

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 05/22/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42441</p> <p>Based on observation, clinical record review, policy reviews and staff interviews, the facility failed to ensure the staff who applied lidocaine patches (topical medication that delivers local anesthetic lidocaine through the skin to provide pain relief) signed the Treatment Administration Record (TAR). Instead, another staff member documented the administration of the treatments for 2 of 2 residents reviewed (Residents #16 and #20). The facility reported a census of 102 residents.</p> <p>Findings include:</p> <p>Resident #16's Minimum Data Set (MDS) assessment dated [DATE] reflected they received pain medication in the previous 5 days and had occasional pain.</p> <p>Resident #16's May 2025 Treatment Administration Record (TAR) included an order dated 10/5/24 for lidocaine external patch 5%. The order directed to apply to left hip topically for pain in the morning (AM) and then off at hour of sleep (hs).</p> <p>Resident #16's MDS assessment dated [DATE] reflected they received pain medication in the previous 5 days and had occasional pain.</p> <p>Resident #20's May 2025 TAR listed an order dated 7/12/24 for a lidocaine external patch 4%. The order directed to apply to the right side of neck topically one time a day for pain then remove per schedule.</p> <p>On 5/21/25 at 9:49 AM, observed Staff C, Certified Medication Aide (CMA), apply a lidocaine patch to Resident #20.</p> <p>On 5/21/25 at 10:00 AM, observed Staff C, CMA apply a lidocaine patch to Resident #16.</p> <p>Review of Resident #16's and Resident #20's TARs on 5/21/25 at 11:15 AM, revealed Staff A, Licensed Practical Nurse (LPN), signed off the administration of Resident #16's and Resident #20's lidocaine patch applications on 5/21/25.</p> <p>During an interview on 5/21/25 at 11:34 AM Staff A reported the CMAs had training on how to apply lidocaine patches. Staff A added if the CMA forgot to sign off a treatment they completed, including the application of lidocaine patches, she assured the application of the patches and then sign off the TAR the completion of the treatment.</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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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/21/25 at 11:37 AM, Staff B, Assistant Director of Nursing (ADON), explained they expected the CMAs to sign off treatments they completed and if a nurse signed a treatment they didn't actually complete themselves, that is an issue.</p> <p>Review of facility policy titled, Medication Administration of Drug-Unit Dose System, revised 12/9/24 instructed when giving medications, confirm the resident's 7 rights including right recording/charting. The policy documented staff may choose to handle medication administration in one of two ways:</p> <ol style="list-style-type: none"> a. Prepare medication, initial MAR (medication administration record)/TAR, and give to resident b. Prepare medication, give to resident, initial MAR/TAR <p>Review of the facility policy titled, Documentation in Medical Record, revised 9/9/24 directed to not document false information.</p> <p>During an interview on 5/22/25 at 7:50 AM, Staff C, CMA, stated Staff A had her apply lidocaine patches to residents since they started working on the unit, about 4 months. Staff C added Staff A always documented the completion of the lidocaine patches that they applied.</p> <p>During an interview on 5/22/25 at 9:44 AM, the Director of Nursing reported whomever completed the treatment should document they completed it. If a nurse delegated the completion of a treatment, the nurse still had the responsibility to ensure the completion of the treatment and document who completed the treatment.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50874</p> <p>Based on observation, electronic health record (EHR) review, personnel file review, policy review and staff interviews the facility failed to demonstrate proper Enhanced Barrier Precautions (EBP) when flushing a Percutaneous Endoscopic Gastrostomy (PEG) tube (a thin, flexible tube inserted into the stomach through a small incision in the abdominal wall also referred to as a g-tube) for 1 of 1 residents reviewed. The facility reported a census of 102 residents.