

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165428	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Careage Hills Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>49056</p> <p>Based on clinical record review, staff interview and policy review the facility failed to obtain bed hold notifications for 1 of 1 resident reviewed (Resident #6). The facility reported a census of 35.</p> <p>Findings include:</p> <p>Review of Resident #6's Electronic Healthcare Record (EHR) revealed Resident #6 was in the hospital from 5/13/24 to 5/16/24 and 5/17/24 to 5/18/24. Further review of the EHR page titled, Clinical Census confirmed the Resident was in the hospital on these dates.</p> <p>Review for bed hold notification for Resident #6 revealed there was no bed hold form to review for the dates of hospitalization .</p> <p>During an interview on 2/6/25 at 12:49 PM the Administrator stated these two bed holds were missed. The Administrator stated we had started a Performance Improvement Program (PIP) after our last annual survey. The Administrator stated that she was the person auditing the bedholds at that time and that they were missed and weren't followed back up on. She stated that the process is anyone that goes out needs to have a bed hold completed. She stated that if the resident is unable to sign, the staff will get a verbal over the phone and the bed hold form needs to be filled out. The Administrator stated these are also brought up in the morning meeting to go over.</p> <p>Review of a facility provided policy titled, Bed Hold with a revision date of 11/2016 revealed: it is the policy of this facility to inform the resident or the resident's representative, in writing, of the right to exercise the bed hold provision upon admission and before transfer to a general acute care hospital. A copy of this notification shall become a part of the resident's health record at the time of the transfer.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165428	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Careage Hills Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49056</p> <p>Based on clinical record review, staff interviews, and the facility policy, the facility failed to follow the facility policy regarding significant weight loss in 1 out of 1 residents reviewed for nutrition needs (Resident #33). The facility reported a census of 35 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment dated [DATE] for Resident #33 documented diagnoses of diabetes mellitus, cerebrovascular accident, and Non-Alzheimer's dementia. The MDS showed the Brief Interview for Mental Status (BIMS) score of 4, indicating severe cognitive impairment.</p> <p>Review of Resident #33's clinical record reviewed the following information: On 12/9/2024, the resident weighed 149.4 pounds (lbs). On 1/8/2025, the resident weighed 128.0 pounds which is a -14.3% Loss.</p> <p>Review of Resident #33's weights showed the last weight taken on 1/8/25 was 128 lbs. There were no weights taken after this date.</p> <p>Review of facility Weight Committee Progress Notes dated 1/8/25 at 8:56 PM revealed the Resident had a weight loss of 5% in the past 30 days. Her Body Mass Index (BMI)-22, Covid positive, and poor appetite. A fax sent to increase supplement to twice a day. Resident #33's family and primary care physician were notified.</p> <p>Review of Resident #33's Registered Dietitian Progress Note on 2/5/2025 at 11:55 AM lacked information regarding her weight loss.</p> <p>Review of facility fax form dated 1/8/2025 revealed that Resident #33 had a weight loss of 5% in the past 30 days, 7.5% in 60 days and 10% in the past 5 months. The Physician Fax form revealed that Resident #33 was Covid positive and had a poor appetite. Resident #33 currently has an order for four ounces of boost, may we increase four ounces to twice a day. The physician signed the fax form. This fax form lacked information regarding the resident's actual weights.</p> <p>Review of Resident #33's Medication Administration Record for January 2025 revealed the facility failed to start the Boost twice a day.</p> <p>During interview on 2/6/25 at 12:46 PM the Director of Nursing (DON) stated that their policy is to do weights once a month, and have weekly weight meetings. The DON stated if a resident had a weight loss they will do weekly weights until it isn't recommended anymore. The DON stated they have weights being reported on the bath/skin sheets, and as of 2/6/25 she has added the ones that are needed to the medication administration record so staff can accurately report weight changes. The DON stated if Residents have a weight loss they will report it to the physician and look at getting a supplement, look at if they need more assistance with meals and move them to the assist table. DON stated that she has started a performance improvement program for weights.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165428	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Careage Hills Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of facility provided policy titled Nutrition reviewed 7/2021 revealed the following: It is the policy of this facility to ensure that all residents maintain acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident ' s clinical condition demonstrates that this is not possible.</p> <p>Each resident's nutritional status is assessed on admission and at least quarterly thereafter.</p> <p>Each resident is to be weighed upon admission, weekly weights for four (4) weeks and monthly weight thereafter unless otherwise specified by the attending physician.</p> <p>The weight will be entered into the resident's clinical record.</p> <p>Monthly weights are to be completed and reviewed by the Registered Dietitian, Dietary Technician and/or designee.</p> <p>Evaluations may include determining ideal body weight range, usual body weight, current diet order, % of food eaten, possible dental problems, and current illness, resident likes and dislikes, psychosocial needs, and any other change in medical condition that may impact weight gain or loss.</p> <p>Once the resident has been evaluated for nutrition status, the Registered Dietitian, Dietary Technician and/or designee will determine if there is a significant change in the resident ' s condition. If so, additional nutritional interventions will be offered to those residents.</p> <p>Any resident weight that varies from the previous reporting period by 5% in 30 days, 7.5% in 90 days and 10% in 180 days will be evaluated by the Interdisciplinary Team to determine the cause of weight loss/gain, intervention required and need for further recommendations and/or referral. Family member/responsible party and attending physician will be notified.</p> <p>Care plan will be updated or revised as appropriate</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165428	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Careage Hills Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>26527</p> <p>Based on observation and staff interview the facility failed to prepare food in accordance with professional standards for food service safety for 1 meal. The facility reported a census of 35 residents.</p> <p>Findings include:</p> <p>During observation on 2/5/25 at 11:07 a.m. the Dietary Supervisor (DS) removed his gloves, washed his hands and applied new gloves. The DS and started serving the noon meal, touching plates, utensils, covers on the steam table, diet cards and menus. During the service the DS retrieved a bun out of it's bag wearing the same gloves. He used tongs to put a hamburger on the bun. After sending the hamburger out, he changed his gloves without washing his hands. The DS continued to serve, touching multiple surfaces. He paused to make a peanut butter sandwich wearing the same gloves. He retrieved a package of cheese from the refrigerator and removed a slice wearing the same gloves. He served additional hamburgers handling the buns with gloves on that he had touched other surfaces with.</p> <p>On 2/6/25 at 2:14 p.m. the Dietician confirmed gloves that touched other surfaces could not be used to handle ready to eat food, and when changing gloves staff needed to wash their hands.</p> <p>The undated Guidelines for Food Handling policy documented food would be handled in a manner that minimized the risk of contamination. The procedure included ready to eat foods would not be touched with bare hands. Proper utensils such as single use gloves, tissue, spatula, or tongs would be used for food handling. If gloves were used, proper use needed to be followed including washing hands before and after wearing or changing gloves.</p> <p>The 2022 Food Code 3-304.15 documented the use limitation of gloves. If used, single-use gloves should be used for only one task such as working with ready-to-eat food, used for no other purpose, and discarded when damaged or soiled, or when interruptions occurred in the operation.</p>		