

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165495	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/11/2024
NAME OF PROVIDER OR SUPPLIER  Clarksville Skilled Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  115 North Hilton St Clarksville, IA 50619	
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40907</p> <p>Based on interview and record review, the facility failed to issue a bed hold notice to 1 of 1 residents reviewed for hospitalization s (Resident #13). The facility was unable to provide documentation that a notice of a bed hold policy was given to Resident #13 and/or her representative for 3 separate hospital stays. The facility reported a census of 35 residents.</p> <p>Findings include:</p> <p>A Resident Census for Resident #13 documented that this resident had been hospitalized on [DATE] to 5/26/23, 5/28/23 to 5/31/23 and 9/1/23 to 9/7/23.</p> <p>The facility was not able to provide documentation that a notice of bed hold policy was given for these hospitalization s.</p> <p>An email sent to the Licensed Home Administrator on 4/11/24 at 11:51 a.m., requested verification that the facility did not have bed hold policy for the above hospitalization s for Resident #13. Requested the Bed Hold Policy be sent via email if the facility did not have the documentation for the bed hold policy on those dates.</p> <p>The Licensed Home Administrator on 4/11/24 at 11:57 a.m., returned the email with the Bed Hold Policy. The facility did not have the documentation to support that the bed hold policy was given on the above dates.</p> <p>An undated Notice of Bed-Hold policy, directed that the notice of bed-hold policy would be given to ensure that resident or resident's representative is aware of the facility's bed-hold and reserve bed payment policy the initial discussion and disclosure of this policy is discussed with the resident and/or resident's representative upon admission. A description of this policy is located within the admission agreement.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 165495
		If continuation sheet Page 1 of 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165495	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/11/2024
NAME OF PROVIDER OR SUPPLIER  Clarksville Skilled Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  115 North Hilton St Clarksville, IA 50619	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>40907</p> <p>Based on observations, interviews, and record review, the facility failed to revise and update care plans for 3 out of 16 residents reviewed (Residents #8, #13, and #30). Resident #8's care plan did not address that she had actual pressure ulcers. Resident #13's care plan did not address that she was on a diuretic medication. Resident #30's care plan did not address that she was on an antipsychotic medication. The facility reported a census of 35 residents.</p> <p>Findings include:</p> <p>1. A Wound Management Detail Report, documented that Resident #8 had a pressure ulcer on her right ankle. It documented that the wound was identified on 2/13/24 and it documented that the wound had not been healed on 4/5/24. This management report documented that Resident #8 had a pressure ulcer on her right buttock. It documented that the wound was identified on 1/29/24. It documented that the wound was not healed on 4/5/24.</p> <p>A Care Plan Problem dated 1/29/24, documented that Resident #8 was at risk for pressure ulcers. The goal was Resident #8's skin would remain intact within the next 90 days.</p> <p>On 04/10/24 at 10:00 AM, the Licensed Nursing Home Administrator (LNHA) acknowledged that the Care Plan addressed potential pressure ulcers and did not address that this resident actually had a pressure ulcer.</p> <p>2. A doctor's order dated 10/27/23, documented that Resident #13 received nursemaid (a diuretic medication) 20 mg (milligrams) orally once a day.</p> <p>Review of this resident's Care Plan revealed that diuretic medication was not addressed.</p> <p>3. A doctor's order dated 2/20/24, documented that Resident #30 received Seroquel (an antipsychotic medication), 25 mg (milligrams) orally twice a day.</p> <p>Review of resident's Care Plan revealed that antipsychotic medication was not addressed.</p> <p>4/9/24 at 4:10 PM, the LNHA stated they did not address antipsychotic in Resident #30's Care Plan. She stated they are going through all of the Care Plans to be sure all medications are addressed. She stated they did not address the diuretic on Resident #13's Care Plan either. She stated so far those are the only 2 residents that they have found whom didn't have medications addressed.</p> <p>An undated Comprehensive Care Plan Policy directed staff that revision of Care Plan: should be based on the assessment and review of the current care plan, revise the care plan as needed to reflect any changes in the resident's health status or care needs. The revised care plan should include specific goals and interventions to address the resident's physical, emotional, and social needs.</p>		