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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165485 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/30/2025 |
| NAME OF PROVIDER OR SUPPLIER Lutheran Retirement Home | | STREET ADDRESS, CITY, STATE, ZIP CODE 701 Ninth Street North Northwood, IA 50459 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| <p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46513</p> <p>Based on resident interview, staff interviews and grievance policy the facility failed to provide prompt effort to resolve a grievance and failed to complete a grievance form related to missing items for 1 of 1 resident reviewed for missing property (Resident #34). The facility reported a census of 36 residents.</p> <p>Findings include:</p> <p>Resident #34's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. The MDS included diagnoses of debility and cardiorespiratory conditions.</p> <p>On 1/28/25 at 8:50 AM, Resident #34 reported they had a missing black sweatshirt with an emblem that he received from family members prior to his retirement from employment. He added he reported it about three weeks before. He explained he had the same shirt in another color that he showed to the staff so they knew what to look for. He reported he had waited 3 weeks and still didn't have follow up on this from any staff.</p> <p>On 1/29/25 at 10:53 AM Staff G, Laundry, explained the process for missing items if she knew, she would search in other residents' rooms, closets, and drawers during about a week's time frame. Staff G reported if they didn't find the item she would alert Staff C, Social Services, who takes it from there, they probably contacts the family and determines if they need a replacement or some other resolution.</p> <p>On 1/30/25 at 9:30 AM Staff C explained they knew about Resident #34's missing sweat shirt and that he had another one just like it. She added that she didn't have a completed grievance form. Staff C explained they complete the form for items such as wallets, rings, and valuables, but they wouldn't complete the form for items such as a T shirt.</p> <p>On 1/30/25 at 10:50 AM the Administrator stated someone completed a Lost and Found item report that day, dated 1/22/24. The Administrator confirmed no one completed a grievance intake form per 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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>The Grievance, Missing Property policy dated 8/30/18 directed, all residents have the right to report property/items that may be missing. If unable to resolve immediately, follow the grievance procedure.</p> <p>1. Grievances may be presented to any staff who will then report the issue utilizing the grievances form.</p> | | |

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| <p>F 0625</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48003</p> <p>Based on clinical record review, staff interviews and policy review the facility failed to provide a bed hold notice to 2 of 3 residents reviewed (Residents #7 and #18). The facility reported a census of 36 residents.</p> <p>Findings include:</p> <p>1. Resident #7's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 15, indicating cognitively intact.</p> <p>Resident #7's Clinical Census reflected a discharge to the hospital on 5/28/24. They returned to the facility on [DATE].</p> <p>The clinical records lacked documentation of a bed hold notification provided to Resident #7 or Resident #7's Representative when discharged to the hospital on 5/28/24.</p> <p>On 1/28/25 at 2:01 PM, the Director of Nursing (DON) reported the facility didn't complete a bed hold for the hospitalization on [DATE].</p> <p>The undated Reserve Bed Policy instructed to provide the resident or the resident's representative a Notice of Bed hold Policy upon transfer.</p> <p>2. Resident #18's MDS assessment dated [DATE] identified a BIMS score of 9, indicating moderate cognitive impairment.</p> <p>Resident #18's Clinical Census indicated they discharged to the hospital on 11/19/24 and returned to the facility on [DATE].</p> <p>Resident #18's clinical records lacked documentation that the facility provided a bed hold notification to Resident #18 or Resident #18's Representative when she discharged to the hospital on 11/19/24.</p> <p>On 1/28/25 at 2:48 PM, the DON reported the facility didn't complete a bed hold for the hospitalization on [DATE].</p> |

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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>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48003</p> <p>Based on observations, record review, staff interviews and policy review, the facility failed to follow physician orders to prevent further contractors for 1 of 1 residents reviewed (Resident #19). The facility reported a census of 36 residents.</p> <p>Findings include:</p> <p>Resident #19's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 6, indicating severe cognitive impairment. The MDS included diagnoses of joint disorder, depression, arthritis, and anxiety.</p> <p>A Physician Order for Resident #19 dated 9/26/24 included the following orders:</p> <ol style="list-style-type: none"> a. Palm grip to right hand at all times when in bed to prevent contractors b. Tubi grip to left hand daily to reduce moisture and prevent injury from her nails digging into her palm. Change on shower days and as needed (PRN). <p>Resident #19's clinical record lacked documentation of notification with the physician on not doing the treatment nor that they voiced pain while providing the treatment order for their hands.</p> <p>The Plan of Care Note dated 1/7/25 at 2:48 PM reflected the facility had a Care Conference with Resident #19's family. They voiced wanting more staff encouragement to remind Resident #19 to move their right hand to minimize the risk of contracture to that hand.</p> <p>Observation on 1/27/25 at 3:00 PM, Resident #19 laid in bed with no palm grip to her right hand and no tubi grip to her left hand.</p> <p>Observation on 1/28/25 at 3:10 PM, Resident #19 laid in bed with no palm grip to her right hand and no tubi grip to her left hand.</p> <p>Observation on 1/29/25 at 2:37 PM Resident #19 laid in bed with no palm grip to her right hand and no tubi grip to her left hand.</p> <p>During an interview on 1/29/25 at 2:44 PM Staff F, Certified Nurses' Aide (CNA), reported the CNAs didn't do anything with Resident #19 hands, only the nurses did.</p> <p>In an interview on 1/29/25 at 2:46 PM Staff E, Licensed Practical Nurse (LPN), reported the only thing the nurses did for Resident #19's hands was to have a tubi grip to the right hand at all times.</p> <p>During an interview on 1/29/25 at 2:52 PM the Director of Nursing (DON) reported Resident #19's order for her hands got transcribed to the Treatment Administration Record (TAR) wrong and if it is not on there she assumed they didn't do it and not sure why it is documented if she refused.</p> <p>(continued on next page)</p> |

