STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER: Greenfield Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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** 41785 Based on clinical record review, staff interview and policy review the facility failed to establish comprehensive, resident specific care plans for 4 of 4 residents reviewed (Resident #9, #13, #4 and #26). The facility reported a census of 29 residents. Findings include: 1. According to the Minimum Data Set (MDS) assessment dated [DATE], Resident #9 had a Brief Interview of Mental Status (BIMS) score of 15 (intact cognitive ability). The resident was independent with eating, dressing, transfers and toileting. Her diagnosis included heart failure, renal insufficiency, diabetes and depression. The resident was taking an anticoagulant, insulin, opioid, antidepressant and a diuretic medication. The resident was admitted to the facility on [DATE]. The Care Plan dated 8/12/24, showed that Resident #9 had the potential for nutritional problems related to diagnosis of congestive heart failure, diabetes mellitus, depression, obesity and chronic kidney disease. She had weight fluctuations related to edema/diuresis. The Care Plan lacked references to the high-risk medications that Resident #9 was taking, and lacked direction to staff to monitor for specific side effects of these medications. 2. According to the MDS assessment dated [DATE], Resident #13 had a BIMS score of 1 (severe cognitive deficit). The resident was totally dependent on staff for dressing, hygiene, transfers and toileting. Resident #13 was taking an antipsychotic and opioid medications. He had diagnosis that included cancer, dementia, senile degeneration of brain, muscle weakness. The Care Plan updated on 8/26/24 showed that Resident #13 had the potential for nutritional problem related to weight loss and dementia. He had impaired cognitive function, administer medications as ordered. The Care Plan lacked references to the specific needs related to antipsychotic medications or signs and symptoms to monitor. The care plan lacked reference to dementia symptoms and/or interventions to use other than medication administration. The care plan lacked reference to opioid medication use and the side effects. 49628 (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Greenfield Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. The MDS assessment for Resident #4 dated 7/30/24 identified a BIMS score of 6 which indicated severe cognitive impairment. The MDS documented diagnoses that included: Non-Alzheimer's Dementia, Anxiety Disorder and Depression. The MDS documented Resident #4 received antipsychotic, antianxiety and antidepressant medications on 7 out of 7 days of the assessment reference period. The Care Plan printed on 8/28/24 directed staff to monitor/document for side effects of behavior, depressant, dementia, and skin medications but did not state what the side effects were. Resident #4's Medication Administration Record (MAR)/Treatment Administration Record (TAR) for 8/24 documented entries for the medications of Abilify, Aricept, Clonazepam, Buspirone, and Sertraline. The document further provided entries for side effects for antidepressant, antianxiety, and antipsychotic. 4. The MDS assessment for Resident #26 dated 8/2/24 identified a BIMS score of 4 which indicated severe cognitive impairment. The MDS documented diagnoses that included: Non-Alzheimer ' s Dementia, and Anxiety Disorder. The MDS documented Resident #26 received antianxiety and dementia medication on 7 out of 7 days of the assessment reference period. The Care Plan printed 8/28/24 informed the staff Resident #26 received medication related to anxiety and dementia. The Care Plan directed staff to monitor for side effects and effectiveness. The document did not provide detail of what side effects the staff were to monitor. Resident #26's Medication Administration Record (MAR) for August 2024 documented entries for Rivastigmine Patch 24 Hours 4.6MG/24HR, Rivastigmine Patch 24 hour 9.5MG/24HR from 8/22 through 8/27, Lorazepam, and Mirtazapine. The document further provided entries for side effects for antianxiety, and antidepressant. On 8/27/24 at 3:00 PM the Assistant Director of Nursing (ADON) stated behaviors were charted by nurses in the Progress Notes of the electronic health record (EHR). The side effects of the medications were captured on the MAR/TAR. On 8/28/24 at 1:20 PM the Administrator acknowledged that the certified nursing assistants needed to know what medication side effects to monitor, and the Care Plan would be the best place to see that. The facility document, Care Planning - Interdisciplinary Team Policy, reviewed 1/2017, revealed each resident will have a comprehensive Plan of Care (POC) that will assist them in maintaining and achieving the highest practical level of mental and physical functioning, and wellbeing. The document further stated the POC would identify each resident's strengths, weaknesses, and needs. The policy stated the comprehensive POC must address all care issues that are relevant to the individual, whether or not they are specifically covered in the MDS.