STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165501	A. Building B. Wing	10/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Community Care Center	325 Southwest Seventh Street Stuart, IA 50250

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 - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interviews, and policy review, the facility failed to inform residents of an option to appeal a discharge from Medicare Part A Skilled Services for 1 of 4 residents (#1). The facility reported a census of 49 residents.Findings include:The Minimum Data Set (MDS) for Resident #1 dated 6/27/25 indicated Resident #1 had a Brief Interview for Mental Status (BIMS) score of 11 out of 15 which indicated moderately impaired cognition. It included diagnoses of anemia, hypertension, renal failure, malnutrition, and metabolic encephalopathy (improper brain functions due to a metabolism disorder). It revealed the resident was admitted on [DATE] and received Occupational Therapy (OT) and Physical Therapy (PT) services.The Physical Therapy Treatment Encounter Note(s) dated 6/30/25 indicated the resident received skilled rehabilitation services from 6/20/25 to 6/30/25. It also indicated she was ready to discharge to her daughter's home the next day.The Progress Notes dated 7/01/25 at 10:45 AM indicated the resident discharged home with her daughter who received and understood the discharge instructions.The Notice of Medicare Non-Coverage (NOMNC) document dated 6/26/25 indicated Staff B, Human Resources and Financial Services (HR and Fin) contacted the resident's Power of Attorney (POA) at 10:07 AM. The document lacked a resident or POA signature which indicated receipt and understanding of the resident's right to appeal the discharge.On 10/13/25 at 3:08 PM, Staff B stated when she contacts the resident's representative or POA, she discusses the resident's end-of-skilled care date, the resident's discharge date if they're going home, and the last date the discharge can be appealed. On 10/14/25 at 1:36 PM, Staff B stated she was not aware Resident #1's NOMNC was not signed. On 10/14/25 at 1:48 PM, the Director of Nursing (DON) stated the facility did not know a signature was required if a call to the POA or representative was documented.A document titled SNF Notices of Non-Coverage - ABN/NOMNC revised 11/15/23 indicated the ABN (Advance Beneficiary Notice) must be reviewed with the beneficiary, or his/her representative and any questions raised during that review must be answered before it is signed. It also indicated ABNs are never required in emergency or urgent care situations. Once all blanks are completed and the form is signed, a copy is given to the beneficiary or representative.

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
	165501	A. Building B. Wing	10/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Community Care Center	325 Southwest Seventh Street Stuart, IA 50250

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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 - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165501	A. Building B. Wing	10/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Community Care Center	325 Southwest Seventh Street Stuart, IA 50250

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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 - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interviews, and policy review, the facility failed to complete a discharge summary and discharge Plan of Care for 4 of 4 residents (#1, #3, #4, #5) reviewed. The facility reported a census of 49 residents.Findings include:1. The Minimum Data Set (MDS) for Resident #1 dated 6/27/25 indicated Resident #1 had a Brief Interview for Mental Status (BIMS) score of 11 out of 15 which indicated moderately impaired cognition. It included diagnoses of anemia, hypertension, renal failure, malnutrition, and metabolic encephalopathy (improper brain functions due to a metabolism disorder). It revealed the resident was admitted on [DATE] and received Occupational Therapy (OT) and Physical Therapy (PT) services.The Physical Therapy Treatment Encounter Note(s) dated 6/30/25 indicated the resident was a fall risk but tolerated facility mobility without the use of an assistive device. It also indicated she was ready to discharge to her daughter's home the next day.The Transfer/Discharge Report dated 6/27/25 indicated the resident was alert and oriented x 3, ambulated without an assistive device, was continent of bowel and bladder, and was able to feed herself. It also indicated she met her level of functioning but did not include a summary of her OT or PT services.The Progress Notes dated 7/01/25 at 10:45 AM indicated the resident discharged home with her daughter who received and understood the discharge instructions.The resident's Medical Record lacked a Discharge Summary and Plan of Care.2. The MDS for Resident #3 dated 9/15/25 indicated Resident #3 had a BIMS of 12 out of 15 which indicated moderately impaired cognition. It included diagnoses of diabetes mellitus, thyroid disorder, and displaced fracture of the lateral malleolus of the right fibula (right outer ankle bone). It revealed the resident was admitted on [DATE] and received OT and PT services.The Transfer/Discharge Report dated 9/29/25 indicated the resident was alert and oriented x 3, ambulated with a walker, was continent of bowel and bladder, and was able to feed herself. It also indicated she met her level of functioning but did not include a summary of her OT or PT services.The Progress Notes dated 10/03/25 at 10:30 AM indicated the resident was discharged home and accompanied by her daughter. It also indicated the discharge instructions were given and understood but did not indicate by whom.The resident's Medical Record lacked a Discharge Summary and Plan of Care.3. The MDS for Resident #4 dated 7/15/25 indicated Resident #4 had a BIMS score of 15 out of 15 which indicated completely intact cognition. It included diagnoses of atrial fibrillation (irregular heart rhythm), heart failure, chronic kidney disease, and fractured left hip. It revealed the resident was admitted on [DATE] and received Occupational Therapy (OT) and Physical Therapy (PT) services.The Physical Therapy PT Therapy Progress Report dated 7/21/25 indicated the resident had not met one (1) short-term goal (STG) and one (1) long-term goal (LTG). The Transfer/Discharge Report dated 7/21/25 indicated the resident was alert and oriented x 4, ambulated with a walker, was continent of bowel and bladder, and was able to feed himself. It also indicated he met his level of functioning, was discharged home with PT, nursing, and an aide but did not include a summary of his OT or PT services.The Progress Notes dated 7/26/25 at 10:58 AM indicated the resident signed the discharge instructions and stated his daughter would pick him up that afternoon to take him home.The resident's Medical Record lacked a Discharge Summary and Plan of Care.On 10/14/25 at 12:18 PM, Staff A, Physical Therapist (PT) stated the PT Home Evaluation for Resident #4 had been completed but not attached to his medical record. She confirmed the family did not get a copy of the Home Evaluation form upon discharge. A document titled Home Safety Checklist dated 7/22/25 indicated the resident was seen in his home with his son and was able to transfer in and out of the car and enter his home with a front-wheeled walker; both with stand-by assistance. It indicated no concerns limiting the discharge plan. It also indicated the resident was educated to manage the care needs for himself and allow others to assist his wife who will return home in 1-2 weeks.4. The MDS for Resident #5 dated 7/25/25 indicated Resident #5 had a BIMS score of 15 out of 15 which indicated completely intact cognition. It included diagnoses of heart failure, chronic kidney disease, and right shoulder replacement surgery. It revealed the resident began Medicare Occupational Therapy (OT) and Physical Therapy (PT) services on 7/18/25.The Physical Therapy Treatment Encounter Note(s) dated 7/28/25 indicated the resident was a fall risk and oxygen dependent but decided to return home against PT recommendations. It also indicated she would benefit from continued services to improve her strength and balance.The Transfer/Discharge Report dated 7/28/25 indicated the resident required a one-person assist with a gait belt for ambulation, was continent of bowel and bladder, and was able to feed herself. It also indicated she met her level of functioning but did not include a summary of her OT or PT services.The