STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165523	A. Building B. Wing	09/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estherville Community Care Center	2001 First Avenue North Estherville, IA 51334

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical records, facility policy and staff interviews the facility failed to provide a safe environment free from financial exploitation of dependent adult abuse for 3 of 3 residents reviewed (Resident #32, #41 and #43).The facility reported a census of 33 residents. Findings include:A. The Minimum Data Set (MDS) assessment dated [DATE] for Resident #41 documented diagnoses of cancer, anxiety disorder and depression. The MDS showed the Brief Interview for Mental Status (BIMS) score of 14, which indicated no cognitive impairment.The Clinical Census report for Resident #41 documented a discharge date of 4/4/25.In an interview on 9/16/25 at 2:08 PM, the son of Resident #'41 reported several months after the resident transferred from the facility, Resident #41's bank notified him of fraudulent charges to a debit card account. The charges started during the time Resident #41 resided at the facility. The fraudulent charges totaled over $13,000. The son reported Resident #41 had a debit card on her person while at the facility. The son stated, both mom and dad couldn't have used the card, they were too far out of it at the time.In an interview on 9/25/25 at 10:48 AM, a local law enforcement officer confirmed criminal charges filed against Staff A, Certified Nursing Assistant (CNA) in relation to fraudulent purchases made to Resident #41's debit card account in the approximate amount of $1,500 in part by using the numbers from the debit card in a phone application to make purchases online. The officer reported additional criminal charges were pending further evidence with an approximate total of $8,500 in fraudulent charges to Resident #41's debit card account. In an interview on 9/24/25 at 1:26 PM, the Administrator reported no knowledge of fraudulent charges to Resident #41's debit card account. The Administrator reported terminating Staff A on 8/18/25 due to in April law enforcement removed Staff A from the facility for unknown reasons and because of recently learning of another resident's missing money and a debit card. The Administrator stated, I looked Staff A up on Iowa Courts Online and found criminal charges for Theft 2nd degree against older individuals, fraudulent practices and unauthorized use of a credit card.B. The Minimum Data Set (MDS) assessment dated [DATE] for Resident #43 documented diagnoses of bipolar, spinal stenosis and muscle weakness. The MDS showed the Brief Interview for Mental Status (BIMS) score of 14, which indicated no cognitive impairment. The MDS indicated discharge home occurred on 6/20/25.The undated Incident Report for Resident #43 recorded the following: Husband came in with a credit card statement showing charges on their account, didn't know if it happened at the facility while she stayed here. The charges occurred in June, local law enforcement notified 8/7/25 when statements were brought in. There is an ongoing investigation at this time with local authorities, who will update the facility when they are able to. Incident Report showed staff read and reviewed financial abuse policy on 8/8/25. All cognitive residents were interviewed on 8/11/25 and all residents were educated on a lock box option 8/11/25. In an interview on 9/17/25 at 8:26 AM, Resident #43 reported discharging from the facility on 6/20/25. After leaving the facility Resident #43 stopped at a department store where she discovered the debit card missing from her purse. Resident #43's husband went to the bank on approximately 6/24/25 and found several fraudulent charges in the amount of almost $900. Resident #43 reported she kept the debt card in her purse at the facility (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

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	which she kept in the closet of her room. Resident #43 reported to be absent from her room every morning while she attended physical therapy. Resident #43 stated, staff would have known I was at therapy. Resident #43 reported when her husband notified the facility, the Administrator had a hunch about who did it. Resident #43 stated, the Administrator said a certain person had taken odds and ends from the nursing home and they had taken care of it. Review of Resident #43's bank statement showed the first fraudulent charge attempted on 6/19/25 with the last transaction for this timeframe occurring on 6/24/25. The fraudulent charges occurred for online purchases and at the gas station. In an interview on 9/24/25 at 1:26 PM, the Administrator reported when the family reported the credit card charges the facility notified law enforcement, educated staff and interviewed residents. During interviews the facility discovered another resident with missing cash and possibly a missing or stolen credit card, the resident and husband couldn't confirm if the resident lost the card or if it was stolen. The Administrator stated, I know it was abuse, and I know there's an abuse tag coming. We've done all the education. The Administrator also indicated Staff A no longer worked at the facility.In an interview on 9/25/25 at 10:48 AM, a local law enforcement officer reported evidence obtained of Staff A, CNA attempting to withdraw money from Resident #43's bank account at a drive through window at a bank. The officer confirmed charges filed against Staff A. The officer could not provide further details as the investigations are ongoing and evidence of further fraudulent charges are expected to be obtained. C. The Minimum Data Set (MDS) assessment dated [DATE] for Resident #32 documented diagnoses of cancer, need for assistance with personal cares and reduced mobility. The MDS showed the Brief Interview for Mental Status (BIMS) score of 15, which indicated no cognitive impairment. The Incident Report dated 8/11/25 for Resident #32 indicated the resident's husband reported $40 to $50 in cash and possibly a credit card missing. The Administrator reported the incident to law enforcement and the husband planned to go home to look for the missing card and to check for fraudulent charges. In an interview on 9/24/25 at 10:26 AM, Resident #32 reported money taken from a pink canvas cross body purse that she kept in a dresser at the foot of her bed. Resident #32 reported her husband would know more about how much money was taken as he usually handled the finances. Resident #32 reported the missing money to the facility but could not recall further details. In an interview on 9/24/25 at 12:17 PM, Resident #32's husband reported he placed cash in the resident's pink purse for a haircut. The husband placed bills of $20 x1, $10 x2, $5 x1, and $1 x2-3. The husband stated, someone took everything except the $5 and $1 dollar bills. The husband reported the purse to be located in the bedside table. After the money went missing he moved the purse to the dresser. The husband reported cash went missing the second time when he left money in the resident's purse for a funeral. The husband placed bills of $10 x1 and $1 x5-6. The next time they looked the $10 bill was gone along with a credit card. The husband reported he immediately reviewed his bank statement and didn't have any fraudulent charges and successfully closed the account before any charges could be made. The husband surmised about $40-50 in total missing. The husband reported the resident told him she wasn't sure if she placed the credit card back in her purse as she was attempting to make a purchase or may have left the card in a magazine or within the bedding. In an interview on 9/24/25 at 1:26 PM, the Administrator reported no further missing money, cards or other items since Staff A last worked at the facility. The Administrator reported reimbursing Resident #32 in the amount of $50. The Reporting Abuse to Facility Management last reviewed in August 2026 defined abuse as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. The policy also identified abuse and misappropriation of a resident's prosperity is defined as the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, staff interviews and the Resident Assessment Instrument (RAI) Manual, the facility failed to accurately document and submit an accurate resident Minimum Data Set (MDS) Assessment for 2 of 2 residents reviewed (Resident #7 and #18). The facility reported a census of 33 residents. Findings include: 1. Resident #7's MDS assessment dated [DATE] documented a BIMS score of 13, indicating intact cognition. The MDS included diagnoses of bilateral primary osteoarthritis of knee, colon cancer, anemia, chronic obstructive pulmonary disease, and atrial fibrillation. The MDS further documented the bed rails used as a physical restraint (any manual method, physical, or mechanical device, material or equipment attached or adjacent to the resident's body the individual cannot remove easily which restricts freedom of movement or normal access to one's body). Resident #7's Care Plan documented that she could go from lying to sitting on the edge of bed independently. The intervention documented Resident #7 requested a transfer assist rail for the right side of the bed so she may maintain independence and mobility. On 9/17/2025 at 10:50 AM MDS Coordinator reported she just found out she marked it wrong but hadn't got to do a modification yet. The MDS Coordinator reported she did mark it as a siderail on the MDS. She further verbalized it does not restrict Resident #7's movement. The MDS Coordinator reported it is not a restraint then it should not be coded on the MDS. The RAI manual dated October 2025 documented in Chapter 3 page P-6 that bed rails are used with residents who are immobile. If the resident is immobile and cannot voluntarily get out of bed because of a physical limitation or because proper assistive devices were not present, the bed rails do not meet the definition of a physical restraint. 2. According to the MDS assessment dated [DATE] Resident #18 demonstrated long and short term memory problems and severely impaired skills for daily decision making. Diagnoses included non-Alzheimer's dementia, anxiety disorder, depression, and psychotic disorder. The MDS identified the resident took an antipsychotic and antidepressant medication. The MDS did not indicate the resident took antianxiety medication. CMS's Resident Assessment Instrument (RAI) Version 3.0 Manual included a section for high risk drug classes, their use and indication. The instructions included checking the box if the resident took any of the medications during the last 7 days. The Care Plan dated 1/11/23 identified the resident used anti-anxiety medication (Buspar) related to an anxiety disorder. The Medication Administration Record's for June and July 2025 documented the resident took Buspirone (Buspar) 5 mg 2 times a day related to dementia with anxiety, including the lookback period (7 days) for completing the MDS. On 9/17/25 11:17 a.m. the MDS Coordinator stated she didn't know why the Buspar didn't get on the MDS. She would have to check it. At 11:35 a.m. the MDS Coordinator stated she fixed MDS related to the residents use of Buspar. A modification MDS for 7/2/25 made a change to antianxiety use to yes dated 9/17/25.