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Greenfield Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49628 Based on clinical record reviews, observations, resident interview, staff interviews, and policy review, the facility failed to review and revise the care plan to include focus area and interventions for 2 of 15 residents (Resident #7 and Resident #15) reviewed. The facility reported a census of 29 residents. Findings include: 1. The Minimum Data Set (MDS) assessment for Resident #7 dated 8-2-24 identified a Brief Interview for Mental Status (BIMS) score of 15 which indicated cognition intact. The MDS documented diagnoses that included: arthritis, pain in the right leg and hip, and history of falling. Resident #7's Clinical Census revealed the resident admitted to the facility on [DATE]. The Care Plan printed 8/28/24 informed the staff Resident #7 did not wear edema garments. Resident #7's Clinical Physician Orders revealed the use of compression stockings on during the day and off at night with a start date of 8/9/24. The Progress Note dated 8/7/24 indicated the primary care provider completed rounds with a new order for compression stockings. Observation on 8/26/24 at 12:38 PM revealed Resident #7 wearing bilateral lower extremity compression stockings. On 8/27/24 at 8:34 AM Resident #7 wore compression stockings, shoes, and completed ambulation with staff assistance from her bedroom to the dining room. On 8/26/24 at 12:38 PM Resident #7 stated she swelled in her left lower extremity and had recently had the right hip replaced. The resident stated she only recently had been able to get her shoes on. Staff D, Certified Nursing Assistant (CNA), on 8/28/24 at 2:51 PM stated compression garments were worn for edema, and she would know if a resident wore compression stockings from the Care Plan. 2. The MDS assessment for Resident #15 dated 8-2-24 identified a Brief Interview for Mental Status (BIMS) score of 11 which indicated moderate cognitive impairment. The MDS documented diagnoses that included: Parkinson's Disease, personal history of transient ischemic attack and cerebral infarction, and personal history of COVID-19. The MDS documented Resident #15 did not require oxygen on admission to the facility and during the assessment period. Resident #15's Clinical Census revealed admission to the facility on [DATE]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Greenfield Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Care Plan printed 8/28/24 did not inform the staff Resident #15 used oxygen, signs/symptoms of hypoxia, and parameters of oxygen use. Resident #15's Physician Orders revealed use of oxygen at 1-2 Liters as needed to keep oxygen saturations above 90% with a start date of 8/9/24. Observation on 8/26/24 at 1:34 PM noted a concentrator in Resident #15's room with oxygen tubing. Observation on 8/27/24 at 8:30 AM revealed oxygen tubing and a concentrator in Resident #15's room. Observation on 8/28/24 at 9:26 AM of Resident #15's room found a concentrator and oxygen tubing. Resident #15 stated on 8/26/24 at 1:35 PM she had to use oxygen one time since returning to the facility. On 8/28/24 at 11:35 AM the Assistant Director of Nursing (ADON), stated resident supports should be on the care plan. The ADON acknowledged that not all the care plans were where she wanted them to be since reopening the facility in July. In an interview on 8/28/24 at 1:20 PM the Administrator stated she was aware of care plans requiring revisions and the sole responsibility of the care plans did not sit on the ADON. The facility document, Care Planning - Interdisciplinary Team Policy, reviewed 1/2017, revealed each resident will have a comprehensive Plan of Care (POC) that will assist them in maintaining and achieving the highest practical level of mental and physical functioning, and wellbeing. The document further stated the POC would identify each resident's strengths, weaknesses, and needs. The policy stated the comprehensive POC must address all care issues that are relevant to the individual, whether or not they are specifically covered in the MDS.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Greenfield Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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** 41785 Based on observation, pharmacist interview, staff interview and clinical record review the facility failed to follow physicians' orders for 1 of 4 residents reviewed during medication pass. Resident #128 had a medication order for 100 milligrams (mg) of Sertraline, and the pharmacy sent a bubble pack of pills for 75 mg. Staff did not notice the discrepancy and had administered the wrong dose 26 times. The facility reported a census of 29 residents. Findings include: According to the Minimum Data Set (MDS) assessment dated [DATE], Resident #128 had a Brief Interview for Mental Status (BIMS) score of 11 (moderate cognitive deficits). He was independent with eating, hygiene, dressing and transferring. The resident was taking an antidepressant and antianxiety medications. The Care Plan updated on 8/15/24, showed that Resident #128 had an anxiety disorder, edema, obesity and intellectual disabilities. The Care Plan lacked reference to antidepressant and antianxiety medications. The census tab in the electronic record showed that Resident #128 was admitted to the facility on [DATE]. In an