

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165465	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2025
NAME OF PROVIDER OR SUPPLIER Newaldaya Lifescapes		STREET ADDRESS, CITY, STATE, ZIP CODE 7511 University Avenue Cedar Falls, IA 50613	

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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 19126</p> <p>Based on clinical record review, staff and resident interviews, policy review and observations the facility failed to notify a family member about a resident's fall with injury for 1 of 4 residents reviewed (Resident #1). The facility reported a census of 101.</p> <p>Findings include:</p> <p>Resident #1's Minimum Data Set (MDS) assessment dated [DATE], identified a Brief Interview for Mental Status (BIMS) score of 14, indicating intact cognition. The MDS included diagnoses of medically complex illness, coronary artery disease (problems with the arteries of the heart), osteoporosis, and anxiety. Resident #1 had a which indicated Resident #1 alert and oriented.</p> <p>The Bedside Kardex Report dated 1/22/25 directed the staff to check and change Resident #1 and use a Hoyer lift with 2 staff for transfers to the commode. The report included to not leave Resident #1 alone on the commode. Resident #1 utilized a wheelchair and a walker for mobility.</p> <p>The Incident Note dated 1/23/25 at 3:01 AM, Staff B, Licensed Practical Nurse (LPN), reported as Staff A, Certified Nurse Aide, provided care to Resident #1, she began to jerk. When nervous, Resident #1 display a jerking behavior. Resident #1 fell which resulted in an injury to her head. The notes indicated Staff B only notified the Primary Care Physician (PCP) but failed to notify Resident #1's family of the fall or the edematous bump she got from the fall.</p> <p>During an interview on 2/24/25 at 9:00 AM, Staff C, Registered Nurse (RN), stated she became aware of the fall upon starting her shift during report. Staff C stated the departing nurse, Staff B reported he didn't contact Resident #1's family member of the fall.</p> <p>During an interview on 2/25/24 at 8:30 AM Staff B admitted he failed to notify Resident #1's family because she only had a bump on her head with a low pain score. Resident #1 denied any other pain in her body. Staff B reviewed the policy for family notification and admitted he should have contacted the family because she had a head injury.</p> <p>Interview on 2/24/25 at 11:00 AM Staff D, Director of Nursing, stated Staff B notified her on 1/23/25 of Resident #1's fall. Staff D acknowledged Staff B failed to notify the family at the time of the injury accordance to the facility policy.</p> <p>(continued on next page)</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
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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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Accident/Incident Report Policy dated 2/24/03 directed the staff to notify a resident's family as soon as possible after an incident. The nurse who assessed the incident is responsible for calling the family. The nurse assessing the resident is responsible for seeing that the doctor is notified. For witnessed falls, if there has been no serious injury or signs and symptoms of pain that warrants immediate medical attention. If the fall is unwitnessed, notify PCP of fall, regardless of time of day/night, as we are not sure if the resident hit their head or not.		