STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165418	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Simpson Memorial Home	1000 North Miller Street West Liberty, IA 52776

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 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident when there is a significant change in condition **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47336 Based on a clinical record review, interviews, and the facility policy, the facility failed to complete a significant change in status on Minimum Data Set (MDS) assessment after a resident discharged from hospice services for 1 of 2 residents reviewed (Resident #22). The facility reported a census of 32 residents. Findings include: The Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #22 scored a 6 out of 15 on the Brief Interview for Mental Status (BIMS) exam, which indicated cognition severely impaired. The MDS revealed the diagnosis of senile degeneration of brain, not elsewhere classified. The MDS revealed the resident received hospice care while a resident. The Care Plan, dated 5/21/24, included a Focus area to address I have altered nutritional status related to malnutrition, worsening dementia, hospice services due to my end stage health status. A Physician Order, dated 5/17/24, revealed an order for [name redacted] Hospice Care. The Discharge Summary from [name redacted] Hospice Services revealed the resident discharged from services on 9/18/24. During an interview on 10/17/24 at 10:50 AM, Staff A, MDS Coordinator queried if a significant change is completed on MDS due to Resident #22 no discontinued hospice services. The MDS Coordinator stated yes, a significant change should be completed because of the resident improvements. During an interview on 10/17/24 at 11:18 AM, the DON (Director of Nursing) queried if Resident #22 needed a significant change after she discharged from hospice services and she stated yes, a significant should of been done. The DON stated anytime a resident moved to a different level, showed a decline, or improvement, they would need a significant change. A review of the facility policy, dated March 2022, titled Resident Assessment, Policy Interpretation and Implementation section directed staff, in part: 1. The resident assessment coordinator is responsible for ensuring that the interdisciplinary team conducts timely and appropriate resident assessments and reviews according to the following requirements: (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165418	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Simpson Memorial Home	1000 North Miller Street West Liberty, IA 52776

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 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	a. OBRA (Omnibus Budget Reconciliation Act) required assessments - conducted for all residents in the facility: (4) Significant change in status assessment (SCSA) Comprehensive

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165418	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Simpson Memorial Home	1000 North Miller Street West Liberty, IA 52776

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47336 Based on clinical record review, interviews, and the facility policy, the facility failed to accurately code the Minimum Data Set (MDS) assessments for a resident receiving hospice services and a resident that did not take an anticoagulant for 2 of 14 residents reviewed for MDS assessments (Resident #15 and Resident #24). The facility reported a census of 32 residents. Findings include: 1. The MDS assessment dated [DATE] revealed Resident #24 scored a 15 out of 15 on the Brief Interview for Mental Status (BIMS) exam, which indicated cognition intact. The MDS listed diagnoses included: cerebral infarction (stroke) due to thrombus (blood clot) of unspecified precerebral artery, respiratory failure, and heart failure. The MDS High-Risk Drug Classes section indicated Resident #24 took an Anticoagulant during the seven days. A review of Physician Orders revealed an order, dated 4/22/23, for clopidogrel bisulfate oral tablet 75 mg (milligram)- give 75 mg by mouth one time a day. The Federal Drug and Food Administration website (www.accessdata.fda.gov) Highlights of Prescribing Information for Plavix (brand name of clopidogrel bisulfate) Indication and Use listed the medication as a plate inhibitor (reduce platelet aggregation and prevent thrombus formation). During an interview on 10/17/24 at 10:45 AM, Staff A, MDS Coordinator queried if Resident #24 MDS coded for an anticoagulant and he stated he must of miss clicked it because Resident #24 didn't take an anticoagulant. Staff A stated the resident took an antiplatelet (platelet inhibitor). During an interview on 10/17/24 at 11:22 AM, the Director of Nursing (DON) queried on Resident #24 MDS and she stated the resident didn't take an anticoagulant. The DON stated she expected the MDS to have the correct listing of anticoagulant versus antiplatelet. 2. The MDS assessment dated [DATE] revealed the BIMS exam not conducted due to Resident #15 rarely or never understood. The MDS listed diagnoses for acute respiratory failure with hypercapnia and Alzheimer's disease. The MDS indicated the resident not on hospice while a resident. The Care Plan revealed a focus area for resident being on hospice with [name redacted] initiated on 4/22/24. The interventions dated 4/22/24 revealed working cooperatively with hospice team to ensure spiritual, emotional, intellectual, physical and social needs were met. A review of Physician Orders revealed an order, dated 8/30/23, Hospice referral with [name redacted]. During an interview on 10/17/24 at 10:48 AM, Staff A confirmed Resident #15 currently receiving hospice services and he didn't click it on the MDS assessment. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165418	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Simpson Memorial Home	1000 North Miller Street West Liberty, IA 52776

