STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165495	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Clarksville Skilled Nursing & Rehab Center	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)
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on the electronic health record review, the Notice of Transfer Form to Long Term Care Ombudsman form review and staff interviews, the facility failed to include 1 out of 3 residents reviewed for Ombudsman Notification (Resident #1). In addition, the facility failed to complete a recapitulation of resident's stay (discharge summary) for 1 of 1 residents reviewed (Resident #41). The facility reported a census of 36 residents.Findings include: 1. Resident #1's Census documented discharged to the hospital on 2/28/26 and returned to the facility on 3/3/26. The February 2026 Notice of Transfer Form to Long Term Care Ombudsman (LTCO) form didn't include Resident #1. On 4/8/26 at 2:13 PM, Staff A, Office Assistant (OA) stated she pulled February's LTCO report after the Administrator asked her about it. Resident #1's name now appeared on the list. She stated she had no idea the original list she'd sent to the LTCO office didn't have Resident #1's name. She stated she didn't input the names of the residents discharged monthly, as the facility's Electronic Health Records (EHR) system pulled the names. Staff A didn't know why the name didn't pull up right away. Staff A runs the LTCO reports early in the month and stated she ran the February one early. Staff A said she'd resend the February report to the LTCO with Resident #1's name on it today. On 4/8/26 at 4:25 PM, the Administrator stated she didn't know why the facility's system didn't pull Resident #1's name on the report. She stated they've come up with a work around to ensure all names appear on the LTCO reports. The undated Transfer Discharge policy directed staff to submit all transfers and discharges including involuntary discharge notices to the LTCO office monthly. 2. Resident #41's Census identified they discharged on 2/17/26 at 1:07 PM. Resident #41's Electronic Health Record (EHR) lacked documentation of a discharge summary. In an interview on 4/9/26 at 10:58 AM, the Director of Nursing (DON) acknowledged no one completed a discharge summary with recapitulation of the resident's stay (a concise summary of the resident's stay and course of treatment in the facility) for Resident #41. The DON indicated they should have completed a discharge summary. The undated Expected/Planned Discharge policy directed when the facility anticipated a discharge, a resident must have a discharge summary that included, but isn't limited to: a recapitalization of the resident's stay including diagnosis, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results. The policy also required a final summary of the resident's status (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165495	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Clarksville Skilled Nursing & Rehab Center	115 North Hilton St Clarksville, IA 50619

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	at the time of discharge for release to authorized persons and agencies, with the consent of the resident or Resident #41 Representative. Additionally, the post-discharge plan of care must indicate where the individual plans to reside, any arrangements made for the resident's follow-up care, and any post-discharge medical and non-medical services. When the Interdisciplinary Team (IDT) determines a planned discharge date , the members of the IDT and the resident or Resident #41 Representative will complete a Discharge Summary observation in its entirety.