

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165424	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2024
NAME OF PROVIDER OR SUPPLIER Bethany Life		STREET ADDRESS, CITY, STATE, ZIP CODE 212 Lafayette Street Story City, IA 50248	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25858</p> <p>Based on alarm response report, resident, and staff interviews, the facility staff failed to answer resident call lights in a timely manner (no longer than 15 minutes) for 1 of 4 residents reviewed. (Resident #2). The facility identified a census of 117 residents.</p> <p>Findings include:</p> <p>Resident #2's Minimum Data Set (MDS) assessment dated [DATE], indicated they had adequate hearing, could make themselves understood, and she could understand others. The MDS identified a Brief Interview for Mental Status (BIMS) score of 12, indicating moderately impaired cognition. Resident #2 required staff assistance with toilet hygiene and transfers. The MDS included diagnoses of anemia (low blood iron), Alzheimer's disease, non-Alzheimer's dementia, depression, and osteoarthritis.</p> <p>The Plan of Care Focus dated 1/5/24, reflected Resident #2 had bladder incontinence related to needing assistance with mobility. The Interventions directed the following:</p> <p>*Clean peri-area with each incontinence episode.</p> <p>*Monitor/document for s/sx urinary tract infection (UTI): pain, burning, blood tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temp, urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, and change in eating patterns.</p> <p>During an interview on 7/24/24 at 2:02 PM, Resident #2 stated it took the staff over a half hour to answer the call light.</p> <p>Review of the Alarm Response Report dated 7/23/24, listed on 7/22/24 at 8:03 AM Resident #2 needed assistance. The report reflected someone answered it at 8:23 AM, for response time from staff of 19:12 minutes.</p> <p>During an interview on 7/24/24 at 2:16 PM, Staff A, Certified Nursing Assistant (CNA), verified it could take over 15 minutes to answer a call light. Staff A confirmed the facility expected them to answer the call light with in 15 minutes.</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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/24/24 at 2:16 PM, Staff B, CNA, confirmed it took over 15 minutes to answer the call lights.</p> <p>During an interview on 7/24/24 at 9:31 AM, the Administrator confirmed they expected the staff to answer call lights within 15 minutes per the State Rules and Federal Regulations.</p>		