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/17/24 at 11:21 AM, the DON stated Resident #15 had been on hospice services for a long time and it should absolutely be on the MDS assessment. The review of the policy, dated March 2022, titled Resident Assessment, Policy Interpretation and Implementation section directed: 1. The resident assessment coordinator is responsible for ensuring that the interdisciplinary team conducts timely and appropriate resident assessments.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165418	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Simpson Memorial Home	1000 North Miller Street West Liberty, IA 52776

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44972 Based on clinical record review, observation, staff and resident interview, and policy review, the facility failed to revise the care plan to include the use of warfarin for 1 of 14 residents (Resident #19), and personalized interventions to prevent falls for 1 of 14 residents (Resident #21 reviewed. The facility reported a census of 32 residents. Findings include: 1. The admission Minimum Data Set (MDS) assessment, dated 7/7/24, indicated Resident #19 admitted the facility on 7/1/24. The MDS listed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating intact cognition. The MDS listed diagnoses included: atrial fibrillation, pneumonia, chronic obstructive pulmonary disease (COPD), and presence of a cardiac pacemaker. A review of the clinical record revealed the following Physician Orders: a. Warfarin ((blood thinner, brand name Coumadin) 5 mg by mouth in the afternoon every Thursday. Start date 9/16/24, with hold date of 10/14/24, and start of 10/17/24. b. Warfarin 2.5 mg by mouth in the afternoon every Tuesday, Wednesday, Friday, Saturday and Sunday. Start date 9/17/24, with hold date 10/14/24, and start date of 10/15/24. c. Check INR (International Normalized Ratio, a blood test used to measure how long it takes for blood to clot) one time on 10/21/24 for Warfarin therapy. d. Zithromax (antibiotic) 250 mg by mouth 1 time a day every Monday, Wednesday, Friday for shortness of breath related to pneumonia. Start date 8/28/24. A review of a Progress Note from Resident #19's pulmonary provider, dated 8/15/24, indicated a recommendation for Zithromax (antibiotic) 250 mg daily 3 times a week on Monday, Wednesday, and Friday. Also recommended continued use of a spirometer (device used to helps improve lung function by training patients to breathe slowly and deeply) and increase in Wixela inhaler from 250-50 to 500-50 mcg/act (micrograms/asthma control test). The Care Plan, dated 7/7/24, included a Focus area to address The resident has shortness of breath (SOB) r/t (related to) Anxiety, Hx (history) of pneumonia and COPD. The Care Plan did not include updated Interventions for the use of Zithromax as prophylactic antibiotic and use of an inhaler. The Care Plan, dated 2/3/23, included a Focus area to address I have an altered cardiovascular status r/t arrythmia (irregular heart rate), Hypertension, Pacemaker. The Care Plan did not include updated Interventions for the use of warfarin, and INR testing related to the 7/7/24 admission. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165418	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Simpson Memorial Home	1000 North Miller Street West Liberty, IA 52776

