

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165524	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER Bethany Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE Seven Elliott Street Council Bluffs, IA 51503	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37074</p> <p>Based on observations, clinical record review, staff interviews, resident interviews, facility investigative files and facility policy review the facility failed to treat 5 of 5 residents (Resident #2, #5, #6, #7, and #8) with dignity and respect. The facility reported a census 85 residents.</p> <p>Findings include:</p> <p>1. According to the quarterly Minimum Data Set (MDS) assessment tool with a reference date of [DATE], Resident #2 had a Brief Interview of Mental Status (BIMS) score of 14. A BIMS score of 14 suggested no cognitive impairment. The MDS documented the following diagnoses: cancer, anemia, dementia, and depression.</p> <p>The Care Plan focus area with an initiation date of [DATE] documented he is at risk for decline with his activities of daily living (ADLs) related to dementia, cancer and osteoporosis. The care plan documented he required assistance with washing his back, feet and legs during baths.</p> <p>Review of a statement dated [DATE], completed by the Director of Nursing (DON), revealed she documented she interviewed Resident #2 and he stated Staff A came into his room and asked if he wanted to have a shower. Resident #2 stated yes and staff said to him to get undressed and she would take him to the shower room. Resident #2 stated Staff A took him to the shower room in his underwear. When asked if anything was put over him, the resident stated no.</p> <p>On [DATE] at 9:51 AM Resident #2 indicated he usually gets himself ready and dressed. He denied being in the hallway with staff in his underwear on his way to the shower room. When asked if it has always been this way this year, he could not recall.</p> <p>On [DATE] at 1:13 PM the DON stated that as she was walking down the hall Resident #5 stated he wanted to talk to her about his roommate Resident #2. He was upset on how Resident #2 was treated while getting ready for a shower by Staff A, he was not kind to him. This prompted her to go talk to Resident #2. Resident #2 stated Staff A told him to get undressed for his shower, so he did, then he sat in the shower chair. When asked if he had clothes on, the resident stated he did not have pants on as Staff A took him out in the hall to the shower room. The DON explained to him that should not happen and will never happen again. The resident told the DON he is from the military and had no issues with it but she told him others may have been bothered by it.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165524	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER Bethany Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE Seven Elliott Street Council Bluffs, IA 51503	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On [DATE] at 9:53 AM a call placed to Staff A with no answer and his voicemail had not been set up. A text message sent to return the call. At the conclusion of the investigation, Staff A had not returned the call.</p> <p>2. According to the annual MDS assessment tool with a reference date of [DATE], Resident #5 had a BIMS score of 13. A BIMS score of 14 suggested no cognitive impairment. The MDS documented he used a wheelchair. The MDS listed the following diagnoses: chronic lymphocytic leukemia of b-cell, cancer, hyperlipidemia, thyroid disorder, sepsis, and sleep apnea.</p> <p>The Care Plan focus area with an initiation date of [DATE] documented he is at risk for ADL decline due to his diagnoses of leukemia and heart disease. The care plan documented he is frequently incontinent of bladder, wore briefs and a catheter at night. The care plan documented staff are to assist with transfers on and off the toilet with a mechanical lift, perform peri-care and clothing management.</p> <p>On [DATE] at 1:49 PM Resident #5 stated there was an incident yesterday that surprised him because nothing like that has happened here. Resident #5 stated he needed to go to the restroom so he used his call light. A person showed up and asked what he needed and he told her he needed to use the restroom. He told her he needed the mechanical lift and she told him he could not use it even though he has been using it for a year, so he was unsure why he couldn't. She just told him he can't use it. He was sitting in his recliner when she used both of her hands to shove him back in to the chair, he told her you can't do that. She then slammed his door as she walked out of his room. He had never seen this staff member before. He told her he would just pee in his pants if she does not help him. The staff member told him, that's just tough because I am not helping you, so he went to the bathroom in his pants a couple of times. The person that runs the facility walked by, she popped in and told her he needed to use the bathroom. She told him she would get some help. His lunch arrived and the interview was concluded until a later time. On [DATE] at 10:03 AM during a follow up interview Resident #5 stated after that CNA left the room two other staff members came in and assisted him to the bathroom without issues. He stated he was upset that day when he urinated himself. Observed a sign on the resident's wall next to his bed that stated he used a mechanical lift for transfers.</p> <p>On [DATE] at 1:22 PM the Director of Nursing (DON) stated she interviewed Resident #5 and he was upset by what had happened. He indicated Staff E had him in the mechanical lift and it stopped working so she put him back in the recliner. When she interviewed Staff E she provided that he was getting him out of the recliner with the mechanical lift. The DON asked Staff E if she had another staff member in the room with her, she denied having someone with her. It is the facility's policy to have two staff members present when using a mechanical lift. When she told Staff E this, she stated yea I know. Staff E stated she went to get him up and the lift stopped moving. The DON clarified that Staff E was moving Resident #5 in the lift and Staff E stated yes, she had him in the mechanical lift, transferring him from the recliner to the bathroom. While she was assisting him, the mechanical lift stopped working, it stopped lifting him up. Staff E asked Resident #5 if he wanted to continue to the bathroom or go back to his recliner. He wanted to go back to his recliner but still needed to go to the bathroom. She gave him options: he could go to the bathroom or could sit in the recliner and pee.