STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165500	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rotary Senior Living	500 South Blaine Avenue Eagle Grove, IA 50533

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 0582 Level of Harm - Potential for minimal harm Residents Affected - Some	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. 40907 Based on interview and record review, the facility failed to notify of changes in benefit coverage for 2 out of 3 residents reviewed (Residents #87 and #88). The facility reported a census of 32 residents. Findings include: The facility did not provide the Notice of Medicare Non-Coverage (NOMNC) for Resident #87 and Resident #88 when they were requested during the survey. Both residents received Medicare Part A services and the services were ending . On 7/17/24 at 11:12 a.m., the Administrator acknowledged the facility did not issue the NOMNC for Resident #87 and Resident #88. The Administrator stated the facility has since provided education to the Social Services Designee (SSD). The Administrator stated that the SSD didn't realize she needed to fill out 2 forms, therefore the NOMNC was not filled out nor was it given to Residents #87 and #88. The administrator updated the policy to reflect the use of the NOMNC. A Form Instructions for the Notice of Medicare Non-Coverage (NOMNC) CMS-10123 policy dated 7/17/23, directed the following: A Medicare provider or health plan (Medicare Advantage plans and cost plans , collectively referred to as plans) must deliver a completed copy of the Notice of Medicare Non-Coverage (NOMNC) to beneficiaries/enrollees receiving covered skilled nursing, home health (including psychiatric home health), comprehensive outpatient rehabilitation facility, and hospice services. The NOMNC must be delivered at least two calendar days before Medicare covered services end or the second to last day of service if care is not being provided daily. Note: The two day advance requirement is not a 48 hour requirement.

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
	165500	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rotary Senior Living	500 South Blaine Avenue Eagle Grove, IA 50533

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 0623 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. 42441 Based on clinical record review, staff interview and policy review, the facility failed to notify the Long Term Care Ombudsman (LTCO) of a discharge/transfer to the hospital for 1 of 1 residents reviewed for hospitalization (Resident #13). The facility reported a census of 32 residents. Findings include: Clinical census review revealed Resident #13 discharged from the facility to the hospital on 3/18/24 and returned to the facility 3/25/24. Review of the clinical record lacked Long Term Care Ombudsman (LTCO) notification documentation that Resident #13 had been discharged to the hospital on 3/18/24 as required by federal regulation. Review of undated facility policy titled, Ombudsman Notice of Transfer or Discharge, documented copies of notices for emergency transfers must be sent to the Office of the State LTCO on a monthly basis. During an interview 7/17/24 at 10:08 AM, the Administrator revealed they were unable to locate documentation regarding notification of the LTCO for Resident #13's 3/18/24-3/25/24 hospitalization . The Administrator further revealed it is an expectation the LTCO is notified when a resident is discharged from the facility to the hospital.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165500	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rotary Senior Living	500 South Blaine Avenue Eagle Grove, IA 50533

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 0625 Level of Harm - Potential for minimal harm Residents Affected - Some	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. 42441 Based on clinical record review, staff interview and policy review, the facility failed to notify the resident or resident representative of the facility's bed hold policy for 1 of 1 residents reviewed for hospitalization (Resident #13). The facility reported a census of 32 residents. Findings include: Clinical census review revealed Resident #13 discharged from the facility to the hospital on 3/18/24 and returned to the facility 3/25/24. Review of Resident #13's clinical record lacked documentation of the resident or resident representative being notified of the facility's bed hold policy with the 3/18/24-3/25/24 hospitalization . Review of facility policy titled, Bed Hold Policy, revised 7/27/15 revealed a resident's bed will be held when he/she needs to be transferred to a hospital or for therapeutic leave. This policy will be presented to each Resident or Responsible Party upon admission and again when hospitalization or therapeutic leave has been confirmed. During an interview 7/17/24 at 10:08 AM, the Administrator revealed they were unable to locate bed hold documentation for Resident #13's 3/18/24-3/25/24 hospitalization . The Administrator further revealed it is an expectation the resident or resident representative is notified of the facility's bed hold policy when a resident is discharged to the hospital.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165500	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rotary Senior Living	500 South Blaine Avenue Eagle Grove, IA 50533

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40907 Based on observations, interviews, and record review, the facility failed to provide proper interventions to ensure doctor's orders reflected the current need of residents for 1 out of 5 residents reviewed (Resident #11). During a meal observation, Resident #11 was served a mechanical soft textured diet. The doctor's order for Resident #11's diet was pureed textured diet. The pureed diet textured order was obtained without ensuring this was the correct diet for him after a nursing trial was completed. The facility reported a census of 32 residents. Findings include: A Minimum Data Set, dated dated dated [DATE], documented that Resident #11's diagnoses included . A Brief Interview for Mental Status for this resident revealed a score of 9 out of 15, which indicated moderately impaired cognition. This resident was independent for eating. A physician's order dated 4/25/24, documented that Resident #11's was to have a mechanical soft textured diet. A physician's order revised 7/15/24, documented that Resident #11's was to have a pureed textured diet. On 7/17/24 at 12:51 p.m., lunch service began at 12:00 p.m Staff A, [NAME] dished up ground hamburger over buttered bread, mixed vegetables and mashed potatoes for Resident #11. It was noted that Resident #11's diet order was for pureed texture. Staff A was preparing to hand the meal off to a server who would bring the tray to Resident #11. The cook was stopped after dishing the food up but prior to her serving and inquired about this. Staff A stated Resident #11's did not have an order for pureed texture, his diet order is for mechanical soft'. She served the meal. After the meal service, the order was checked in this resident's electronic health record and it showed he was to receive pureed textured food. The Certified Dietary Manager (CDM), was asked about the diet discrepancy. This CDM also said that Resident #11's doctor's order was for mechanical soft textured food. The CDM added that they only trialed pureed textured food for Resident #11. The CDM stated that Resident #11 had a stroke and nursing wanted to trial pureed consistency to see how Resident #11 tolerated it. The CDM stated that she and Staff B, Licensed Practical Nurse (LPN), just had a discussion about Resident #11's diet and it was decided that they would stay with the mechanical soft diet as Resident #11 did much better with the diet. Staff B was asked about the diet and Staff B concurred with the CDM. Staff B stated they never got an order for pureed textured food for Resident 11. When told the order was for pureed, Staff B asked who got that order?. Staff B stated they had just trialed the pureed diet for a day or so to see if Resident #11 would eat more food and it was found that he actually did better with mechanical soft textured, so they kept the diet at mechanical soft textured. Observation of Resident #11 during the meal revealed that he was chewing and swallowing the food and did not have any coughing episodes or difficulty swallowing the food. This observation revealed that Resident #11 ate approximately 80% of what was on his plate. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165500	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rotary Senior Living	500 South Blaine Avenue Eagle Grove, IA 50533