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/17/24 at 10:10 AM, the Director of Nursing (DON) stated it was the expectation that an anticoagulant and prophylactic antibiotic be addressed on the appropriate resident's Care Plan as it related to the resident's plan of care. The DON further stated all new orders were to be reviewed by the Minimum Data Set (MDS) nurse and placed on the Care Plans as appropriate. 47336 2. The Annual MDS assessment, dated 8/1/24, revealed Resident #21 BIMS score of 10 out of 15 indicating a moderate cognitive impairment. The MDS indicated the resident experienced two or more falls with no injury since the previous assessment period. The MDS assessed the resident independent with sit to stand; chair/bed to bed transfer and walking over 10 feet. The MDS listed diagnoses included unspecified dementia, unspecified severity, without behavior/psych/mood/anxiety, functional urinary incontinence, and an active related to vision (cataracts, glaucoma or macular degeneration.) The MDS indicated in the last seven days the resident took antidepressant, and opioid as listed in the High-Drug Risk Drug classes section. The Care Plan, dated 2/4/22, included a Focus area to address I am a High risk for falls. The Incident Note dated 9/24/24 at 6:25 PM, revealed staff was showering resident [Resident #21] when he became combative and was hitting at staff, resident lost his balance and staff was able to lower him to the floor, no injuries noted. Assisted up to shower chair with gait belt and 3 assist. Able to [NAME] (move all extremities) with difficulty. VS (vital signs) 97.6, 16, 76, 160/88. Son [name redacted] and Dr.aware of incident. The Incident Note dated 9/25/24 at 7:25 PM, revealed the resident [Resident #21] was last seen sitting in recliner at 7:23 PM, staff then heard resident yelling any body out there, was about to enter resident's room, when they heard a crash and found resident laying on the floor on his left side in front of his recliner with his walker at his feet. Able to [NAME] with difficulty. assisted resident up to wheelchair with 3 assist and gait belt. Noted a skin tear 6 x 5 cm (centimeter) to left elbow. skin approximated, 5-6 [NAME]- strips applied to area. Voiced no ac/O (complaints) pain. Dr. [name redacted] and son aware of incident. VS (vitals signs) 97.9, 69, 145/68. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165418	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Simpson Memorial Home	1000 North Miller Street West Liberty, IA 52776

