STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165494	A. Building B. Wing	07/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tripoli Nursing & Rehab	604 Third Street SW Tripoli, IA 50676

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 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. (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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, clinical record review and staff interview the facility failed to implement a soft palm grip cushion to the right hand or bilateral hand splints per Occupational Therapy (OT) recommendation to minimize the risk of contracture for 1 of 1 resident's sampled (Resident #21). The facility identified a census of 24 residents.Findings include:Resident #21's Annual Minimum Data Set (MDS) assessment dated [DATE] showed a Brief Interview for Mental Status (BIMS) score of 12 out of 15 which indicated intact cognition. The MDS documented Resident #21 with impaired functional mobility of both upper extremities and dependent upon staff for dressing. The MDS listed diagnoses of seizure disorder, unspecified injury of the head, limitations of activity due to disability and other reduced mobility. The MDS lacked documentation that Resident #21 rejected care.An OT Evaluation and Plan of Treatment dated 7/07/24 documented Resident #21 with impaired right upper extremity range of motion (ROM), and bilateral wrist/hand contractures. The OT Evaluation further documented to assess and order/fabricate orthotic devices. Recommendations documented the following; resting hand splint to left and right upper extremities at night, and palm grip to right upper extremity during the day. The Evaluation documented that the resident had contractures to both right and left wrists, and hands.A 7/07/24 OT Home Therapy Program under Comments and Equipment documented OT planned to trial wrist/hand braces in upcoming sessions to decrease the risk of contracture. An OT Discharge summary dated [DATE] signed by the licensed/registered OT under Discharge Recommendations directed to continue with the contracture management functional maintenance program (FMP) splint and brace program with resting hand splint 2-4 hours daily.Resident #21 Home Therapy Program dated 8/14/24 listed a purpose of contracture management to maintain function and directed the staff to utilized resting hand splints to bilateral upper extremities (BUE) 2-4 hours per day and notify OT if questions or concerns.Resident #21 Restorative Nursing Program (RNP), dated 5/16/25, directed to provide Passive Range of Motion (PROM) to bilateral upper extremities (BUE) all ranges for 15 repetitions, two sets. Cleanse bilateral hands with soap and water, dry. May apply rolled washcloth or alternate device.An Order Summary Report signed by the Provider on 7/02/25 listed a physician order to apply a soft palm grip cushion to the right hand during the day per OT recommendation and physician order, start date 7/29/24.A 7/03/25 3:33 PM Health Status Progress Note documented Resident #21 received restorative therapies which included PROM to bilateral upper and lower extremities or used a portable stationary bike. The Progress note lacked documentation Resident #21 refused or removed the right palm grip cushion.The 7/03/25 Alteration in Musculoskeletal Status Care Plan related to reduced mobility and contracture of the right hand directed the staff to apply a soft palm grip cushion to the right hand during the day. The 7/05/24 Activities of Daily Living (ADL) Self Care Deficit Care Plan noted Resident #21 required maximum assistance of one staff member for dressing. Resident #21 Care Plan did not contain information that he refused or would take off the right soft palm grip cushion or hand splints.Observation on 7/21/2025 at 11:41 AM Resident #21 sat in the wheelchair with no soft palm grip cushion to the right hand and no hand splints to either hand. Resident #21 observed with both hands clenched into fists with the middle fingers positioned into the palm on both hands. On 7/21/25 at 12:50 PM Resident #21 sat in his wheelchair. Resident #21 did not have a soft palm grip cushion to the right hand. His right hand clenched tight with his middle finger digging into his palm.On 7/21/25 at 2:30 PM Resident #21 sat in his wheelchair by the nurses' station. Staff B, Licensed Practical Nurse (LPN) sat at the nurses' station a few feet away from Resident #21 and the Director of Nursing (DON) sat in her office with a diagonal line of vision to the resident. Resident #21 did not have a soft palm grip cushion on to his right hand or hand splints on his bilateral hands. Observation on 7/21/25 at 3:52 PM Resident #21 sat in the wheelchair at the end of the hallway looking out the window. He did not have a soft palm grip cushion on his right hand or hand splints to either hand. Both hands were clenched into fists with his middle fingers digging into his palms. On 7/22/25 at approximately 2:30 PM Staff H, Health Services Coordinator provided Resident #21 current RNP program dated 5/16/25. The RNP had not been updated since written on 5/16/25. The RNP lacked documentation directing the staff to apply a right-hand soft palm grip cushion or hand splints or that Resident #21 would refuse or take off the devices. Observation on 7/23/25 at 7:35 AM revealed Resident #21 sitting in his wheelchair in the dining room. Resident #21 did not have a soft palm grip cushion to his right hand. His right hand was partially clenched into a fist. Resident #21 did not have hand splints to his hands On 7/23/2025 at 8:21 AM Resident #21 observed feeding himself