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/17/24 at 1:48 p.m., Staff B stated that on Friday 7/12/24, one of the caregivers asked if they could try pureed textured diet for Resident #11 due to drowsiness in the afternoon. Staff B stated they could try for supper. Staff B stated they did try a pureed texture diet for supper and Resident #11 was holding his liquid supplement in his mouth and reaching for his food. Staff B stated she was off for the weekend and the plan was to continue with the trial of the pureed textured diet for three days per nursing judgement for the downgrade of Resident #11's diet. Staff B stated she had worked 6 a.m. to 6 p.m., that day and talked to the night nurse and together they decided to try it for the weekend. Staff B returned to work on Monday 7/15/24. Staff B stated the CDM asked Staff B what the plan was for Resident #11's diet. Staff B stated she told the CDM to serve mechanical soft texture and Staff B would observe how Resident #11 tolerates the food. Staff B stated that Resident #11 had become more alert over the weekend and wanted regular food. He was really sleepy since his ER visit. No documentation over the weekend. Staff B, after the observation, told the kitchen to continue on with the mechanical soft textured diet, and they wouldn't be changing his diet to pureed. Staff B stated there was not a doctor's order obtained for the pureed by her as she was downgrading the diet per nursing judgement. The Director of Nursing (DON), stated that she talked with the Registered Dietitian (RD) on 7/15/24. The DON said the RD talked with the DON about the pureed food trial for Resident #11. The DON stated she went ahead and obtained a doctor's order for pureed textured diet on 7/15/24 without talking to Staff B because it was so busy. The DON stated she was just trying to help Staff B out. So [NAME] told [NAME] that we needed to decide either to continue it or change it back to mech soft either way we needed an order for it. The DON stated she should not have changed Resident #11's diet order without assessing the outcome of the pureed textured diet trial. An Assessment/Reassessment Change of Condition policy revised on 5/30/23, directed the staff as follows: RESPONSIBILITY: Director of Nursing, Licensed Nurses PURPOSE: To complete a comprehensive assessment of a resident, ensuring the resident receives treatment and care in accordance with professional standards of practice while taking into consideration an individual's unique cultural, spiritual, and physical needs. Documentation and verbalization (report) of pertinent data collected will ensure continuity of care amongst other members of the health care team. Documentation is a verifiable written record of events identifying that effective nursing care was provided. PROCEDURE: The licensed nurse assessment identifies current and future care needs of the resident by identifying normal and abnormal human physiology and helps to prioritize interventions and care. The Licensed Nurse will document observations, action taken and responses to interventions/orders, recording at consistent time intervals. The resident will be added to the Hot Charting list upon admission and when a change of condition is identified. Assessment/reassessment will address pertinent subjective, objective and physical assessment information regarding the resident's condition. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165500	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rotary Senior Living	500 South Blaine Avenue Eagle Grove, IA 50533

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Any licensed nurse, on any shift, may place a resident on the Hot Charting list. The list will identify residents requiring follow-up assessment/reassessment and documentation during each shift. The charge nurse will monitor residents with conditions requiring re-assessment, until the condition is resolved/stabilized. As a general guide, residents will remain on the Hot Charting list in accordance with the facility Guidelines for Documentation of Changes in Condition. The physician and POA/ responsible party, will be kept informed of the resident's condition/status.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165500	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rotary Senior Living	500 South Blaine Avenue Eagle Grove, IA 50533

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. 42441 Based on nursing schedule review, staff interview and policy review, the facility failed to have 8 hours Registered Nurse (RN) coverage. The facility reported a census of 32 residents. Findings include: Review of the nursing schedule dated 4/1/24 lacked documentation of RN coverage. Review of facility policy titled, Nursing Coverage and Compliance, updated 3/12/21 revealed the purpose was to define the requirements for nurse coverage in the facility to ensure the health and safety of residents. The policy further revealed an RN is scheduled to include 8-hour coverage per day. During an interview 7/16/24 at 12:23 PM, the Administrator revealed the facility did not have 8 hours of RN coverage on 4/1/24 as the Director of Nursing (DON) had been scheduled to work and did not. The Administrator further revealed a minimum of 8 hours of RN coverage a day is a regulation.