

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165401	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/18/2024
NAME OF PROVIDER OR SUPPLIER  Sibley Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Ninth Avenue North Sibley, IA 51249	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>44420</p> <p>Based on clinical record review and staff interview, the facility failed to obtain the resident or resident representative signature for consent on notification of the Notice of Medicare Non-Coverage (NOMNC) Centers of Medicare &amp; Medicaid (CMS)-10055 and CMS form CMS-10123 for 2 of 3 sampled residents (Resident #15 and #36). The facility reported a census of 40 residents.</p> <p>Findings Include:</p> <p>1. Record review for Resident #15 revealed form CMS 10055 with a services end date of 12/6/23. Resident #15 ' s representative gave verbal consent for signature on 12/1/23 however the form lacked a signature of resident or resident representative and date. Review of form CMS 10123-NOMNC with a services end date of 12/6/23 showed Resident #15 ' s representative gave verbal consent for signature on 12/1/23 however the form lacked a signature of patient or patient representative and date.</p> <p>Review of Resident #15 ' s Progress Notes dated 11/30/23 at 10:31 AM, revealed Resident #15 had met treatment goals, had achieved maximal progress with therapy and her last day of covered services is 12/6/23.</p> <p>2. Record review for Resident #36 revealed form CMS 10055 with a services end date of 1/31/24. Resident #36 ' s representative gave verbal consent for signature on 1/29/24 however the form lacked a signature of resident or resident representative and date. Review of form CMS 10123-NOMNC with a services end date of 1/31/24 showed Resident #36 ' s representative gave verbal consent for signature on 1/29/24 however the form lacked a signature of patient or patient representative and date.</p> <p>Review of Resident #36 ' s Progress Notes dated 1/29/24 at 4:40 PM, revealed Resident 36 had met treatment goals, had achieved maximal progress with therapy and her last day of covered services is 1/31/24.</p> <p>Review of the Centers (CMS) Medicare Claims Processing Manual Chapter 30 with a revision date of 1/21/22 revealed the following information under ABN options for Delivery other than in-person revealed ABNs should be delivered in-person and prior to the delivery of medical care which is presumed to be non-covered. In circumstances when in-person delivery is not possible, notifiers may deliver an ABN using another method. Examples include:</p> <p>Direct telephone contact;</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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Mail;</p> <p>Secure fax machine; or</p> <p>Internet e-mail.</p> <p>All methods of delivery require adherence to all statutory privacy requirements under HIPAA. The notifier must receive a response from the beneficiary or his/her representative in order to validate delivery.</p> <p>When delivery is not in-person, the notifier must verify that contact was made in his/her records. In order to be considered effective, the beneficiary should not dispute such contact. Telephone contacts should be followed immediately by either a hand-delivered, mailed, emailed, or a faxed notice. The beneficiary should sign and retain the notice and send a copy of this signed notice to the notifier for retention in the patient ' s record.</p> <p>The notifier must keep a copy of the unsigned notice on file while awaiting receipt of the signed notice. If the beneficiary does not return a signed copy, the notifier should document the initial contact and subsequent attempts to obtain a signature in appropriate records or on the notice itself.</p> <p>Review of the CMS NOMNC form instructions for the NOMNC CMS-10123 revealed the signature line: beneficiary/enrollee or the representative must sign this line and the date line: The beneficiary/enrollee or the representative must fill in the date that he or she signs the document. If the document is delivered, but the enrollee or the representative refuses to sign on the delivery date, then annotate the case file to indicate the date that the form was delivered.</p> <p>CMS requires that notification of changes in coverage for an institutionalized beneficiary/enrollee who is not competent be made to a representative. Notification to the representative may be problematic because that person may not be available in person to acknowledge receipt of the required notification. Providers are required to develop procedures to use when the beneficiary/enrollee is incapable or incompetent, and the provider cannot obtain the signature of the enrollee ' s representative through direct personal contact. If the provider is personally unable to deliver a NOMNC to a person acting on behalf of an enrollee, then the provider should telephone the representative to advise him or her when the enrollee ' s services are no longer covered. The date of the conversation is the date of the receipt of the notice. Confirm the telephone contact by written notice mailed on that same date. When direct phone contact cannot be made, send the notice to the representative by certified mail, return receipt requested. The date that someone at the representative ' s address signs (or refuses to sign) the receipt is the date of receipt. Place a dated copy of the notice in the enrollee ' s medical file. When notices are returned by the post office with no indication of a refusal date, then the enrollee ' s liability starts on the second working day after the provider ' s mailing date.