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Incident Note 10/2/24 at 9:45 AM, revealed this nurse was called down to residents [Resident #21] room by CNA (Certified Nurse Aide) because he was on the floor. Walked into his room and he was sitting on the bathroom floor on his buttocks with his pants around his knees. His back was up against the corner of both walls and he was using the wall to rest up against. His legs were straight out in front of him and his arms were at his sides. The toilet was directly in front of him. He had proper shoes on. His pants, brief, and socks were wet. His bathroom door alarm and call light were both off. His wheelchair was in his room and his walker was with him in the bathroom. Asked him what had happened and he stated that I decided to sit on the floor to hangout, now would you help me up. VS BP (blood pressure)-106/51 P (pulse)-68 R (respirations)-18 T (temperature)-97.8 O2 (oxygen)-99% RA (room air). Alert to himself per his baseline. PERRLA (Pupils are round, and reactive to light and accommodation). Hand grips were equal. He was able to move all extremities. No shortening or rotation noted. CNA's helped get him changed and cleaned up. Gait belt used to help him into a standing position and then he was transferred into his wheelchair. It was noted that had had a red area on his right upper back measuring 7 in (inches) X 5 in skin remains intact. No other injuries noted. Offered ice for his right upper back he denied the need. Initiated neuros and vital checks. Educated him on the importance of asking for help and using his call light. POA (Power of Attorney) and MD (Medical Doctor) notified. The Incident Note dated 10/6/24 at 11:15 AM, revealed this nurse hear resident [Resident #21] yelling help from bathroom. Walked into bathroom and he was sitting on the bathroom floor on his buttocks with his pants around his knees. His back was up against the wall by the doorway and he was using the wall to rest up against. His legs were straight out in front of him and his arms were at his sides. He had shoes on. His pants, brief, and socks were wet. His bathroom door alarm was off however both CNA's said they had turned it on when they brought him out for breakfast. His wheelchair was next to him. He had a bowel movement. There was feces in and on the toilet. Alert to himself per his baseline. PERRLA. Hand grips were equal. He was able to move all extremities. No shortening or rotation noted. CNA's helped get him changed and cleaned up. Gait belt used to help him into a standing position and then he was transferred into his wheelchair. Initiated neuros and vital checks. Educated him on the importance of asking for help and using his call light. POA and MD notified. The Care Plan, dated 2/4/22, did not include personalized interventions for the falls that occurred on 9/24/24, 9/25/24, 10/2/24; and 10/6/24. During an interview on 10/17/24 at 10:51 AM, Staff A stated interventions needed placed on the Care Plan as they were done with reviewing the fall and if possible they should be done right away. During an interview on 10/17/24 at 11:27 AM, the DON stated they reviewed the falls and looked for a root cause analysis, and for the fall on 9/24 the intervention was to get therapy started. The DON stated the intervention for the fall on 9/25 was to get a urine culture and for the fall on 10/2 she thought they had an intervention but didn't. The DON stated the intervention for the fall on 10/6 was to put a sign on the door written in Spanish as well as English to inform staff to turn the bathroom door alarm on. The DON stated the interventions were identified for the resident, and should have been entered on the Care Plan immediately. The DON stated nurses are not comfortable adding the interventions to the Care Plan and this is something they are working on. A review of the policy, dated March 2022, titled Care Plans, Comprehensive Person-Centered Policy, Policy Interpretation and Implementation directed staff to, in part: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165418	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Simpson Memorial Home	1000 North Miller Street West Liberty, IA 52776

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment. 9. The care plan interventions are chosen only after data gathering, proper sequencing of events, careful consideration of the relationship between the resident's problem areas and their causes, and relevant clinical decision making. 11. Assessments of residents are ongoing and care plans revised as information about the residents and the resident's conditions change. 12. The interdisciplinary team reviews and updates the care plan: a. when there has been a significant change in the resident's condition b. when the desired outcome is not met

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165418	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Simpson Memorial Home	1000 North Miller Street West Liberty, IA 52776

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44972 Based on observation, staff interview and policy review, the facility failed to ensure proper infection control practices to reduce the risk of contamination and food-borne illness during meal service. The facility reported a census of 32 residents. Findings include: Per the facility menu, the lunch on 10/16/24 for regular/NAS (no salt added) consisted of Sloppy [NAME] sliders, garden vegetable soup, American fries, seasonal vegetables blend, peas and mushrooms, spiced peach salad, and angel food cake During an observation of the lunch service on 10/16/24 starting at 11:39 AM, Staff B, Cook, wearing gloves reached into a bun bag to get a slider bun. Staff B, wearing the same gloves touched plates, utensils, ketchup bottles, resident menu orders and continued to obtain buns from the bag and plate meals. Staff B observed changing his gloves two times during the meal service. Each time after a glove change Staff B touched plates, condiment bottles, resident menu's and pull buns out of the bun bag and plate meals without a glove change between tasks. During an interview on 10/17/24 at 10:08 AM, the Dietary Supervisor stated it was the expectation staff use tongs instead of a gloved hand to serve items that are to be served on bread or buns to prevent cross contaminations. Staff are not to use gloves during food service. An undated facility policy, titled Bare Hand Contact with Food and Use of Plastic Gloves, Procedure section directed staff, in part: 3. Gloved hands are considered a food contact surface that can get contaminated or soiled. If used, single use gloves shall be used for only one task, used for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation. \ 8. Remember, gloves are just like hands. They get soiled. Anytime a contaminated surface is touched, the gloves must be changed. Examples listed in part: a. After handling anything soiled. b. Anytime you touch any contaminated surface c. During food preparations, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks.