on top of the sugar. The fly remained in the bowl 07/22/24 08:36 AM.</p> <p>On 07/22/24 at 12:24 PM observed Resident #58 shooing away a fly at his table. He attempted three separate swats to get it away from his food. At 12:26 PM the fly landed on the residents back and crawled on his neck. He shook his head and it flew away. He stated there are too many flies in this place.</p> <p>During continuous observation on 07/23/24 from 9:12 AM to 9:28 AM flies landed on the table, the chair, 4 residents, and a laptop 9 times. At 9:25 AM two flies landed on the table at the same time and then one flew to a resident's back and crawled onto her hair. At 9:26 AM a resident seated at the table next to the 100 hall was observed moving her hand back and forth in front of her face while staff were sanitizing tables and putting out fresh tablecloths. After she waived her hand observed flies land on 2 freshly cleaned tables and tablecloths 3 additional times.</p> <p>At 12:54 PM on 07/23/24 observed a fly land on a table in the common area next to a resident doing a puzzle. The fly flew upwards and landed on his head, flew to a resident asleep in her wheelchair next to him, and landed on her cheek. The fly crawled on her face just over a minute before flying towards the dining room.</p> <p>While observing a resident transfer on 07/23/24 at 02:52 PM Staff L, Licensed Practical Nurse (LPN) attempted to get flies away from a resident sleeping in the common area next to the dining room. She stated they needed to get a fly swatter around here.</p> <p>On 07/24/24 at 09:37 AM two flies landed on common area table. One crawled on the table top until 09:42 AM, the other landed on a resident's hair. She slept in one of the recliners next to the table. The fly crawled around on her head for about a minute and a half according to the clock on the wall.</p> <p>During an observation on 07/24/24 at 10:14 AM flies were in the 200 hallway by rooms [ROOM NUMBERS]. They landed on a wheelchair and the handrail. One then flew into room [ROOM NUMBER].</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with Resident #58, who had a Brief Interview for Mental Status score of 13/15 indicating intact cognition, on 7/25/24 at 9:28 AM he stated flies were everywhere in the building. He indicated he was swatting at them all the time and mentioned they landed on him and his food. They were also in his room.</p> <p>An interview with the Administrator on 7/23/24 at 1:30 PM determined flies have been more of an issue recently. She stated the pest control company came once a month.</p> <p>Staff J, Cook, revealed during an interview on 7/24/24 at 12:44 PM that flies were not usually a problem but had been bad for the past week or so.</p> <p>An interview with Staff M, Maintenance, at 8:12 AM on 7/25/24 revealed he had not really noticed the flies. The facility had addressed spiders but he was not aware of the flies. He stated the pest control company came once or twice a month to spray the baseboards with an all natural chemical.</p> <p>A pest control receipt dated 7/11/24 indicated pest control was performed. It lacked documentation of the types of pests that were addressed.</p> <p>A policy titled Insect and Rodent Control dated 8/1/2002 documented insects and rodents carried harmful bacteria and the elimination or reduction of pests enhanced the facilities ability to prevent the spread of infection.</p>