STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165438	A. Building B. Wing	04/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stacyville Community Nursing Home	413 South Broad Street Stacyville, IA 50476

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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25854 Based on observations, clinical record review, resident interview, staff interviews and the Resident [NAME] of Rights the facility failed to allow a resident to make his own decisions and follow physician orders for 1 resident reviewed (Resident #4). The facility reported a census of 27 residents. Findings include: Resident's #4 Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 13, indicating intact cognition. The MDS indicated Resident #4 didn't walk, but used a manual wheelchair. The MDS included diagnoses of Parkinson's disease, anxiety and repeated falls. A Care Plan Focus initiated 6/23/22 listed activities of daily living (ADL). The Interventions included the following: a. Revised 2/13/25: Resident #4 used an electric wheelchair to move around the facility. He must keep his wheelchair speed at the lowest speed at all times. The staff must provide close supervision while he drove his wheelchair in hallways due to his fluctuated capabilities of his keeping his chair straight. A Rehab Communication form dated 2/6/25 signed by the medical doctor (MD) on 2/13/25 directed the following: a. Resident #4 must keep wheelchair speed at the lowest speed of 1 at all times. b. Staff provide close supervision while Resident #4 drove his wheelchair in the hallways due to his fluctuated capabilities of keeping the chair straight. Review of a facilities Corrective Action Plan dated 4/1/25 reflected a staff member failed to obtain a physician's order to discontinue Resident #4's electric wheelchair prior to taking his electric wheelchair. (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 on 3/27/25 at 3:27 PM Resident #4 indicated his life changed drastically (his words) since the facility staff took his wheelchair away because he couldn't get around anymore. He had to wait for staff assistance which he didn't like. Resident #4 confirmed he hit walls at times but denied ever hitting residents or having caused injury to himself. Review of the facilities Residents' Rights form (not dated) instructed a resident had the right to a reasonable accommodation of needs so long as it didn't endanger the health or safety of themselves or other residents.

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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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25854 Based on observation, clinical record review, resident interview, staff interview and facility policy review the facility failed to maintain a complete and accurate Care Plan based on the individual resident needs for 4 residents of residents reviewed (Residents #2, #3, #4, and #5). The facility identified a census of 27 residents. Findings include: 1. Resident #2's Minimum Data Set (MDS) assessment dated [DATE] identified Resident #2 had a function limitation in range of motion (ROM) to both lower extremities (hip, knee, ankle, foot). She used a wheelchair for mobility and required the helper to do all of the effect for sitting to lying, lying to sitting on side of bed, chair/bed-to-chair transfer, and tub/shower transfer. Resident #2's MDS related to restorative nursing programs indicated she didn't receive at least 15 minutes a day of restorative in the lookback period. Resident #2's Restorative Nursing Recommendations form dated 3/30/24 indicated she had an exercise and a ROM program for her upper and lower body once a day for 3 5 times a week. Resident #2's Care Plan failed to address her restorative program. 2. Resident #3's MDS assessment dated [DATE] identified they used a walker and a wheelchair for mobility. Resident #3's MDS related to restorative nursing programs indicated he didn't receive at least 15 minutes a day of restorative in the lookback period. Resident #3's Restorative Nursing Recommendations form dated 2/2/24 indicated reflected he had an ambulation, an upper, and a lower ROM program scheduled for once a day, 3 5 times a week. Resident #3's Care Plan failed to address his restorative program. 3. Resident #4's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 13, indicating intact cognition. The MDS indicated Resident #4 didn't walk but used a manual wheelchair. The MDS included diagnoses of Parkinson's disease, anxiety and repeated falls. A Care Plan Focus initiated 6/23/22 listed activities of daily living (ADL). The Interventions included the following: a. Revised 2/13/25: Resident #4 used an electric wheelchair to move around the facility. He must keep his wheelchair speed at the lowest speed at all times. The staff must provide close supervision while he drove his wheelchair in hallways due to his fluctuated capabilities of his keeping his chair straight. