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	03/28/2024

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 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to manage his or her financial affairs. 44420 Based on resident and staff interviews and policy review the facility failed to have ready and reasonable access to personal funds upon request for 2 of 12 residents reviewed (Resident #25 and #30). The facility reported a census of 30. Findings Included: In an interview on 3/25/24 at 1:32 PM, Resident #30 stated, We can't get money when we want it because the person isn't here. We can plan for the weekend and they will leave money but only if we make plans. In an interview on 3/25/24 at 1:59 PM, Resident #25 stated, I haven't asked for money because that staff isn't here on the weekend. If I need money I would have to call my son. In an interview on 3/26/24 at 1:13 PM, the Operations Manager (OM) reported personal funds were available to residents after business hours and weekends by making predetermined arrangements with the social worker. In an interview on 3/26/24 at 2:47 PM, the Social Worker (SW) reported residents with the proper cognitive ability could use funds from their envelope located at the nurse ' s station. The SW explained residents could get up to $10 of their funds after business hours and on weekends. When asked if staff had the ability to obtain more than $10 upon a resident's request, the SW replied, Residents can ask for more ahead of time if needed. In an interview on 3/26/24 at 3:12 PM, when asked what happened if a resident requested more than $10 from personal funds after business hours or on the weekend, Staff C, Certified Nurses Assistant (CNA) replied, I guess they just wouldn't have any. After counting the funds in Resident #25 ' s envelope, Staff C reported a total of 29 cents. After counting the funds in Resident #30's envelope, Staff C reported a total of $7.75. In an interview on 3/26/24 at 3:01 PM, the Operations Manager (OM) reported the facility discussed different strategies to accommodate resident access to personal funds and efforts were still ongoing. (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 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 3/27/24 at 8:35 AM, Staff D, Licensed Practical Nurse (LPN), reported some of the resident's had funds in an envelope at the nurses station. When asked what happened if a resident asked for more funds than available in their envelope, after business hours or on the weekend, Staff D replied, They could get it on Monday or ask ahead of time. After counting the funds in Resident #29's envelope, Staff D reported a total of 29 cents. After counting the funds in Resident #30's envelope, Staff D reported a total of $7.75 dollars. The Resident Funds policy dated June 2016 identified it is the policy of this facility to ensure resident funds maintained or managed by the facility are protected. PROCEDURE: Our Resident fund policies and procedures are uniformly applied to residents without regard to race, color, creed, national origin, age, sex, religion, handicap, or payment source. 1. The objectives of our resident fund policies are to: a. Provide a means for protecting resident funds managed by the facility b. Provide for an individual accounting of funds received and disbursed on the resident ' s behalf c. Provide a means for the resident to manage his/her funds or to have a guardian appointed to do so. d. Establish uniform guidelines to follow in implementing policies and procedures to protect the residents funds. 2. It shall be the responsibility of the Administrator to inform all residents, prior to or upon admission, of the facility ' s policy and procedure governing the management of resident funds. 3. Resident personal funds account does not exceed $2,000.00. 4. A separate record is maintained for each resident ' s personal funds account, including receipts and expenditure. 5. The resident ' s personal funds account is maintained separately from any account of the assisted living facility. 6. This community will provide a copy of the record of the resident ' s personal funds account to the resident or resident ' s representative at least once every three months. 7. This community will notify a resident ' s representative, family member, public fiduciary, or a trust officer if the manager determines the resident is incapable of handling financial affairs. (continued on next page)

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F 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	8. The community will ensure a resident receives at least 30 calendar days written notice before any increase in a fee or charge, except when a resident ' s need for assisted living services change, as documented in the resident ' s service plan.

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. 49628 Based on personnel file reviews, staff interviews, and policy reviews the facility failed to complete the Iowa Criminal History, Iowa Sex Offender Registry, Iowa Central Abuse Registry and Professional License information prior to employment for 2 of 5 employees reviewed (Staff E and Staff F). The facility census was 30. Findings include: On 3/26/24 Staff E, LPN's personnel file did not contain the Iowa Criminal History, Iowa Sex Offender Registry, Iowa Central Abuse Registry and Professional License information. Staff E was rehired on 7/18/22. On 3/26/24 Staff F, CNA ' s personnel file did not contain the Iowa Criminal History, Iowa Sex Offender Registry, Iowa Central Abuse Registry and Professional License information. Staff F was rehired on 10/11/22. On 3/26/24 at 2:19 PM the Business Office Manager completed an online verification via the facility ' s SING account for Staff E and F ' s background checks. The Business Office Manager stated the facility failed to complete background checks for both Staff E and Staff F prior to rehire. On 3/26/24 at 1:04 PM the Executive Director confirmed that Staff E and Staff F did not have background checks prior to rehire. The facility ' s Pre-Employment Investigations Iowa Policy revised January 2022 revealed the employee may not begin employment until the Accurate Background Check is passed and the SING Background Check is completed and approval for work is given. The facility ' s Abuse Prevention and Reporting Policy/Procedure revised 5/2007 revealed that pre-employment screening must be completed to ensure that potential employees do not have a disqualifying event and have the appropriate certification. The Executive Director on 03/28/24 at 8:31 AM stated the expectation was that the SING and background checks were to be completed before the staff work the floor.

