

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165389	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/30/2025
NAME OF PROVIDER OR SUPPLIER  St Luke's Helen G Nassif Transitional Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1420 Unitypoint Way Cedar Rapids, IA 52402	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34821</p> <p>Based on observations, clinical record review, staff interview, and facility policy review the facility failed to toilet 1 out of 1 resident reviewed (Resident #9). The facility reported a census of 32 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment dated [DATE], listed diagnoses of Parkinson's disease, dementia, adult failure to thrive, and Schizophrenia. The Brief Interview for Mental Status (BIMS) reflected short-term and long-term memory problems and severely impaired daily decision making skills. The MDS identified Resident #9 frequently incontinent of bowel and bladder. The MDS reflected Resident #9 required substantial/maximal assistance with toileting and dependent with toileting hygiene.</p> <p>The Care Plan for Resident #9 dated 05/31/2024, directed staff to provide toileting assistance before and after meals, at bedtime, and as needed. Provide incontinence care after each incontinent episode.</p> <p>On 1/28/25 at 12:35 PM Staff A, Certified Nurse Aid (CNA) pushed Resident #9 from the dining room (DR) to the lounge area. Staff A and Staff B, CNA transferred Resident #9 to the recliner next to the window, they covered him with a blanket and elevated his feet. Resident #9 called out help help as they transferred him to the recliner.</p> <p>On 1/28/25 at 12:38 PM, Resident #9 appeared to void in his chair, liquid poured out of the left side of the chair onto the carpet under him. He put the blanket over his head and moved himself in the chair some.</p> <p>On 1/28/25 at 1:00 PM, Activity staff went to Resident #9 and offered him popcorn. Resident #9 slept through the question.</p> <p>On 1/28/25 at 01:46 PM, Activity staff delivered a bag of popcorn to Resident #9, he sat up and ate the snack.</p> <p>On 1/28/25 at 1:52 PM, the Activity staff went to him and asked if he wanted more popcorn. The Assistant Director of Nursing (ADON) and the MDS Coordinator stood in the corner of the room for a few minutes. Resident #9 started to cough and the Activity staff offered him a drink.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/28/25 at 3:00 PM, Resident #9 remained seated in the recliner chair in the lounge from 12:35 PM where at 12:38 he appeared to have urinated.</p> <p>On 1/28/25 at 3:20 PM, the carpet under Resident # 9 looked a darker color than the rest of the carpet in the area.</p> <p>On 1/28/25 at 3:24 PM, the ADON reported staff are expected to toilet residents before meals, after meals, at bedtime, as needed, and every 2 hours at night.</p> <p>On 1/28/25 at 3:58 PM, the Registered Nurse Consultant (RNC) reported the facility failed to have a policy directing how and when to toilet residents. She said the staff are expected to follow the Care Plan.</p>