observation of the medication pass on 8/28/24 at 7:34 AM, Staff A, Registered Nurse (RN) prepared medications for Resident #128. She discovered that the Sertraline in the bubble pack contained 50mg tabs with one and one-half tab in each pack. She decided not to give the medication and said that she needed to recheck the orders. An Order Summary dated 7/25/24 at 11:03 AM, showed that Sertraline 75 mg. had been discontinued on that date, and at 11:28 AM, an order was entered for Sertraline 100 mg. one tab daily for depression. A Medication Review Report from the referring facility, signed on 8/1/24, showed an order for Sertraline 100 mg. daily. A review of the Medication Administration Record (MAR) for Resident #128 showed that the 75 mg. dose had been administered 26 times. On 8/28/24 at 9:07 AM, the Pharmacist said that the Sertraline bubble pack for 75 mg had been delivered to the facility on [DATE]. The Pharmacist said that they were not aware that the order had been changed from 75 mg to 100 mg. On 8/28/24 at 1:20 PM, the Administrator acknowledged that when the dosage on the card did not match the order in the computer, the nurses should have double checked and caught that sooner. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Greenfield Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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	On 8/29/24 at 6:02 AM, the Director of Nursing (DON) said that the nursing staff should have practiced the 5 rights before giving Resident #128 his medication. She said that the resident was not aware enough to understand his medications so they wouldn't have been able to get a clear answer from him regarding dosage or if there were changes. According to the facility Skills Checklist; Administration of Meds, compare label on each medication to EMAR (Electronic Medication Administration Record).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Greenfield Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 49628 Based on clinical record review, observations, resident interview, staff interview, and policy review, the facility failed to provide respiratory care and services in accordance with professional standards of practice for 1 of 1 residents reviewed, requiring the use of oxygen (Resident #15). The facility reported a census of 29 residents Findings include: The Minimum Data Set (MDS) assessment for Resident #15 dated 8-2-24 identified a Brief Interview for Mental Status (BIMS) score of 11 which indicated moderate cognitive impairment. The MDS documented diagnoses that included: Parkinson's Disease, personal history of transient ischemic attack and cerebral infarction, and personal history of COVID-19. The MDS documented Resident #15 did not require oxygen on admission to the facility. The Care Plan printed 8/28/24 informed the staff Resident #15 did not receive oxygen. Resident #15's Physician Orders revealed use of oxygen at 1-2 Liters as needed to keep oxygen saturations above 90% with a start date of 8/9/24. Resident #15's Medication Administration Record/Treatment Administration Record (MAR/TAR) for August 2024 did not provide instructions for changing of oxygen tubing. Observation on 8/26/24 at 1:34 PM noted a concentrator in Resident #15's room with oxygen tubing wrapped and hanging in front of the concentrator with the nasal cannula near the floor. The tubing was not marked. Observation on 8/27/24 at 8:30 AM revealed unmarked oxygen tubing hanging on the concentrator with the nasal cannula near the floor. Observation on 8/28/24 at 9:26 AM revealed unmarked oxygen tubing hanging in front of Resident #15's concentrator unlabeled. On 8/28/24 Resident #15 stated she had to use oxygen one time since returning to the facility. On 8/28/24 Staff A, Registered Nurse (RN), stated she believed oxygen tubing was changed weekly and it was noted on the MAR/TAR. On 8/28/25 Staff C, RN, revealed oxygen tubing was changed weekly as per the facility policy, and was noted on the MAR/TAR. The staff also stated when changing the tubing she marked it with the date and her initials. The Director of Nursing, (DON), on 8/28/24 at 11:25 AM, stated oxygen tubing is changed weekly and should be marked by the nurse completing the change. The DON stated she thought she had removed the tubing from the concentrator as the oxygen requirement was not continuous. (continued on next page)

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	08/29/2024

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 8/28/24 at 11:35 AM, the Assistant Director of Nursing (ADON), stated oxygen tubing is changed weekly and noted on the MAR/TAR. The facility policy, Oxygen Administration, revised October, did not indicate when oxygen tubing was to be changed and documented.