

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165488	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/12/2024
NAME OF PROVIDER OR SUPPLIER  Twilight Acres		STREET ADDRESS, CITY, STATE, ZIP CODE  600 West 6th Street Wall Lake, IA 51466	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44420</b></p> <p>Based on record review and staff interview the facility failed to asses and provide interventions for residents who displayed respiratory symptoms for 2 of 2 residents reviewed, (Residents #1 and #16). The facility reported a census of 23.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment dated [DATE] for Resident #1 documented a Brief Interview for Mental Status (BIMS) score of 3 which indicated severe cognitive impairment.</p> <p>The Care Plan for Resident #1 showed diagnoses of chronic obstructive pulmonary disease (COPD), amnesia (brain damage) and heart failure.</p> <p>The Progress Notes for Resident #1 documented the following:</p> <p>On 12/9/24 at 10:07 PM- Resident has been congested and coughing a lot this evening. COVID test was negative.</p> <p>On 12/10/24 at 12:58 AM- Resident congested and coughing bringing up moderate amounts of clear/white sputum. Albuterol nebulizer provided for wheezing as lung sounds with wheezes throughout bilateral lung fields. Remains afebrile. Tachycardic with pulse rate of 103, oxygen saturations within normal limits at 94% on room air. The resident did take the nebulizer mask off three times during nebulizer treatment to wipe nose and did not reapply the mask but this nurse reapplied the mask promptly. The resident continues to cough after the nebulizer was provided.</p> <p>The Progress Notes for Resident #1 further revealed the facility failed to initiate isolation precautions for symptoms of infection until the next shift on 12/10/24 at 6 AM.</p> <p>In an interview on 12/11/24 at 12:18 PM, Staff A, Licensed Practical Nurse (LPN) reported during shift report on 12/10/24 the night shift nurse informed her that Resident #1 suffered respiratory symptoms. Staff A stated, we set up isolation precautions. When asked if Resident #1 should have been placed in isolation precautions prior to her arrival, Staff A stated, yes. When asked when Resident #1 should have been placed in isolation precautions, Staff A stated, as soon as the nurse realized he had symptoms.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. The MDS assessment dated [DATE] for Resident #16 documented diagnoses of anemia, hypertension and a history of COVID. The MDS showed a BIMS score of 12 which indicated moderate cognitive impairment.</p> <p>The Progress Notes for Resident #16 documented the following:</p> <p>On 11/28/2024 at 8:15 AM- Resident states he was coughing all night, has a hoarse voice, and that his throat hurts a little, also had a headache the night before and was given Tylenol. Vital signs are within normal limits. Cough medicine given and COVID test negative. The resident states he would like to continue to take cough medicine as needed to see if it helps.</p> <p>On 11/29/2024 at 11:42 AM- The physician responds via fax with a new order for Mucinex 600 milligrams twice a day for 7days.</p> <p>The Progress Notes for Resident #16 further revealed the facility failed to further document the status of respiratory symptoms, failed to complete assessments, and failed to place the resident in isolation precautions due to the presence of repository symptoms.</p> <p>The Temperature, Pulse, Blood Pressure and Oxygen Saturation Summaries for Resident #16 showed the facility failed to obtain vital signs from the onset of respiratory symptoms that occurred on 11/28/24. No vital signs recorded until 12/4/24.</p> <p>The undated Potential of COVID Positive Resident Recognized facility policy identified to provide a safe environment for those residents ill with COVID and separating them from those residents that are not ill in order to prevent the further spread of COVID. To also create a healing atmosphere for the resident to recover.</p> <p>Procedure:</p> <ol style="list-style-type: none"> <li>1. A resident may or may not exhibit signs and symptoms of COVID.</li> <li>2. The Centers for Disease Control and Prevention (CDC) for has identified signs and symptoms of probable disease that nurses will monitor  in the residents as per outbreak status and non-outbreak status.</li> <li>3. If residents exhibit these signs and symptoms without a positive test, they will be placed  in Transmission-Based Precaution Isolation in their single room, unless married and refuse to move, for the illness for 3-5 days, testing daily. The resident's physicians will be updated to allow for any medication that may be prescribed for comfort and healing.</li> <li>4. An isolation cart with signage directing personal protective equipment (PPE), and the need for the door to be closed will  be put into place outside the room with Transmission-Based Isolation in place.</li> </ol> <p>(continued on next page)</p>		

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