STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165428	A. Building B. Wing	12/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Careage Hills Rehabilitation and Healthcare	725 North Second Street Cherokee, IA 51012

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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (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 0689 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, clinical record review, staff interviews, and facility policy review, the facility failed to provide adequate nursing supervision to prevent injuries with transfers using a mechanical lift for 1 of 3 residents reviewed (Residents #1). The facility reported a total census of 33 residents. Findings include: The Minimum Data Set (MDS) assessment dated [DATE] for Resident #1 documented diagnoses of Alzheimer's Disease, seizures, cognitive communication deficit and need for assistance with personal care. The MDS showed the Brief Interview for Mental Status (BIMS) was not assessed. The MDS showed the Resident depends on staff for eating, oral care, toileting hygiene, bathing, dressing, personal hygiene, bed mobility and all transfers and the Resident depends on staff for wheelchair movement in and out of the facility. Review of Resident #1's Care Plan revealed the following:1. Resident was unable to ambulate initiated 11/1/23.2. Requires total dependence on staff with locomotion using wheelchair initiated 11/1/23,3. Requires total dependence on staff with transfers with hoyer lift and 2 person initiated 3/21/23.4. Requires total dependence on staff with bed mobility, bathing, toilet use, personal hygiene and oral care and dressing initiated 3/21/23. Review of Progress Notes revealed the following: 1. On 11/21/2025 at 7:29 p.m., by Staff E, Licensed Practical Nurse (LPN) at approximately 5:15 p.m., this nurse was called to the resident's room by Staff C, Certified Nursing Assistant (CNA). When inquiring about potential supplies needed (vitals, skin tear items) Staff C says everything! She fell out of the Hoyer sling! This nurse ran to the resident's room and noted resident laying on the floor on her left side, face down in a pool of blood. This nurse immediately called 911, rolled resident to her back and applied pressure to the resident's forehead. Staff D, Registered Nurse (RN) grabbed the resident's paper for the ambulance, and some gauze to cover skin tears noted to bilateral arms and left hand. When the ambulance arrived, this nurse noted indentation to the resident's forehead and a significant laceration. Family notified, bed hold was obtained. On-call staff were called and notified the Director of Nursing (DON) and Administrator. 2. On 11/24/25 at 8:53 a.m., The Administrator visited the resident in the hospital. The resident was stable and reacted to my words and touch. They are waiting on plastic surgery to consult for her broken nose to assist with her breathing in the future. 3. On 11/25/25 at 3:07 p.m., Resident returned to facility per ambulance and driver at 12:55 p.m 4. On 11/26/25 at 2:22 p.m., received new orders for treatment to bilateral elbows and left great toe. 5. On 12/1/25 at 3:26 p.m., received orders from the hospital to remove sutures now. Sutures were removed using the suture removal kit. Resident tolerated it well. 6. On 12/2/25 at 10:31 a.m., fall committee met. Fall on 11/21/25- Resident fell during transfer. Intervention is educated on facility policy of hoyer transfers. 7. On 12/2/25 at 11:01 a.m., the skin committee met. Resident returns from hospital on [DATE]. The resident has ecchymosis (discoloration under the skin, bruising) to face and arms from fall. Resident is showing improvement in discoloration and are in various stages of healing. The resident has 2 skin tears to the left and right elbow also from fall showing improvement. Forehead laceration sutures removed on 12/1/25. The resident was admitted from hospital with stage 2 pressure to the left great toe. Review of the local hospital Emergency Department (ED records revealed the following:1. Nursing home resident present to the emergency room via Emergency Medical Services (EMS) for a head injury sustained during a drop from a Hoyer lift. According to EMS the patient was being transported from chair to bed when she fell out of the Hoyer lift. EMS was called for a laceration with head injury. The patient is nonverbal.2. Under the physical exam head, significant signs of trauma. There is a 4 centimeter (cm) depression in the center of the forehead. There is a laceration in the center of this area that is T shaped. Approximate 3cm x 3cm x 3cm. There appears to be crepitus (crackling, popping, clicking, or grating sounds and sensations in joints or soft tissues during movement) in this area. The patient also has a significantly bloody nose. Her nose is slightly deformed. There is a significant amount of blood on the backside of the head but does not appear to be any crepitus in the posterior aspect (back side of head) of her head. There does not appear to be a laceration to the backside. 3. Patient Re-evaluation and Further Treatment, because of the serious nature of the head laceration and apparent head injury high level care involved. Spoke with a physician at a higher level of care who accepts patient for transfer. Arranged for air transport. Computed Tomography (CT) scan shows no traumatic brain injury at this time but given the patient's condition it is important to get trauma involved. Patient arrangement by air transportation has been facilitated. Family ok with the plan. 4. Assessment included fall, forehead laceration and nasal fracture. Review of hospital records revealed the following:1. Summary: female with past medical history significant

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. Based on observations, resident and staff interviews and facility policy the facility failed to provide an adaptive call light for Resident #4 to call for assistance. The facility reported a census of 33 residents. Observation on 12/3/25 at 3:22 p.m., of Resident #4 transferring from her bed to her wheelchair with a mechanical lift. During the transfer Resident #4 revealed she did not have a call light she was able to operate. Resident #4 verbalized she had a button call light but was unable to operate that due to her multiple sclerosis. Resident #4 revealed the facility had given her a pad call light but sometime last week that broke. Resident #4 explained the facility came and took the call light pad and was going to fix the call light and it has not come back. Observation in the room revealed there was no call light or way for Resident #4 to call for assistance in the room. Interview on 12/3/24 at 3:22 p.m., with Staff A, Certified Nursing Assistant (CNA) and Staff B, CNA, staff confirmed Resident #4 did not have a call light. Staff A showed Resident #4 was given a call light pendant with a small button to push and she was unable to push so last week Staff A had given her a bell to ring but when Staff A came to work today the bell was on the other side of the room and the roommate had it. Staff B confirmed Resident #4 was unable to use the pendant she was given and did not have a call light to use. Review of facility provided policy titled Call Light/Bell with a reviewed date of 8/2023 revealed it is the policy of this facility to provide the resident with a means of communication with nursing staff. Interview on 12/3/25 at 3:54 p.m., with the Administrator revealed Resident #4 had been given a pad call light that she was able to operate and it should be in her room. She will get that replaced immediately for the resident.