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Greenfield Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 41785 Based on observation, staff interview and policy review the facility failed to ensure that opened food items were dated. They failed to mitigate possible food contamination by using proper hand hygiene and hair net use. The facility reported a census of 29 residents. Findings include: On 8/26/24 at 10:25 AM, in an initial tour of the kitchen, Staff E, [NAME] was found at the sink in the kitchen. He had a full beard and mustache that was not covered. A survey of the refrigerator revealed a tray of drinks uncovered, and a large open bag of shredded lettuce undated. The dry storage area contained a large open bag of cheerios undated. On 8/27/24 at 11:55 AM, in an observation of the lunch service, Staff F, Dietary Aide, prepared a grilled cheese sandwich. She put a glove on her left hand, then opened a container of butter, opened the bread bag and reached into the bag and got bread, all with the same gloved hand. She then opened a container with cheese slices and took out a slice of cheese with same gloved hand. On 8/27/24 at 7:55 AM, the Dietary Manager (DM) said she understood that Staff E should have covered his beard in the kitchen. She said that she didn't have any face nets on hand, so he made the decision to shave his face. On 8/27/24 at 2:27 PM, the DM said that she was working on education with staff on the glove use and hand hygiene/cross contamination. She said that the staff should have used tongs for things like bread and cheese. An undated policy titled: Hair Restraints, showed that hair restraints, hats and/or beard guards would be used to prevent hair from contacting exposed food. Facial hair was discouraged. Any facial hair that was longer than the eyebrow shall require coverage with a beard guard in the production and dishwashing areas. An undated policy titled: Food Storage (Dry Refrigerated, and Frozen), showed that general storage guidelines included: All food items would be labeled. The label must include the name of the food and the date by which it should be sold, consumed or discarded. Discard food that had passed the expiration date. Leftover contents of can and prepared food would be stored in covered labeled and dated containers in refrigerators and/or freezers. An undated policy titled: Hand Washing and Glove Usage; showed that all employees would use proper hand washing procedures and glove usage in accordance with State and Federal Sanitation Guidelines. Gloves were changed any time hand washing would be required. This would include when leaving the kitchen .or if the gloves became contaminated by touching the face hair, uniform or other non-food contact surface, such as door handles and equipment.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Greenfield Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 49628 Based on clinical record review, observation, staff interview, and policy review, the facility failed to document the correct medication provided for 1 of 6 (Resident #26) residents reviewed. The facility reported a census of 29 residents Findings include: The Minimum Data Set (MDS) assessment for Resident #26 dated 8-2-24 identified a Brief Interview for Mental Status (BIMS) score of 4 which indicated severe cognitive impairment. The MDS documented diagnoses that included: Non-Alzheimer's Dementia, and anxiety disorder. The MDS documented Resident #26 received antianxiety and dementia medication on 7 out of 7 days of the assessment reference period. The Care Plan printed 8/28/24 informed the staff Resident #26 received medication related to anxiety and dementia. The Care Plan directed staff to monitor for side effects and effectiveness. Resident #26's Medication Administration Record (MAR) for August 2024 documented entries for Rivastigmine Patch 24 Hours 4.6MG/24HR from 8/1 through 8/27; apply 1 patch transdermally one time a day for dementia with a start date of 7/26/24. The document further revealed entries for Rivastigmine Patch 24 hour 9.5MG/24HR from 8/22 through 8/27; apply 1 patch transdermally one time a day related to unspecified dementia and anxiety. The Telehealth Encounter Psych Progress Note dated 8/21/24 revealed Resident #26's dementia was progressing. The Advanced Practice Registered Nurse (APRN) increased and prescribed the dose of Rivastigmine Patch to 9.5MG/24 HRS - apply to skin daily for dementia symptoms. The Progress Notes documented on 8/21/24 at 11:47 AM Resident #26 had an encounter telehealth with ARNP and had a new order to increase Rivastigmine patch to 9.5. On 8/27/24 at 10:34 AM, Staff A, Registered Nurse (RN), stated she was not aware of 2 different orders for Rivastigmine on Resident #26's MAR. The staff stated the resident only had 1 order in the medication cart. Staff A opened the cart and revealed Rivastigmine Patch 24 Hours 9.5MG/24 Hour. The Director of Nursing (DON) on 8/27/24 at 10:36 AM stated Resident #26 had 1 order for Rivastigmine 9.5 and that was from an increase from a telehealth appointment the previous week. The DON acknowledged the old order should have been taken off the MAR when the new order was put in and the medications were changed in the medication cart. In an interview on 8/27/24 at 12:13 PM the Administrator stated when an order is received from a telehealth appointment she would expect the order to be acknowledged, sent to the pharmacy, filled and a medication exchange completed. The Administrator stated there should be documentation of the new or increased medication in the electronic health record, and the MAR/TAR would match the order. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Greenfield Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 8/27/24 at 2:00 PM, the Assistant Director of Nursing (ADON), stated she had been on the telehealth appointment and the Rivastigmine Patch had been increased. The ADON stated the old order should have been discontinued from the MAR. The facility did not have a policy for medication administration. The facility provided document, Administration of Meds (Oral), undated, revealed the staff should document the medications administered in the clinical record.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Greenfield Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49628 Based on clinical record review, observations, staff interviews, and policy reviews, the facility failed to provide adequate hand hygiene and Enhanced Barrier Precautions (EBP) for 1 of 2 (Resident #23) residents reviewed. The facility reported a census of 29 residents. Findings include: The Minimum Data Set (MDS) assessment dated [DATE] identified Resident #23 with a Brief Interview for Mental Status (BIMS) score of 15 which indicated cognition intact. The MDS coded the presence of an indwelling catheter. The MDS reflected the resident always incontinent of bowel. The MDS documented diagnoses that included: benign prostatic hypertension, end stage renal disease, neurogenic bladder and senile degeneration of brain. The Care Plan printed 8/28/24 identified Resident #23 with a catheter and neurogenic bladder and directed staff to provide catheter care every shift and as needed (PRN), monitor and document output as per facility policy, and monitor for signs/symptoms of discomfort. Resident #23's physician orders included: change catheter drainage bag as needed for leaking, urinary catheter 18fr 10cc change as needed for obstruction, and irrigate urinary catheter with 30 ML normal saline as needed for blockage. On 8/28/24 at 9:34 AM observed Staff B, Certified Nursing Assistant, completing peri cares and catheter cares on Resident #23. The Director of Nursing (DON) was also present. Staff B completed hand hygiene, donned gloves, completed catheter care, completed peri care, moved to a bedside table, obtained barrier cream, opened, dispensed, and applied using the same hand as peri cares. The staff did not change gloves and complete hand hygiene between catheter care and peri care or prior to obtaining the barrier cream and dispensing. The DON intervened, obtained a clean glove and placed the barrier cream tube in the glove. The DON donned a glove and provided additional barrier cream to Staff B. Staff B removed gloves, completed hand hygiene and donned new gloves. Staff B completed the dressing task. The staff obtained a graduated cylinder, and emptied the catheter bag using appropriate technique. After emptying and cleaning the cylinder, the staff positioned Resident #23's lower extremities on 2 pillows, removed her gloves, and completed hand hygiene. The DON removed the barrier cream in the glove from the room. The staff did not utilize any additional personal protective equipment. On 8/28/24 at 11:14 AM the DON revealed Staff B should not have opened a drawer to obtain barrier cream with dirty gloves, especially when there was an additional staff member with clean hands present. The DON acknowledged that hand hygiene with glove changes needed to be completed when moving from dirty to clean tasks when providing personal care. The DON stated she was not familiar with EBP. The Assistant Director of Nursing (ADON)/Infection Preventionist (IP) on 8/28/24 at 11:35 AM stated she was familiar with EBP and expected they would be followed with catheter care. The ADON/IP revealed the facility had received new equipment for placement outside of residents' rooms for holding PPE, but had not yet installed them. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 8/28/24 at 1:10 PM, the Administrator stated she was aware of EBP and prior to the tornado the facility completed a mock survey, and had identified EBP as an area to be addressed. The facility ordered equipment for installation outside of the residents' rooms, but the tornado occurred prior to the installation. The facility policy, Infection Prevention and Control Manual - Standard Precautions, dated 2019, revealed appropriate hand hygiene provides a clean and healthy environment for residents, staff, and visitors, prevents the spread of potentially deadly infections, and reduces the risk to the healthcare provider of colonization or infections acquired from a resident. The facility policy, Infection Prevention and Control Manual Resident Care - Prevention of Catheter-Associated Urinary Tract Infections, 2019, revealed hand hygiene performed immediately after any manipulation or contact with the catheter site, catheter, tubing, drainage bag, or emptying container, even when gloves are worn. The facility policy, Infection Prevention and Control Manual - Enhanced Barrier Precautions, undated, revealed EBP involve gown and glove use during high contact resident care activities for residents known to be colonized or infected with a multidrug resistant organism (MDRO) or those with an increased risk for MDRO acquisition (resident with wounds or indwelling medical devices). The document contained examples of medical devices including urinary catheters, and high-contact resident care activities including changing briefs, and care for using an indwelling medical device.