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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 1/29/25 at 2:55 PM Staff D, Registered Nurse (RN), reported the staff tried in the past to put a wash cloth in Resident #19's right hand but she complained of pain so they stopped doing anything for her right hand. Staff D reported she didn't notify the physician at any time about Resident #19's hands.</p> <p>The facility policy Following Physician Orders revised 11/27/24 directed staff to follow the physician orders as ordered.</p> | | |

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| <p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide or obtain dental services for each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46513</p> <p>Based on observation, clinical record review, policy review, resident, and staff interview, the facility failed to ensure a resident received dental services for 1 of 1 Resident's (Resident #20) reviewed for dental services. The facility reported a census of 36 residents.</p> <p>Findings include:</p> <p>Resident #20's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 13, indicating intact cognition. The MDS included a diagnosis of dental caries (cavities).</p> <p>The Interdisciplinary Progress Note dated 2/22/22 at 1:58 PM documented on admission, Resident #20 didn't have any missing or broken teeth.</p> <p>The Care Plan Intervention initiated 5/19/22 directed to refer to professions as needed (PRN), if indicated by Primary Care Physician (PCP), or Psych services. Arrange for appointments with PCP, dental, eye professionals, and podiatrist, per government regulation, family, and at Resident #20's request.</p> <p>Resident #20's Medical Diagnosis included a diagnosis dated 7/29/22 of dental caries, unspecified.</p> <p>On 1/27/25 at 11:40 AM observed Resident #20 had a broken front tooth with the appearance of dental caries on her bottom teeth.</p> <p>During an interview on 1/27/25 at 11:41 AM Resident #20 reported her front tooth continued to chip away, and another piece of her top front tooth came out that morning. Resident #20 explained the front tooth started to chip after it came in contact with a bar during a transfer several months ago. She alerted Staff A, Certified Nursing Assistant (CNA). Resident #20 stated they haven't seen a dentist in a very long time, certainly not since she admitted to the nursing facility (2/23/22). Resident #20 stated she would like to see a dentist but, didn't know how to go about that or how to pay. She didn't know of options for dental services.</p> <p>During an interview on 1/29/25 at 12:10 PM Staff A recalled when Resident #20 alerted her of their chipped tooth, she didn't see any breakage. Staff A informed Staff B, Licensed Practical Nurse (LPN).</p> <p>During an interview on 1/29/25 at 12:20 PM Staff B recalled when Resident #20 complained of a chipped tooth. They assessed and didn't see signs of chipping or breaking of the tooth. Resident #20 didn't have any further complaints until now.</p> <p>During an interview on 1/29/25 at 12:29 PM Staff C, Social Services, explained Resident #20's insurance as a factor inhibiting their dental services. Staff C added they had difficulty finding a provider. Acknowledged they could have set up transportation available with the state insurance. Staff C reported Resident #20 needed accompanied and they didn't have supportive family. They added having staff accompany residents to outside providers in the past with the Administrator's approval.</p> <p>(continued on next page)</p> | | |

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| <p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview on 1/29/25 at 2:20 PM, the Director of Nursing (DON) reported Resident #20 lacked family support and felt they wouldn't be willing to pay for dental or assist with transportation. The DON explained in the event of an emergency dental situation, the emergency room could manage Resident #20 until they find a dental provider. The DON added Resident #20's dental services probably consisted of out of town providers only and they lacked family participation.</p> <p>During an interview on 1/29/25 at 4:45 PM the Administrator, explained they would consult with Resident #20's family and look at options for dental services. They didn't know of any dental options investigated for Resident #20.</p> <p>The facility provided a Denture policy and procedure dated 2022 directed, the nurse would assist the resident with both routine and 24 hour emergency dental care. Social Services would assist residents who are eligible and wish to participate to apply for reimbursement of dental services as incurred medical expense under the state plan if applicable.</p> | | |