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F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. 48004 Based on clinical record review, staff interview, and policy review the facility failed to obtain bed hold notifications for 1 of 3 residents (Residents #21) reviewed. The facility reported a census of 30. Findings include: Review of Resident #21 ' s Electronic Healthcare Record (EHR) revealed Resident #23 was in the hospital from 11/1/23 through 11/4/23. Further review of the EHR page titled, Clinical Census, confirmed the Resident was in the hospital on this date. Review for bed hold notification for Resident #21 revealed there was no bed hold form to review for the dates of hospitalization . During an interview 3/26/24 at 2:30 PM the Administrator revealed there was no bed hold for Resident #21 going to the hospital 11/1/23. During a follow up interview 3/26/24 at 2:47 PM with the Director of Nursing (DON) and the Administrator revealed their expectation would be to get a bed hold every time a resident is transferred or discharged from the facility. Review of a facility provided policy titled, Bed Hold, with a revision date of 11/2016 revealed: a. The resident, or the resident ' s representative, shall be informed, in writing, of their right to exercise the bed hold provision in the event of a transfer from the facility to a general acute care hospital.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48004 Based on clinical record review, staff interview, and policy review the facility failed to provide proper transfer techniques while transferring a resident to prevent accidents for 1 of 3 residents (Resident #21) reviewed. The facility reported a census of 30 residents. Findings include: Review of the Minimum Data Set (MDS) dated [DATE] revealed Resident #21 to have a Brief Interview for Mental Status (BIMS) score of 6 indicating severe cognitive impairment. The MDS further revealed diagnosis of aphasia (loss of ability to understand or express speech), stroke, hemiplegia (paralysis of one side of the body), difficulty in walking, and need for assistance with personal care. Review of the Electronic Healthcare Record (EHR) tab titled, Progress Notes, revealed and entry from 11/1/23 at 1:44 PM by Staff A Licensed Practical Nurse (LPN) that she was summoned to Resident #21 ' s bathroom and found Resident #21 laying on her back on the floor, with the proper footwear on and no gait belt. Staff A further documented that Resident #21 did not have any visible injuries, but did show non-verbal cues of pain upon check of range of motion. This entry in the EHR then revealed that Resident #21 was transferred from the floor with a gait belt and two staff to her wheelchair. Resident #21 was then sent to the emergency room by ambulance for further evaluation and imaging. Review of Resident #21's Care Plan with a completion date of 10/26/23 revealed Resident #21 requires maximum assistance with transferring on and off of the toilet. During an interview on 3/26/24 at 11:19 AM with Staff A revealed this incident happened during a transfer with Staff B Certified Nurse Aide (CNA). Staff A revealed that Staff B had not utilized a gait belt during the transfer of Resident #21 who lost her footing and fell . Staff A then revealed that Staff B was working and this was her 1st or 2nd day on the job. Staff A stated when She went into Resident #21's bathroom she saw Resident #21 laying on her back with her feet facing the toilet. Staff A revealed she did complete an assessment, and did not witness any shortening of appendages, but could see with Resident #21's facial expressions she did have some pain as Resident # 21 is non-verbal. Staff A stated Resident #21 was transferred with a gait belt from the floor with two staff assisting Resident #21 to her wheelchair. Staff A then sent Resident #21 to the emergency room by ambulance for further evaluation and imaging. During an interview on 3/26/24 at 11:49 AM with Staff B revealed she had transferred Resident #21 to the toilet with a gait belt, and then removed the gait belt after Resident #21 had been positioned on the toilet. Staff B stated Resident #21 fell from the toilet to the floor. Staff B stated she paged over the pager for assistance with the Director of Nursing (DON), Staff A, and another CNA coming to assist. Staff B revealed an assessment was completed by Staff A, and Resident #21 was transferred from the floor with a gait belt to her wheelchair, and then sent to the ER for evaluation. Staff B stated that she did receive the gait belt policy. Staff B further revealed she was re-educated on gait belt use, and transfer techniques. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	Review of the emergency department notes dated 11/1/23 at 1:33 PM revealed a comment from the Advanced Registered Nurse Practitioner (ARNP) stating Resident #21 had right leg shortening with external rotation and pain with palpation. This document further showed x-ray results of the right hip and pelvis with findings read 11/1/23 at 3:09 PM by the Medical Doctor working at the outside emergency department revealing an acute fracture of the right femur neck with impaction with a plan for surgical repair. Review of Staff B's employee file revealed Staff B started working 10/19/23, and a skills checklist for CNA's skills were signed for Transfers from bed to chair, and Transfers to wheelchair completed 11/1/23. Staff B had signed proper use of gait belts skills 10/20/23. Another in-service training was completed 11/9/23 on gait belt use, and transfer techniques with Staff B signing this in-service. During an interview on 3/26/24 at 2:04 PM with the DON revealed her expectations would be for gait belts to be worn at all times when transferring, and to be kept on residents when toileting. During a follow up interview on 3/27/24 at 12:33 PM with Staff B revealed that after she took the gait belt off of Resident #21, she stepped just outside of the bathroom door to give Resident #21 privacy, and that is when Resident #21 fell off of the toilet. Staff B further stated she tried to catch Resident #21, but Resident #21 fell on her side on the floor. Review of an undated facility provided policy titled, Gait Belt Policy documented: a. Gait Belts must be used when transferring and ambulating residents who are not independent throughout the facility. The facility completed an inservice on 11/9/23 covering gait belt use and transfer techniques. The citation is considered a past non-compliance.