STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165427	A. Building B. Wing	03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Newton Health Care Center	200 South Eighth Avenue East Newton, IA 50208

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 42441 Based on clinical record review, resident interview, staff interviews, clinic office staff interview and facility policy review the facility failed to promote resident dignity when a resident went to an appointment outside the facility wearing only a shirt and briefs with a blanket wrapped around her for 1 of 6 residents reviewed (Resident # 4). The facility reported a census of 63 residents. Findings include: The Minimum Data Set (MDS) for Resident #4 dated 11/28/23 revealed the resident had a Brief Interview for Mental Status (BIMS) of 14 indicating intact cognition and had diagnoses including cerebrovascular accident (stroke), hemiplegia (paralysis on one side of the body) and obesity. The MDS further revealed the resident dependent on staff for upper and lower body dressing. The Care Plan for Resident #4 revised 2/21/24 documented the resident had a self-care deficit requiring assistance with activities of daily living and directed 2 staff to provide assistance with dressing. During an interview 3/12/24 at 11:15 AM, Resident #4 revealed when she goes places she is normally fully dressed. The resident stated on 11/30/23 she had an appointment outside the facility and a staff member had her wait in her room until someone came to take her to her appointment. The resident stated she was sitting in a wheelchair wearing a shirt and briefs, had a blanket around her and was not wearing any pants. The resident further stated that staff came to get her and she was taken to the appointment in another town wearing a shirt, briefs and was not wearing any pants or clothing to cover her legs. The resident reported when she got to the appointment, she said to the physician that she didn't know what she had on but she didn't think she was wearing any pants. The resident further stated the staff at the clinic took her downstairs to a private room and put surgical pants on her. During an interview 3/12/24 at 12:15 PM, Staff A, Driver, revealed she was not aware Resident #4 was not wearing any pants or clothing that was covering her legs the day of the appointment 11/30/23 as the resident had a large blanket covering her and it was tucked behind her in the wheelchair when she left the facility for the appointment. Staff A revealed she never thought to move the blanket to check if she was dressed appropriately because the resident was so bundled up. Staff A confirmed the doctor's office took the resident to another floor and put pants on her after her arrival. (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

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview 3/12/24 at 12:48 PM, Staff B, Certified Nursing Assistant (CNA) stated she got Resident #4 ready the day of her appointment 11/30/23 and the resident had a collection of mumus at the time and did not have any pants that fit her. During an interview 3/12/24 at 1:09 PM an employee working 11/30/23 at the doctor's office confirmed Resident #4 did not have anything below her waist except a brief and the brief was open and not taped closed when the resident arrived at her appointment. During an interview 3/12/24 at 1:26 PM, Staff C, CNA reported she did not remember assisting Resident #4 on 11/30/23 specifically but stated it was not unusual for the resident to wear a t-shirt that was above her brief and no pants. During an interview 3/14/24 at 1:29 PM, the Administrator revealed it would be an expectation that residents are fully dressed and clean when they go to appointments outside the facility. During an interview 3/18/24 at 9:15 AM, Resident #4 reported prior to the appointment on 11/30/23 she had jogging pants, shorts and slacks in her drawers at the facility. The resident stated she felt naked and embarrassed when she arrived at the appointment without anything except briefs and a t-shirt on for clothing. The resident further revealed the physician she had been seeing was very familiar with her as she had been going to him for years and he knew that it was not like her to show up to an appointment not dressed appropriately. During an interview 3/18/24 at 10:00 AM, the Director of Nursing (DON) revealed if a resident did not have proper clothing to go to an outside appointment, she would expect staff to follow-up with the charge nurse or the DON for direction. Review of facility policy revised 12/1/23 and titled, Promoting/Maintaining Resident Dignity, revealed it is the practice of the facility to protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner that maintains or enhances the resident's quality of life. The policy directed staff to groom and dress residents according to the resident's preference and maintain resident privacy.