</p> <p>Findings include:</p> <p>Resident #117's Minimum Data Set (MDS) assessment dated [DATE] listed an admitted [DATE]. The MDS identified a Brief Interview for Mental Status (BIMS) score of 7, indicating moderately impaired cognition. The MDS included diagnoses of cancer, anemia (low iron level in the blood), quadriplegia (inability to move all four extremities of the body), non-Alzheimer's dementia, and chronic atrial fibrillation (abnormal heart rhythm).</p> <p>Resident #117's EHR reviewed 5/21/25 reflected she had an Infection Prevention Control measure of Enhanced Barrier Precaution in place. It documented Resident #117 had an indwelling (left within a bodily organ or passage to maintain drainage, prevent obstruction, or provide a route for administration of food or drugs) medical device. The personal protective equipment (PPE) requirements directed staff to wear gloves and gown for all high contact activity.</p> <p>Resident #117's Clinical Physician Orders reviewed 5/21/25 included the following:</p> <ul style="list-style-type: none"> a. 3/31/25: Regular (general) diet, regular texture, regular/thin consistency b. 12/30/24: Cleanse g-tube site every day with normal saline, pat dry and apply split gauze one time a day for g-tube. c. 2/1/25: Flush every day with 120 cubic centimeter (cc) of water one time a day for PEG Tube. <p>The Care Plan Focus revised 3/2/25 identified Resident #117 had a self-care deficit related to impaired cognition, decreased mobility, a diagnosis of incomplete quadriplegia (weakness or the inability to move all four limbs but with some sensation and some control) due to a spinal cord lesion. The Interventions directed the following:</p> <ul style="list-style-type: none"> a. Utilize EBP due to enteral tube feeding (a method of delivering nutrition directly into the gastrointestinal tract through a tube feeding). b. Provide tube feeding and water flushes (using a syringe to introduce water into the tube to clear formula, medications, or other debris) as ordered and supplement (if applicable) as ordered. <p>During an initial walk through of the unit on 5/19/25 at 10:32 AM, observed a U.S. Department of Health and Human Services Centers for Disease Control and Prevention (CDC) poster for Enhanced Barrier Precautions on the door to Resident #117's room. The poster directed providers and staff to wear gloves and a gown for the following high-contact resident care activities:</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> * Dressing * Bathing/showering * Transferring * Changing Linens * Providing hygiene * Changing briefs or assisting with toileting * Device care or use: * Central line, urinary catheter, feeding tube, tracheotomy * Wound care: any skin opening requiring a dressing <p>On 5/21/25 at 9:20 AM, Staff A, Licensed Practical Nurse (LPN), and Staff B, Assistant Director of Nursing (ADON), entered Resident #117's room. During the observation, Staff A cleaned Resident #117's PEG-tube site and performed a water flush with 120 cc of water. Staff A failed to put on a gown prior to performing high-contact resident care as directed under the EBP.</p> <p>During an interview on 5/21/25 09:33 AM with Staff A, LPN and Staff B, ADON, Staff A acknowledged Resident #117 had been on EBP. Staff B, acknowledged a gown should have been donned prior to cleansing the site and performing the water flush for the PEG-tube. Staff B, ADON indicated gowns were located in Resident#117's closet. Staff A acknowledged she should have worn a gown on.</p> <p>A review of Staff A's personnel file included a completed Nurse Orientation Checklist that showed competency of all of the skills, policies, and procedures listed, including EBP. Staff A, LPN signed the document on 6/7/24.</p> <p>The Enhanced Barrier Precautions-Infection Control policy updated 12/24/24 instructed the residents indicated for EBP implementation as:</p> <ul style="list-style-type: none"> a. Infection or colonization with a CDC-targeted Multidrug-Resistant Organism (MDRO - refers to microorganisms, such as bacteria, that have become resistant to multiple classes of antibiotics) when contact precautions do not otherwise apply b. Wounds and/or indwelling medical devices even if the resident is not known to have an infection or has a colonized MDRO. <p>The policy continued with directions for any staff member performing high-contact resident cares, they will implement the use of an isolation gown for any resident on EBP (in addition the gloves used as part of standard precautions). The policy listed a nonlimited list of high-contact resident cares:</p> <ul style="list-style-type: none"> a. Dressing <p>(continued on next page)</p>		

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