</p> <p>In an interview on 4/16/24 at 9:23 AM, the Administrator and Social Worker reported they were unaware that a resident or resident representative ' s signature was needed on forms CMS-10055 and CMS-10123 despite verbal consent obtained or that if the resident or resident representative does not return a signed copy, the notifier should document the initial contact and subsequent attempts to obtain a signature in appropriate records or on the notice itself.</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>44474</p> <p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>Based on personnel file reviews, staff interviews, and facility policy review, the facility failed to ensure all employees had an Iowa Criminal Background check and dependent adult/child abuse registry check completed prior to working in the facility for 1 out of 5 employees reviewed (Staff A). The facility reported a census of 40 residents.</p> <p>Findings include:</p> <p>Review of facility provided document titled Employee New Hire by Time Period dated 4/14/24 at 8:13 a.m., revealed Staff A, non-certified nursing assistant documented a hire date of 3/26/24.</p> <p>The personnel file for Staff A revealed documentation of a criminal background check through a third-party vendor with a completed date of 3/21/24. The file lacked documentation of the Iowa Criminal Background Check.</p> <p>Review of facility provided policy titled Background Screening Investigations revised March 2019 revealed the facility conducts employment background screening checks, reference checks and convictions investigation checks on all applicants for positions with direct access to residents.</p> <p>The purpose of this policy direct access employee means any individual who has access to a resident or patient of a long term care facility or provider through employment or through a contract and has duties that involve (or may involve) one-on-one contact with a patient or resident of the facility or provider, as determined by the State for purposes of the National Background Check Program.</p> <p>Interview on 4/17/24 at 3:13 p.m., with the Business Office Manager revealed the background checks are done at the corporate level and the facility is provided the information after it has been completed.</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44474</b></p> <p>Based on clinical record review and staff interview the facility failed to notify the Long Term Care (LTC) Ombudsman for 2 of 2 residents reviewed who transferred to the hospital (Resident #24 and #27). The facility reported a census of 40 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment dated [DATE] for Resident #24 documented diagnoses of hypertension, diabetes mellitus, and need for assistance with personal care. The MDS showed the Brief Interview for Mental Status (BIMS) score of 13 indicating no cognitive impairment.</p> <p>Review of Resident #24 ' s Progress Notes revealed the following information:</p> <p>a. 5/8/23 at 1:15 p.m., Resident admitted to hospital.</p> <p>b. 5/12/23 at 10:57 a.m., Readmission from the hospital.</p> <p>c. 8/2/23 at 10:00 p.m., Resident transferred to emergency department.</p> <p>d. 8/3/23 at 12:04 a.m., Resident admitted to hospital.</p> <p>e. 8/5/23 at 5:41 p.m., Resident returned to facility with daughter.</p> <p>Review of Resident #24 ' s Census tab revealed the following:</p> <p>a. 5/8/23- hospital paid leave</p> <p>b. 5/12/23- active</p> <p>c. 8/2/23- hospital paid leave</p> <p>d. 8/5/23- active</p> <p>Review of MDS listing revealed the following:</p> <p>a. 5/8/23- discharge return anticipated</p> <p>b. 5/12/23- Entry</p> <p>c. 8/2/23- discharge return anticipated</p> <p>d. 8/5/23- Entry</p> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility document titled Notice of Transfer Form to Long Term Care Ombudsman dated May and August lacked Resident #24 ' s name.</p> <p>2. The MDS assessment dated [DATE] for Resident #27 documented diagnoses of fracture of the right femur, hypertension and diabetes mellitus. The MDS showed the BIMS score of 00 indicating severe cognitive impairment.</p> <p>Review of Resident #27 ' s Progress Notes revealed the following information:</p> <p>a. 2/4/24 at 9:59 a.m., family here to wheel resident to hospita.l</p> <p>b. 2/7/24 at 4:55 p.m., resident back in facility .</p> <p>Review of Resident #27 ' s Census tab revealed the following:</p> <p>a. 2/4/24- hospital paid leave</p> <p>b. 2/7/24- active</p> <p>Review of MDS listing revealed the following:</p> <p>a. 2/4/24- discharge return anticipated</p> <p>b. 2/7/24- Entry</p> <p>Review of the facility document titled Notice of Transfer Form to Long Term Care Ombudsman dated Feburary lacked Resident #27 ' s name.</p> <p>Interview on 4/18/24 at 7:57 a.m., with the Administrator revealed the facility does not have a policy on ombudsman notification.</p> <p>Interview on 4/17/24 at 4:01 p.m., with the Administrator revealed he was unaware he needed to add hospital transfers to the ombudsman notification.</p>