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44972 Based on observation, clinical record review, staff interviews and policy review, the facility failed to provide services that met professional standards regarding medication administration and following physician orders for 3 of 7 residents reviewed (Resident #3, #6, and #17). Eye drops for Resident #3 were administered outside of the scheduled time frame per facility policy, ace wraps were not applied daily for Resident #6 as ordered and medication staff left water containing a powdered laxative with Resident #17 unattended. The facility reported a census of 63 residents. Findings include: 1. A Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #3 admitted to the facility on [DATE] and had a Brief Interview for Mental Status (BIMS) score of 13 indicating intact cognition. The MDS listed diagnoses to include heart failure, renal insufficiency, diabetes mellitus and lymphedema. The MDS also documented the resident received diuretics, antiplatelets and insulin during the 7 day observation period. Per physician order dated 1/17/24, Resident #3 had an order for Latanoprost Solution 0.005%. To instill 1 drop in both eyes at HS (bedtime) (a medication used to treat glaucoma). Per physician order dated 1/17/24, Resident #3 had an order for Brimonidine/Timolol Solution 0.2/0.5%. To instill 1 drop in both eyes two times a day (used to treat high pressure in the eye related to glaucoma). The order scheduled for Mid day and HS but the order changed on 1/20/24 to be given in the AM and PM. Per physician order dated 1/18/24, Resident #3 had an order for Brinzolamide Suspension 1%. To instill 1 drop in both eyes two times a day for dry eyes. The eye drops order scheduled for AM and PM. Review of the Medication Administration Record (MAR) for Resident #3 for January 2024 (from admission 1/17/24 to discharge 1/24/24) revealed staff administered his eye drops outside the scheduled time frames per the facility policy on several occasions. Latanoprost Solution 0.005% scheduled to be administered at HS from 7 PM to 10 PM. The resident received eye drops outside of the time frame on the following dates: 1/18/24 at 6:41 PM 1/19/24 at 6:41 PM 1/20/24 at 11:07 PM 1/21/24 at 10:28 PM 1/22/24 at 6:05 PM 1/23/24 at 6:20 PM (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Brimonidine/Timolol Solution 0.2/0.5% scheduled to be administered Mid day (10:30 AM to 1:30 PM) and HS (7 PM to 10 PM). The resident received the eye drops outside of the time frame on the following dates: 1/18/24 at 6:21 PM 1/19/24 at 6:27 PM Brimonidine/Timolol Solution 0.2/0.5% scheduled to be administered in the AM (6:30 AM to 9:30 AM) and the PM (3:30 PM to 6:30 PM). The resident received the eye drops outside of the time frame on the following dates: 1/20/24 at 10:11 AM 1/20/24 at 6:55 PM 1/21/24 at 6:59 PM 1/23/24 at 2:28 PM Brinzolamide Suspension 1% scheduled to be administered in the AM (6:30 AM to 9:30 AM) and the PM (3:30 PM to 6:30 PM). The resident received the eye drops outside of the time frame on the following dates: 1/18/24 at 10:30 AM 1/19/24 at 10:45 AM 1/20/24 at 6:55 PM 1/21/24 at 6:58 PM 1/22/24 at 6:59 PM 1/23/24 at 2:58 PM In the facility provided policy titled Medication Pass dated 7/1/11, it stated the medications were to be passed the following times: AM (6:30 AM to 9:30 AM), Mid day (10:30 AM to 1:30 PM), PM (3:30 PM to 6:30 PM) and HS (7 PM to 10 PM) unless otherwise identified by the physician or manufacturer standards. In an interview on 3/18/24 at 2:46, the Director of Nursing (DON) stated it is the expectation staff administer the medications within the timeframes per the current policy. She acknowledged the medications not to be given outside the time frames without provider permission and any medications outside the timeframe were to be followed up with physician notification. 42441 (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. The MDS dated [DATE] for Resident #6 revealed a BIMS of 14 indicating intact cognition. The MDS further revealed the resident had diagnoses including diabetes mellitus and schizophrenia and required extensive assistance of 1 staff with dressing. Review of the Care Plan initiated 8/1/23 for Resident #6 revealed the resident had potential for impaired skin integrity and at risk for edema, swelling and pain. The Care Plan directed staff to perform treatments as ordered. During an observation and interview 3/11/24 at 1:45 PM, revealed Resident #6 had swelling to her bilateral lower extremities. The resident stated she is supposed to have wraps on her lower extremities and she did not know why staff did not put them on her that morning. Review of Resident #6's March 2024 treatment administration record (TAR) revealed an order for ACE bandage to be applied to bilateral lower extremities from toes to knees one time a day for edema with a start date 9/20/23. The March 2024 TAR for the resident lacked documentation related to the ACE bandages being applied 3/11/24. Review of Resident #6's February 2024 TAR lacked documentation related to the ACE bandages being applied and the reason for the bandages not being applied on 2/12/24, 2/15/24, 2/16/24, 2/25/24 and 2/28/24. Review of facility policy titled, Medication Administration, implemented 12/1/23 revealed medications are to be administered as ordered by the physician and in accordance with professional standards. During an interview 3/12/24 at 3:00 PM, the Director of Nursing revealed it is an expectation treatments be completed as ordered by the physician. 