STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165390	A. Building B. Wing	11/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
State Center Specialty Care	702 Third Street NW State Center, IA 50247

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, resident interview, staff interview and policy review, the facility failed to contact a resident's representative after she had voiced, she had suicidal thoughts and a plan in place for 1 of 3 residents reviewed (Resident #1). The facility reported a census of 33 residents. Findings include: The Minimum Data Set (MDS) dated [DATE] for Resident #1 documented a Brief Interview for Mental Status score of 15 indicating intact cognition. The MDS further revealed the resident had diagnoses including anxiety disorder and encephalopathy (viral infection of the brain).The Care Plan initiated 3/20/25 revealed Resident #1 had a history of making comments about being dead with a goal to resolve thoughts of being better off dead or harming herself. Review of the Progress Notes dated 3/20/25 at 4:01 PM revealed Resident #1 had voiced comments of having suicidal thoughts and a plan. The resident stated she would put Visine on her food because she had seen that if ingested a person would have a heart attack within 15 minutes and it could not be traced. One-to-one (1:1) was initiated. The Progress Notes lacked documentation that the resident's representative was notified. During an interview on 10/9/25 at 9:20 AM, the Director of Nursing (DON) revealed the resident representative would be contacted if there was a change in a resident's condition and that generally they offer to reach out to others. The DON further acknowledged the Progress Notes for Resident #1 lacked documentation that she had offered to contact the resident's representative. During an interview on 10/9/25 at 10:00 AM, Resident #1 revealed that staff did not ask her if she wanted her representative contacted when she had suicidal thoughts and a plan when the 1:1 was initiated but preferred they would have done so. Facility policy titled, Change in a Resident's Condition or Status, revised February 2021 directed the facility to promptly notify the resident representative of changes in the resident's medical/mental condition and/or status. The policy further documented that unless otherwise instructed by the resident, a nurse will notify the resident's representative when there is a significant change in the resident's physical, mental or psychosocial status.

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