STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165406	A. Building B. Wing	09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rockwell Community Nursing Home	707 Elm Street Rockwell, IA 50469

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on interviews, schedule review, and punch detail review, the facility failed to have a Registered Nurse (RN) on duty for at least 8 consecutive hours in a 24-hour period. On 3 different occasions, the facility had a full 24-hours without a RN on duty. The facility reported a census of 22 residents.Findings include:The review of the August 2025 and September 2025 nursing schedules identified the following:a. Staff A, RN, worked from 2 PM to 10 PM on: i. Friday 8/8/25 ii. Friday 8/22/25 iii. Friday 8/31/25.b. Staff B, RN, worked from 10 PM to 6 AM on: i. Saturday 8/9/25 ii. Saturday 8/23/25 iii. Saturday 9/1/25The schedule indicated Licensed Practical Nurses (LPN) covered the facility for the 3 shifts (10 PM to 6 AM, 6 AM to 2 PM, and 10 PM to 6 AM) in between the above dates and times.On 9/4/25 at 9:58 AM, the Administrator stated she talked with Staff C, RN, regarding the 8 consecutive hours of RN coverage in a 24-hour period. Staff C reported the facility had enough coverage because the night shift RN coverage counted as 8 consecutive hours of coverage. When shown the above days of concern, this Administrator acknowledged the concern. The Administrator stated she would get punch details for those days. In addition, she would look to see if the Director of Nursing (DON), came in to work on any of those days.On 9/4/25 at 11:15 AM, the Administrator and Staff C stated they worked under the assumption the night shift RN counted as the 8 consecutive hours in the 24-hour period. Staff C stated they did this for over a year. When talked about again how the hours need to be consecutive, and there are 3 shifts between the end of evening shift and the beginning of night shift on the above-mentioned dates that are covered by LPNs, they stated they understood. They would check with the DON to see if she worked any of the 3 shifts in between the above-mentioned dates. They would look for a policy. On 9/4/25 at 12:11 PM when shown the 5/30/25 schedule that the DON worked that day with no other RN on the schedule and on 5/31/25 at 10 PM listed the next time an RN worked, Staff C replied the DON probably worked 9 AM to around 5 PM on 5/30/25. She didn't really think the DON would have worked later than that. She stated so the facility went from 5 PM on 5/30/25 to 10 PM on 5/31/25 without RN coverage. Staff C again stated the past schedules would reflect a lack of RN coverage. Staff C didn't know if the facility had a policy regarding 8-hour consecutive RN coverage in a 24-hour period. The investigation determined the facility didn't have a policy regarding 8 consecutive hours of RN coverage in a 24-hour period.

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