3. The MDS dated [DATE] revealed Resident #17 had a BIMS of 15 indicating intact cognition. The MDS further revealed the resident had diagnoses including stroke, hemiplegia (paralysis on one side of the body) and aphasia (inability to communicate effectively). Review of the Care Plan initiated 2/16/24 for Resident #17 revealed the resident had impaired cognitive function and/or impaired thought processes and directed staff to administer medications as ordered. Clinical record review revealed Resident #17 had an order for PEG 3350 (laxative) 17 grams two times a day related to constipation with a start dated 4/4/23. During an observation 3/20/24 at 9:09 AM, observed Staff D, Certified Medication Assistant (CMA), give Resident #17 PEG 3350 mixed with water. Staff D left the mixture with the resident in his room and returned to her medication cart in the nurse's station. Staff D acknowledged she left the medication with the resident unsupervised. During an interview 3/20/24 at 9:50 AM, the Administrator acknowledged medication should not be left in a resident's room without a physician's order unless the resident has an order for self medications. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of facility policy titled, Medication Administration, implemented 12/1/23 revealed medications are to be administered as ordered by the physician and in accordance with professional standards.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42441 Based on clinical record review, staff interviews and policy review, the facility failed to ensure residents had at least 2 baths/showers per week for 3 of 8 residents reviewed (Residents #14, #17, #18). The facility reported a census of 63 residents. Findings include: 1. The Minimum Data Set (MDS) dated [DATE] for Resident #14 revealed a Brief Interview for Mental Status (BIMS) of 15 indicating intact cognition. The MDS further revealed the resident had diagnosis including morbid obesity and cellulitis of the groin and required staff assistance with bathing. The Care Plan initiated 3/5/24 for Resident #14 revealed the resident had a self-care deficit and directed staff to provide assistance of 2 staff for bathing/showering. Review of the electronic health record (EHR) for Resident #14 lacked documentation related to showers/bathing being provided or offered to Resident #14 in the past 30 days. During an interview 3/19/24 at 10:18 AM, the Director of Nursing (DON) revealed she is able to verify Resident #14 received a shower on 3/4/24 and 3/13/24 and that the resident refused a shower on 3/6/24 for the month of March 2024. The DON acknowledged she could not verify showers offered 2 times a week as she hadn't scheduled Resident #14's shower in the EHR. 2. The MDS dated [DATE] for Resident #17 revealed a BIMS of 15 indicating intact cognition. The MDS further revealed the resident had diagnoses including hemiplegia (paralysis of one side of the body) and stroke. The Care Plan for Resident #17 revised 12/13/22 revealed the resident had a self care deficit and directed staff to provide assistance of 2 staff with bathing. Review of the EHR for Resident #17 revealed the resident had 5 showers between 2/19/24-3/19/24. The EHR for the resident lacked documentation related to additional showers being offered during the 30 day time period. 3. The MDS dated [DATE] for Resident #18 revealed a BIMS of 14 indicating intact cognition. The MDS further revealed the resident had diagnoses including arthritis and non-Alzheimer's dementia. The Care Plan revised 3/13/23 for Resident #18 revealed the resident had a self-care deficit and directed staff to provide extensive assistance of 1 staff with bathing 2 times a week and as needed. Review of the EHR for Resident #18 revealed the resident had 4 showers between 2/19/24-3/19/24. The EHR for the resident lacked documentation related to additional showers being offered during the 30 day time period. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of facility policy titled, Resident Showers, reviewed 3/19/24 revealed it is the practice of the facility to assist residents with bathing to maintain proper hygiene per current standards of practice. During an interview 3/19/24 at 10:18 AM, the DON revealed it is an expectation showers/baths are offered to residents 2 times a week.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 44972 Based on observation, staff interviews and policy review, the facility failed to maintain proper infection control practices to protect against potential cross contamination when animal feces was noted in a resident accessible area. The facility reported a census of 63 residents Findings include: An observation on 3/12/24 at 11:45 AM, revealed what appeared to be animal feces on the couch in the rehab dining room. In an interview on 3/12/24 at 12:05 PM, the Regional Director of Operations acknowledged the feces on the couch and revealed in the past the facility had issues with people bringing in their dogs and not cleaning up after them. The Regional Director of Operations also revealed the room is often used as a conference room and sometimes families and residents use it as well. In an interview on 3/13/24 at 7:45 AM, the Administrator acknowledged the feces on the couch could have been from one of the two facility cats. Review of the facility provided policy titled Infection Prevention and Control Program dated 12/1/23, stated the facility had established and maintained an infection prevention and control program designed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of communicable diseases and infections. It further stated the environmental cleaning and disinfection was to be performed according to facility policy. All staff had the responsibilities related to the cleanliness of the facility and to report problems outside of their scope to the appropriate department.