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Communication - with Family/NOK/POA Note dated 2/5/25 at 12:15 PM indicated the Assistant Director of Nursing (ADON) visited with Resident #4's Power of Attorney (POA) regarding concerns with his electric wheelchair and how he couldn't always control the chair safely. Resident #4's POA explained he recently had his medications adjusted and asked for additional time to evaluate his safety. The ADON offered 2 weeks, and the POA agreed that would be a good time to evaluate him. A Rehab Communication form dated 2/6/25 signed by the medical doctor (MD) on 2/13/25 directed the following: a. Resident #4 must keep wheelchair speed at the lowest speed of 1 at all times. b. Staff provide close supervision while Resident #4 drove his wheelchair in the hallways due to his fluctuated capabilities of keeping the chair straight. The Health Status Note dated 2/7/25 at 10:52 PM identified the staff observed Resident #4 hit the medication cart and almost another resident while trying to move between the 2. When asked if he experienced stiffness, Resident #4 reported it worsened. The note ended to evaluate that Monday if Resident #4 kept his electric wheelchair. The Health Status Note dated 2/16/25 at 6:10 PM documented Resident #4 struck the wall at a slow speed while attempting to turn after dinner, he received no injuries. The Health Status Note dated 2/18/25 at 11:28 AM indicated Resident #4 nearly missed the wall while leaving breakfast before running into the table. The Health Status Note dated 2/18/25 at 12:48 PM reflected Resident #4 ran into the table in the living room in front of the nurses' station after lunch. The Health Status Note dated 2/19/25 at 9:59 PM identified Resident #4 ran over his phone and charger that evening. During an interview on 3/27/25 at 3:27 PM Resident #4 indicated his life changed drastically (his words) since the facility staff took his wheelchair away because he couldn't get around anymore. He had to wait for staff assistance which he didn't like. Resident #4 confirmed he hit walls at times but denied ever hitting residents or having caused injury to himself. The Care Plan lacked revision following the removal of Resident #4's electric wheelchair. 4. Resident #5's MDS assessment dated [DATE] identified she had a function limitation in ROM to 1 side of her upper extremities. Resident #5 used a walker and wheelchair for mobility. Resident #5 required the helper to do more than half the effort for shower/bathe self, lower body dressing, putting on/taking off footwear, and transferring in and out of the tub. Resident #5's MDS related to restorative nursing programs indicated she didn't receive at least 15 minutes a day of restorative in the lookback period. The Morse Fall Scale dated 11/8/24 reflected a score of 35, indicating Resident #5 had a moderate risk for falling. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A Transfer Training form signed by a facility representative 1/8/25 indicated Resident #5 as on a standing task restorative program 3 5 times a week. Resident #5's Restorative Nursing Recommendations form dated 1/10/25 indicated she had an ambulation, upper, and lower ROM programs scheduled for 1 a day, 3 5 times a week. Resident #3's Care Plan failed to address her restorative program or risk for falls. According to an email 3/31/25 at 2:45 PM the Administrator confirmed the facility failed to address restorative programs on the Care Plans of two (2) residents (Residents #3 and #5). In addition, the facility failed to address Resident #5 as a fall risk on her Care Plan.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25854 Based on observation, clinical record review and staff interview the facility failed to provide restorative services to residents as a means to maintain their highest level of functioning (Residents #2, #3, and #5). The facility identified a census of 27 residents. Findings include: 1. Resident #2's Minimum Data Set (MDS) assessment dated [DATE] identified Resident #2 had a function limitation in range of motion (ROM) to both lower extremities (hip, knee, ankle, foot). She used a wheelchair for mobility and required the helper to do all of the effect for sitting to lying, lying to sitting on side of bed, chair/bed-to-chair transfer, and tub/shower transfer. Resident #2's MDS related to restorative nursing programs indicated she didn't receive at least 15 minutes a day of restorative in the lookback period. Resident #2's Restorative Nursing Recommendations form dated 3/30/24 indicated she had an exercise and a ROM program for her upper and lower body once a day for 3 5 times a week. Resident #2's Care Plan failed to address her restorative program. Resident #2's January 2025 Restorative Flow Record identified staff documented restorative for 1/9/25, 1/14/25, 1/20/25, 1/21/25, 1/23/25, 1/27/25, 1/28/25, and 1/30/25. The record lacked documentation for the other days of the month indicating Resident #2 received or staff offered her restorative exercises. Resident #2's February 2025 Restorative Flow Record identified staff documented restorative for 2/4/25, 2/6/25, 2/11/25, 2/13/25, 2/18/25, 2/27/25, and not applicable (NA) on 2/3/25. The record lacked documentation for the other days of the month indicating Resident #2 received or staff offered her restorative exercises. Resident #2's March 2025 Restorative Flow Record identified staff documented restorative for 3/4/25, 3/10/25, 3/22/25, and 3/25/25. The record lacked documentation for the other days of the month indicating Resident #2 received or staff offered her restorative exercises. 2. Resident #3's MDS assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. Resident #3 used a walker and a wheelchair for mobility. Resident #3's MDS related to restorative nursing programs indicated he didn't receive at least 15 minutes a day of restorative in the lookback period. Resident #3's Restorative Nursing Recommendations form dated 2/2/24 indicated reflected he had an ambulation, an upper, and a lower ROM program scheduled for once a day, 3 5 times a week. During an interview on 3/27/25 at 1:50 PM Resident #3 reported the staff performed his restorative exercises when they got to it and when they had enough staff. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #3's Care Plan failed to address his restorative program. Resident #3's January 2025 Restorative Flow Record identified staff documented restorative for 1/20/25 and 1/27/25. The record lacked documentation for the other days of the month indicating Resident #3 received or staff offered him restorative exercises. Resident #3's February 2025 identified staff documented restorative he received lower body ROM, refused ambulation, and upper body ROM on 2/3/25. The record lacked documentation for the other days of the month indicating Resident #3 received or staff offered him restorative exercises. Resident #3's March 2025 Restorative Flow Record identified staff documented restorative for 3/10/25, 3/22/25, and 3/23/25. The record lacked documentation for the other days of the month indicating Resident #3 received or staff offered him restorative exercises. 3. Resident #5's MDS assessment dated [DATE] identified she had a function limitation in ROM to 1 side of her upper extremities. Resident #5 used a walker and wheelchair for mobility. Resident #5 required the helper to do more than half the effort for shower/bathe self, lower body dressing, putting on/taking off footwear, and transferring in and out of the tub. Resident #5's MDS related to restorative nursing programs indicated she didn't receive at least 15 minutes a day of restorative in the lookback period. The Morse Fall Scale dated 11/8/24 reflected a score of 35, indicating Resident #5 had a moderate risk for falling. A Transfer Training form signed by a facility representative 1/8/25 indicated Resident #5 as on a standing task restorative program 3 5 times a week. Resident #5's Restorative Nursing Recommendations form dated 1/10/25 indicated she had an ambulation, upper, and lower ROM programs scheduled for 1 a day, 3 5 times a week. Resident #5's Care Plan failed to address her restorative program. Resident #5's January 2025 Restorative Flow Record identified staff documented restorative for 1/20/25 and 1/27/25. The record lacked documentation for the other days of the month indicating Resident #5 received or staff offered her restorative exercises. Resident #5's February 2025 identified staff documented restorative as she refused on 2/3/25. The record lacked documentation for the other days of the month indicating Resident #5 received or staff offered her restorative exercises. Resident #5's March 2025 Restorative Flow Record identified staff documented restorative for 3/22/25 and 3/23/25. The record lacked documentation for the other days of the month indicating Resident #5 received or staff offered her restorative exercises. During an interview on 3/27/25 at 11:00 AM Staff C, Certified Nursing Assistant (CNA), confirmed the facility sustained a restorative program pending the availability of the CNAs and/or if the facility had a staffing issue. Staff C confirmed the staff didn't always complete restorative due to the said staffing issues. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/27/25 at 12:53 PM the Assistant Director of Nursing (ADON) indicated sometimes the CNAs got pulled to work the floor and she couldn't say if they performed the restorative tasks/exercises as assigned.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 25854 Based on clinical record review, staff interview and facility policy review the facility staff failed to follow professional standards of practice as they allowed staff to compound (mix together) treatment ointments/creams prior to application for one (1) resident reviewed (Resident #1). The facilities identified a census of 27 residents. Findings include: Resident #1's March 2025 Treatment Administration Record (TAR) form included the following physician orders: a. Ordered 12/31/24: Clotrimazole Betamethasone cream 1 0.05% (for fungal skin infections of the skin) apply to affected areas topically (applied to the skin) every 12 hours as needed (PRN) for a rash until healed. b. Ordered 1/20/25: Nystatin powder (for fungal or yeast infections of the skin) apply topically to bilateral under breasts every 12 hours PRN for wound care. During an interview 3/27/25 at 10:03 AM Staff A, Licensed Practical Nurse (LPN), confirmed she compounded Resident #1's Nystatin and Clotrimazole treatment powder and cream on 2 separate occasions. The amount of each of the medications she compounded/mixed had been based on a guess/estimate of each medication. Staff A confirmed Staff B, LPN, redirected her related to compounding as an unacceptable standard of practice. Resident #1's clinical record lacked an order to compound the Nystatin and Clotrimazole treatments. According to an email dated 3/31/25 at 3:03 PM the Administrator confirmed compounding the 2 treatments didn't follow acceptable practice and/or out of the scope of practice for staff/nurses to have mixed creams/ointments and powders prior to application on residents.

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F 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a plan that describes the process for conducting QAPI and QAA activities. 25854 Based on facility record review and staff interviews, the facility failed to have an effective quality assurance (QA) program in place to assist in the provision of quality care for residents. The facility identified a census of 27 residents. Findings include: Review of the facilities Department of Health and Human Services Centers For Medicare & Medicaid Services form (also known as a 2567 form) with the completed complaint survey dated 2/7/25 reflected the facility received deficiencies for Resident Rights, Pharmacy Services, and Quality Assurance and Performance Improvement (QAPI). The survey investigation determined deficient practices again on the complaint and revisit investigation concluded 4/1/25. During an interview 4/1/25 at 2:35 PM the Business Office Manager, responsible for monitoring the QAPI program, explained QAPI remained ineffective due to the previous management and the continued learning curve of the current management staff.