Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165383	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenfield Rehabilitation & Health Care Center	615 SE Kent Street Greenfield, IA 50849

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff and family interviews, and facility policy review the facility failed to obtain all of 1 of 3 resident's (Resident #1) medications once they were admitted to the facility. The facility reported a census of 42 residents.Findings include:According to the admission Minimum Data Set (MDS) assessment tool with a reference date of 10/31/2025, Resident #1 was admitted to the facility on [DATE]. The MDS documented a Brief Interview of Mental Status (BIMS) score of 15 out of 15, which suggested no cognitive impairment. The MDS listed the following diagnoses for Resident #1: hypertension, hip fracture, stroke, depression, cognitive communication deficit and atrial fibrillation.Record review of the scripts sent to the facility's pharmacy revealed the following order: doxazosin mesylate (treat high blood pressure) 2 milligram (mg). Give 0.5 tablet by mouth two times a day (BID). The order was electronically signed on 10/29/2025 at 10:54 AM. Review of Resident #1's October 2025 Medication Administration Record (MAR) revealed she had an order for doxazosin mesylate 1 mg. Give 0.5 tablet by mouth BID. The order had a start date of 10/29/2025 at 4:00 PM and discontinued date of 10/31/2025 at 4:05 PM. Staff had documented 6 on the following administration dates and times: 10/29/2025 PM dose, 10/30/2025 AM and PM doses, and 10/31/2025 AM dose. The number 6 meant to see progress notes.Review of Resident #1's Progress Notes revealed the following:a.10/29/2025 at 2:03 PM: resident arrived to the facility at 10:00 AM accompanied by family.b. 10/29/2025 at 11:17 PM: doxazosin mesylate not given as waiting for pharmacy delivery. The Progress Notes lacked documentation on why the doses were not given on 10/30/2025 and 10/31/2025.Review of the resident's blood pressure revealed the following readings:a. 10/29/2025 at 1:24 PM 131/58 b. 10/29/2025 at 11:32 PM 103/78c. 10/30/2025 at 8:48 PM 158/76Review of the facility's emergency kit (medications available at all times) medication list revealed doxazosin was not available to be given.On 1/13/2026 at 11:23 AM, Resident #1's family stated the resident called her and told her she did not get her medications on the day she was admitted to the facility. She also told the family member that she did not get all of her medication that night as well. When she went in to the facility to talk to someone about it the charge nurse told her the day nurse did not do their job and follow through with the orders.On 1/13/2026 at 12:11 PM, Staff D, Registered Nurse (RN), was asked to talk about the admission process, specifically getting the resident's medication, when a resident is admitted . She stated they would obtain all the MARs from where the resident was admitted from, obtain orders from the physician, put them in the computer, and send a facsimile to the pharmacy. When asked if the pharmacy delivered medications to the facility timely, she indicated they did. When asked what happens if the medication that is due was not available, she stated get an order to start the next day. If it needed to be started right away, they could get the medication from the Emergency Kit.On 1/13/2026 at 12:30 PM, Staff C RN, charge nurse, was asked why she documented 6 on Resident #1's doxazosin order on 10/30/2025 and 10/31/2025. She stated the medication was not in the building from pharmacy. She added depending on what time the resident was (continued on next page)

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	admitted , will need to call pharmacy to order the medication or it should be at the facility, she could not remember what had happened with that medication.On 1/14/2026 at 11:58 AM the Director of Nursing (DON) stated the medication could have been delivered late on the day Resident #1 was admitted . If the medication had not been delivered on the day of her admission, staff would need to put calls in place to get the medication as soon as possible. If staff had called her about the issue she would have asked them to see if it was in the emergency kit.On 1/15/2026 at 4:07 PM the Assistant Director of Nursing (ADON)/MDS Coordinator stated she dug into this on 1/14/2026 and noticed the script that was sent to the pharmacy did not match the order that was put on the MAR. Staff should have put in a progress note indicating why they medication was not given and she would have followed up on it. She was not aware of the medication not being available.The facility provided a document titled admission Policy with an approved date of 12/2024. The objectives of our admissions policies are to admit residents who can be cared for adequately by the facility. Prior to or at the time of admission, the resident's attending physician must provide the facility with information needed for the immediate care of the resident, including orders covering at least .medication orders.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on record review, resident and staff interviews, and facility policy review the facility failed to provided incontinent cares on the overnight shift for 1 of 3 residents reviewed (Resident #3). The facility reported a census of 42 residents.Findings include:According to the quarterly Minimum Data Set (MDS) assessment tool with a reference date of 12/11/2025, Resident #3 had a Brief Interview of Mental Status (BIMS) score of 15 out of 15, which suggested no cognitive impairment. The MDS documented she exhibited no rejection of care during the review period and had impairments to her bilateral upper and lower extremities. Resident #3 required substantial/maximal assistance with toileting hygiene and personal hygiene. Resident #3 was frequently incontinent of urine and always incontinent of bowel. The following diagnoses were listed for Resident #3: ulcerative colitis, paraplegia, anxiety, and depression.A Care Plan Focus Area with a revision date of 8/13/2024 documented Resident #3 had bladder incontinence. The Care Plan intervention revised 11/5/2024 encouraged staff to change her disposable brief daily and as needed (PRN). The Care Plan intervention revised 8/13/2024 also encouraged staff to check Resident #3 per her request and as required for incontinence: wash, rinse and dry perineum. An additional Care Plan Focus Area with a revision date of 11/5/2024 documented she had bowel incontinence related to immobility and disease process. The Care Plan intervention dated 11/5/2024 encouraged staff to provided peri care after each incontinent episode.On 1/13/2026 at 1:36 PM Resident #3 was lying in bed watching television. When asked how things were going during the overnight shift, she stated not good. When asked what she meant by that she stated she was not getting changed like she should be. Sometimes when she has a bowel movement, she will pull her call light. Staff will either just let the call light go or come in and say they will be right back. Then they will shut the light off and never return. She added this happens about once a week and always happens when she is incontinent of urine. She indicated they will not assist her with incontinent cares. Resident #3 stated she has had issues with her skin around the area and they now use cream to help preventing skin issues.On 1/13/2026 at 2:34 PM Staff B, Certified Nursing Assistant (CNA) stated Resident #3 talked to her about the overnight shift not cleaning her up after becoming incontinent. Resident #3 told her the staff will come in to her room, turn off her call light, tell her they would be back but they never come back.On 1/13/2026 at 2:57 PM Staff A, CNA stated Resident #3 talked to her about how the overnight shift did not complete incontinent cares for her. She heard CNAs talk about how the overnight shift not very good about doing areas and ensuring their residents are not wet. She added this had been mentioned quite frequently. Staff A stated when Resident #3 had a bowel movement it will come up the front but not all staff will clean her up properly.On 1/14/2026 at 11:42 AM the Administrator indicated she was not aware of issues on the overnight shift with incontinent cares being completed.On 1/14/2026 at 11:58 AM the Director of Nursing (DON) was asked when staff were to complete cares on residents, she stated when they round on residents every 2 hours to check and change the residents that were incontinent, offer toileting to the ones that require assistance or remind to go to the bathroom.The facility provided a document titled Activities of Daily Living with an approved date of 9/24/2025. The policy stated the facility will provide each resident with care, treatment, and services according to the resident's individualized care plan.