

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165386	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Colonial Manor of Elma		STREET ADDRESS, CITY, STATE, ZIP CODE 407 9th Street Elma, IA 50628	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48003</p> <p>Based on record review, staff interviews, and policy review, the facility failed to follow physician orders for 1 of 2 residents reviewed (Resident #17). The facility reported a census of 35 residents.</p> <p>Finding include:</p> <p>Resident #17 Minimum Data Set (MDS) assessment dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. The MDS include diagnoses of benign prostatic hyperplasia, anxiety, and hypertension</p> <p>Review of Resident #17's Electronic Health Record (EHR) revealed a Physician Order for referral to Urology on 1/22/24. Review of the Progress Notes lacked documentation of an appointment being made or call out to make the appointment.</p> <p>During an interview on 5/01/24 at 11:12 AM, the Director of Nursing (DON) reported there was no documentation of any call to Urology nor an appointment scheduled to see Urology for Resident #17. She reported she talked with the nurse who noted the order and was not sure why it was not done. The DON reported she expected staff to call and get an appointment set up right away when the referral came on 1/22/24.</p> <p>During an interview on 5/02/24 at 11:54 AM, the DON reported the facility did not have a policy for Physician's Orders. She reported the facility follows professional standards.</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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40907</p> <p>Based on observations, interviews, and record review, the facility failed to ensure assessments were done for 1 of 2 residents reviewed to determine if she remained at baseline or had a decline (Resident #15). The facility reported a census of 35 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) dated [DATE], documented Resident #15 had impairment on both sides of her upper and lower extremities.</p> <p>Review of Resident #15's Care Plan revealed this resident was not on a restorative care program.</p> <p>On 4/29/24 at 11:30 a.m., Resident #15 was observed laying in her bed.</p> <p>On 4/29/24 at 1:02 p.m., Resident #15 was up and dressed sitting in the room recliner, yelling out to lay down in bed for 8 minutes. No call light on, just periodically yelling for help. Staff went in at this time and placed a gait belt on the resident and reported they would assist her to lay down.</p> <p>On 5/1/24 at 1:34 p.m., Resident #15 was sitting in her recliner, eyes were closed. She didn't respond to the knock at the door. Door was open, she appeared to be sleeping.</p> <p>On 5/1/24 at 3:21 p.m., the Director of Nursing (DON), stated Resident #15 did not have a restorative program. She refused and would not allow it. She pulled up the Restorative Summary dated 5/29/22 and stated that it documented that Resident #15 was not in a program because of her refusals. This DON stated that Resident #15's Care Plan addressed her refusals.</p> <p>A Request for Therapy Screen dated 4/4/23 at 10:55 a.m., documented that the annual MDS requires therapy screen. It documented that this resident was at baseline for ADLs and mobility. No therapy was indicated.</p> <p>On 5/1/24 at 3:40 p.m., the DON brought in the above Therapy Screen and stated that this resident would have another therapy screen done with her annual. When told the annual had already been done, she stated that it's okay they just need to do it annually and there was still time to do that. When asked if the Therapy Screen was normally done with the annual, she stated they just need to ask therapy to do it.</p> <p>On 5/1/24 at 4:00 p.m., the MDS Coordinator stated she did not do range of motion (ROM) assessments. She stated she did not know what therapy or restorative does for assessments. This MDS Coordinator asked if they were supposed to check ROM with annual assessments. She stated that she didn't know anything about it. She stated that the Assistant Director of Nursing (ADON) was the facility's restorative person.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/2/24 at 9:15 a.m., the ADON stated that she was learning that she needed to do the facility's annual therapy screens. This ADON stated that she took over restorative duties when she took the ADON position not too long ago. The ADON stated that Resident #15 did not allow much intervention from staff. She stated that this resident refuses many things and has many behaviors. This ADON stated this resident really didn't do much at all. The ADON acknowledged the concern of not doing at least an annual assessment to determine no loss of ROM or no need for therapy or restorative care.</p> <p>On 5/2/24 at 10:39 a.m., the Occupational Therapist (OT), stated that normally they talk about residents at Medicare meetings regarding residents who have fallen, who may be declining, or who may need help in the dining room with swallowing things. A lot of our referrals come from those meetings. Medicare meetings are held every Thursday at 11:30 am. She stated that generally when residents are on therapy and they discharge, therapy will put a restorative program into place. This OT stated that Resident #15 was not one they have had on therapy in a while. This OT stated they used to do assessments by paper and now they do it electronically. This OT stated therapy does not know when a resident's annual comes up. She stated that therapy has their own screening process different from what the facility has. She stated that normally the Social Services staff, the MDS Coordinator, the DON, sometimes the ADON, the Physical Therapy staff, the Administrative Assistant, and herself attend the weekly meetings. This OT stated she has seen the restorative program stronger here when they had a restorative Certified Nurse Aide (CNA) dedicated to just doing restorative. This OT acknowledged the importance of documentation of a residents' refusals and ongoing assessment of a resident to show the resident hasn't changed from baseline status.</p> <p>On 5/2/24 at 11:47 p.m., the DON acknowledged the concern that the annual assessment wasn't done to check baseline status for this resident. She stated that they missed it. This DON stated they had a process in place and are now going to make sure that the therapy evaluations are getting done. She stated they now just put in to have therapy assess 2 other residents who are having their annual/comprehensive assessment done.</p> <p>An undated Therapy Screening Policy and Procedure directed that a representative from at least one therapy discipline will participate in a screening to determine a resident's therapy needs in the following instances: One week prior to the annual MDS observation period.</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>48003</p> <p>Based on facility record review and staff interviews, the facility failed to ensure the facility's Dietary Service Manager had the required qualifications in the absence of a full-time dietician. The facility reported a census of 35 residents.</p> <p>Findings include:</p> <p>During an interview on 4/29/24 at 9:50 AM, the Dietary Manager reported the facility is working on getting her enrolled in the dietary manager classes.</p> <p>During an interview on 4/30/24 at 10:42 AM, the Consultant Dietician reported the Dietary Manager is not certified but currently in the course. She reported when she is in the building it varies when she comes but reviews the residents at least once a week.</p> <p>Review of the Dietary Manager's employee file lacked documentation of a certificate of completion of the Dietary Manager courses.</p>