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on facility record review, facility policy, personnel files, observation and staff interviews, the facility failed to handle and process soiled laundry to prevent cross transmission or the spread of infection in 1 laundry room observed. The facility reported a census of 24 residents.Findings Include:Observation on 7/23/25 at 10:49 AM revealed a 33-gallon covered empty bin with a label stating soiled linens go here. A pile of soiled soaker pads and bed linens were observed directly on the floor in front of a standard washing machine. Staff A, Laundry Services entered the laundry area from the clean side entrance and stood on top of the soiled linens and soaker pads. Staff A, stepped off the linens and explained soiled laundry comes into the laundry room in bags. Staff A verbalized she dons gloves, opens the bags of laundry, sorts the laundry and places the laundry in the standard washing machine or the commercial washing machine. Staff A verbalized what is left is placed on the floor in front of the commercial washing machine. Staff A reported this was her common practice. Staff A revealed she never dons a gown when sorting soiled resident clothing or linens. Staff A acknowledged she stood directly on the soiled soaker pads and linens. Staff A verbalized she does not cover or clean her shoes prior to delivering clean linens or clothing to resident rooms. Staff A reported she mops the laundry room floor at the end of each day and then will step on the mop to clean the bottom of her shoes. Staff A reported there is only one person that works in laundry each day. In an interview on 7/23/25 at 10:57 AM, the Administrator acknowledged she observed the soiled soaker pads and linens directly on the floor. The Administrator reported staff are instructed to wear gown and gloves when handling soiled laundry and soiled laundry should be in bags, bins and/or baskets.In an interview on 7/23/25 at 2:48, Staff I, Environmental Services and the Administrator verbalized Staff A only works in the laundry services department. Staff I verbalized Staff A works 3 days per week but had picked up extra shifts. Staff I verbalized laundry baskets are provided for soiled laundry and wire baskets are for clean laundry. The Time Card Report for Staff A revealed the following:7/9/24 punched in at 7:22 AM punched out at 4:15 PM7/10/25 punched in at 7:11 AM punched out at 3:08 PM7/11/25 punched in at 7:14 AM punched out at 3:26 PM7/18/25 punched in at 7:16 AM punched out at 3:08 PM7/19/25 punched in at 7:16 AM punched out at 2:40 PM7/20/25 punched in at 7:18 AM punched out at 2:53 PM7/21/25 punched in at 7:14 AM punched out at 2:54 PM7/23/25 punched in at 7:17 AM punched out at 11:22 AMStaff A had been hired on 1/15/96. Her Personnel File lacked a signed job description for the Laundry Services position. The Personnel File revealed the following:1. On 8/21/24, Staff A signed an Acknowledgement of Receipt of Warning that documented Staff A violated company polices with substandard work including not mopping the laundry room.2. On 10/3/24, Staff A signed an Acknowledgement of Receipt of Warning that documented Staff A violated company policies with substandard work with handling soiled resident clothing. 3. On 5/29/25, Staff A signed an untitled handwritten document listing the following items: a. All soiled items delivered to the laundry room are washed - not put away soiled. b. Gloves will be worn while handling soiled items. c. Clean laundry will be delivered via the blue cart or wire cart, bathroom linens are to be delivered with personals. d. Delivery need not to occur more than twice daily. The facility Laundry Protocol policy dated 5/9/06 revealed it is the policy of the facility to safely handle soiled linens so as not to contaminate self, residents, clean linen or roommate's areas or personal items. The Laundry Protocol lacked guidance to don gowns, gloves and contain soiled laundry in baskets and/or bins. The facility Standard Precautions policy dated 1/22/24 revealed the following: Personal Protective Equipment are protective items or garments worn to protect the body or clothing from hazards that can cause injury and to protect residents from cross transmission. Standard Precautions are infection prevention practices that apply to all residents, regardless of suspected or confirmed diagnosis or presumed infection status. Standard precautions are based on the principle that all blood, body fluids, secretions, excretions except sweat, regardless of whether they contain visible blood, non-intact skin, and mucous membranes may contain transmissible infectious agents. Furthermore, equipment or items in the patient environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents. Standard precautions include but are not limited to hand hygiene, use of gloves. gown, mask, eye protection or face shield, depending on the anticipated exposure; safe injection practices; and respiratory hygiene/cough etiquette. Also, body fluids must be handled in a manner to prevent transmission of infectious body fluids must be handled in a manner to prevent transmission of infectious agents (such as gloves for direct contact, properly clean and disinfect or sterile reusable equipment before use on another patient)