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, policy and staff interview, the facility failed to submit a Preadmission Screening and Resident Review (PASRR) evaluation for 1 of 2 residents reviewed with a new mental health diagnosis (Resident #3). The facility reported a census of 33 residents. Findings Include:Resident #3's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. The MDS included diagnosis of depression, anxiety, Psychotic Disorder and Post Traumatic Stress Disorder (PTSD). Resident #3's Level 1 PASRR dated 6/19/24 lacked a diagnosis of Psychotic disorder and PTSD. Resident #3's clinical record lacked a PASRR after 6/19/24. On 9/17/2025 at 10:30 AM, the Director of Nursing (DON) verbalized she submitted PASRR submissions. She reported she did not complete a new one for Resident #3 because the doctor keeps changing her medications around. She was not aware of the PASRR lacked the diagnoses of Psychotic Disorder and PTSD. The facility policy titled Pre-admission Screening and Resident Review revised 11/2016 lacked direction with a resident with a newly identified mental health diagnosis.

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interview and policy review, the facility failed to provide trauma informed care with PTSD (Post Traumatic Stress Disorder) and was not assessed for potential triggers that could cause re-traumatization for 1 of 1 residents reviewed (Resident #3). The facility reported a census of 33 residents. Findings include: Resident #3's Minimum Data Set (MDS) dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. The MDS included diagnoses of anxiety, depression, PTSD, and psychotic disorder. Resident #3's behavioral health psych visit notes documented the resident had childhood trauma and history of suicidal attempts in the past. It further documented Resident #3 was grieving the loss of her husband who died a year ago. Resident #3's Care Plan lacked documentation of PTSD, history of suicidal history and loss of her husband. It further lacked potential triggers that could cause the re-traumatization and possible triggers that would cause her suicidal ideations. The Care Plan lacked goals, triggers and interventions for the mental health diagnoses. On [DATE] at 10:32 AM the MDS Coordinator reported she reviews the medications a resident is on and then puts together the care plan based on the medications. She reported she does not get the psych notes to know what is on it. She reported the facility is lacking on that part to make sure things are on the care plan and triggers are documented. She verbalized she was not aware trauma needed to be assessed and care planned. The facility policy for comprehensive care plans last revised 4/2025 documented trauma informed care incorporates knowledge about trauma into care plans and practices to avoid re-traumatization.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility failed to ensure residents were offered and received the pneumonia vaccine for 1 of 5 residents reviewed (Resident #3). The facility reported a census of 33 residents.Findings include:According to the Minimum Data Set (MDS) assessment dated [DATE], Resident #3 scored 15 on the Brief Interview for Mental Status indicating no cognitive impairment. The MDS documented the resident was not up to date with the pneumonia vaccine, and it was not offered. The Clinical-Immunizations page lacked an entry for a pneumonia vaccine. A Pneumococcal Vaccine Consent dated 6/28/24 documented the resident e-signed that she had been educated on the risks and benefits of the pneumonia vaccine and gave permission for receiving the vaccine. The clinical record lacked documentation the resident received the pneumonia vaccine. According to the MDS assessment dated [DATE] the resident was not up to date with the pneumonia vaccine, and it was not offered. On 9/17/25 at 2:34 PM the Infection Preventionist stated she could not find anything on the pneumonia vaccine for the resident. On 9/18/25 at 10:44 a.m. the Director of Nursing stated when they did the admission packet they did not tell her the resident consented to the pneumonia vaccine. The facility Vaccination of Residents, Including Influenza, Pneumococcal, RSV and Covid-19, Reporting of documented residents would be offered flu, pneumovax and Covid-19 vaccinations per the CDC and CMS guidelines, based upon availability to the community.