

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165522	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/14/2026
NAME OF PROVIDER OR SUPPLIER Parkview Manor Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1009 Third Street Reinbeck, IA 50669	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, staff and resident interviews, policy review and observations the facility failed to respond timely (defined as 15 minutes or less) to a resident's request for assistance for 2 of 3 residents reviewed (Residents #3 and #4). The facility reported a census of 27 residents. Findings include: 1. Resident #3's Minimum Data Set (MDS) assessment dated [DATE], identified a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. Resident #3 required substantial assistance of 1 staff for showers and hygiene tasks. Resident #3 used a positioning bar to assist with moving about in bed. They required the use of a standing mechanical lift for moving from bed to chair and couldn't stand on their own. She used a wheelchair to move about the facility. The MDS included diagnoses of heart failure and a history of falls with fractures. The Care Plan Focus revised 5/23/25 indicated Resident #3 had an activity of daily living (ADL) self-care performance deficit. The Interventions directed the staff to assist Resident #3 with transfers with the use of a standing mechanical lift. In addition, the Interventions instructed to provide assistance with bathing, hygiene needs, and toileting. On 1/12/26 at 12:50 PM, Resident #3 stated the staff didn't respond within 15 minutes to her call light. She reported she timed the response times and indicated about 4-5 times a week it takes the staff a long time to answer her call lights. Review of an electronic call light log audit form provided by the facility revealed Resident #3 put on her call light on 1/11/26 at 1:30 PM. No one answered the call light for 27:21 minutes. 2. Resident #4's Minimum Data Set (MDS) assessment dated [DATE] identified a BIMS score of 15, indicating intact cognition. The resident has impairment to both legs and utilizes a wheelchair to move about the facility. Resident #4 is dependent on staff for toileting and hygiene needs with frequent urinary incontinence. The MDS included diagnoses of carotid stenosis (a blockage of the blood vessels that increases the risk for a stroke), dysthymic disorder (a form of depression that lasts longer than 2 years), and breast cancer. The Care Plan Focus dated 11/12/25 reflected Resident #4 had an ADL self-care performance deficit related to a history breaking their right and left ankles that developed osteoarthritis (wearing of the protective cartilage that cushions the ends of the bones, leading to pain, stiffness, and reduced mobility). The Interventions directed the staff to transfer Resident #4 with a standing mechanical lift to the commode with assist of 1 staff. In addition, Resident #4 required assistance of 1 staff for repositioning in the recliner, moderate assistance to dress, and total dependence from staff for bathing. On 1/12/26 at 12:10 PM, Resident #4 stated she used her call light to alert staff of her needs. She added they didn't always answer her call light within 15 minutes. She explained if they didn't answer her call light timely, she used her cell phone to call to the nurses' desk to alert someone she needed assistance. Resident #4 felt the facility is short staffed and used a lot of Agency staff. The review of an electronic call light response time audit form provided by the facility revealed the following response times after Resident #4 activated her call light: On 1/10/26 at</p> <p>(continued on next page)</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
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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>8:57 AM call light activated, responded 44:50 minutes later. On 1/10/26 at 1:39 PM, call light activated, responded 1 hour 2 minutes later. On 1/11/26 at 1:30 PM, call light activated, responded 27:21 minutes later. On 1/14/26 at 10:00 AM Staff A, Director of Nursing, reported she didn't know residents complained about their call lights not getting answered timely. She stated every Tuesday the Corporation ran a call light response time audit and stated they always return in the green zone which she thought it meant the call lights are answered within 15 minutes. She stated there has been a few complaints from resident families at Care Conferences regarding call lights, but she felt she addressed those issues. The Call Light Response policy dated April 2019 instructed the staff to respond to call lights within 15 minutes. In addition, the policy directed the facility to notify staff of call lights or resident needs in one of the following ways: Lights above door or call light panel at nurse's station, or, Via handheld electronic device.</p>