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165524	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER Bethany Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE Seven Elliott Street Council Bluffs, IA 51503	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On [DATE] at 2:36 PM Staff D stated the Administrator asked her to go help Resident #5 to go to the bathroom because another staff member had refused to help him. Resident #5 was thankful when she walked in to help him and told her the other CNA had him in the mechanical lift, it died and she told him to piss himself. Staff D indicated they used the same lift that Staff E had allegedly used and it worked just fine. She assumed it was the same one because it was right outside Resident #5's room. When her and Staff F assisted Resident #5 to the restroom his brief was dry, he just had a bowel smear. Resident #5 stated he was flabbergasted by what happened and kept saying I can't believe that happened.</p> <p>On [DATE] at 12:39 PM Staff F stated there was a girl in with Resident #5, Staff E she did not work but an hour that day. He remembered he was an agency staff member. He went in with Staff D CNA to assist Resident #5 because another staff member went in to help him with a mechanical list. The mechanical lift battery died , she allegedly put him back in the recliner and told him to pee in his adult brief because she could not find help. When he and Staff D went in with the mechanical lift, it worked just fine. Staff F stated he would not doubt if Staff E told Resident #5 to pee in his brief, she had such an attitude and that it was only him and Staff E in the room. Resident #5 told Staff F that some girl was rude to him. When asked what happens when a mechanical lift's battery is low, he stated it will say to swap the battery but could still be used.</p> <p>On [DATE] at 10:10 AM the Administrator stated Resident #5 told her that Staff E told him to piss himself and that's what he told his Power of Attorney (POA). Staff E was dismissed from the facility and put on their Do Not Return list and they notified her staffing agency.</p> <p>On [DATE] at 11:13 AM Staff E stated Resident #5 has pressed his call light, when she went in there he stated he needed to use the bathroom. The batteries in the mechanical lifts there are not good or always dead. She put a new battery in a mechanical lift prior to going into Resident #5's room. She went in to get him up with the lift and the lift stopped working in the middle of the transfer. He wanted to be put back in the recliner because his arm hurt. She told him she would put him back in the recliner but he stated he needed to go to the bathroom. When the lift stopped working, Resident #5 was not standing up all the way but far enough that she could put him on the toilet. As she was attempting to move him in the lift to the bathroom Resident #5 started to say no no no and wanted to go back to his recliner. The chair was not low enough for him to clear the seat while in the lift. Staff E stated she had to shove him back in to the recliner, then came to the back and pulled him to the back of the recliner. She told him she would need to find some help and another lift. She also told him he had a brief on and may need to go to the restroom in it if she can't find help fast enough.</p> <p>3. According to the quarterly MDS assessment tool with a reference date of [DATE], Resident #6 had a BIMS score of 15. A BIMS score of 15 suggested no cognitive impairment. The MDS documented the resident utilized a wheelchair. The following diagnoses were listed for Resident #6: dementia, cancer, renal failure, stroke, seizure disorder and depression.</p> <p>The Care Plan focus area with an initiation date of [DATE] documented Resident #6 was a risk for ADL decline related to her diagnoses of dementia, seizures, and chronic obstructive pulmonary disease (COPD). The care plan documented she transferred with assistance of two staff with a walker.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165524	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER Bethany Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE Seven Elliott Street Council Bluffs, IA 51503	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On [DATE] at 9:13 AM the resident indicated staff were great with her with the exception of a couple staff members but they have since disappeared, they fired one of the girls the other night. When asked what happened she stated she wanted to go to the bathroom. The staff member stepped out of the room and came back with a mechanical lift. Resident #6 told the female staff member that she did not need the mechanical lift because she used a walker and wheelchair. The staff member said no, you can't, that she saw her last week and could not walk. Resident #6 stated she could walk short distances but that staff member insisted that she could not walk. The resident asked her to leave but she would not. Resident #6 stated she yelled, that's when two staff members came in the room and asked that female staff member to leave the room. She left but she came back in the room and followed them to the bathroom. The two other staff members were with her the whole time. When asked how this made her feel she stated it solidified in her mind that there was a problem and she was helpless and worthless. She could not remember the staff members name that would not help her because that was the first time she saw her. It made her mad when that staff member told her she could not use her legs. Observed a sign on the wall to the right of her bed that stated transfers with 2 for stand pivot transfer. When asked how long that sign had been there she stated before this all happened.</p> <p>On [DATE] at 2:40 PM Staff D CNA stated while assisting Resident #5 in his room, she heard screaming coming from Resident #6's room. When she entered the room Resident #6's recliner had been lifted all the way up to the standing position. Staff E CNA was telling Resident #6 that she could not walk, that her legs did not work. Resident #6 said get this b*tch out of my room. Staff D told Staff E to leave the room as Resident #6 was shaking and bawling. Staff E kept on saying you can't use your legs to Resident #6. Staff D told Staff E again to leave the room and she did. Staff D noticed Resident #6 had a gait belt on. Staff D and Staff F CNA assisted Resident #6 to the bathroom with her gait belt. They were trying to calm her down and kept apologizing. Once Resident #6 was back in her recliner she had settled down.</p> <p>On [DATE] at 12:46 PM Staff F stated he and Staff D were assisting Resident #5 in his room when he could hear Resident #6 and Staff E. Staff E told Resident #6 the last time she worked at the facility she was not walking. Resident #6 tried to tell Staff E 4 to 5 times that she can walk, she had had therapy and was currently walking. Staff E told her no. Staff #6 started to yell and that's when Staff F went in to see what was going on. When he arrived Staff E was standing beside the recliner that Resident #6 was sitting in, arguing with the resident. The resident had a gait belt on and it looked like Staff E was going to stand pivot her to the wheelchair but she wanted to walk. Staff F stated he wanted to help deescalate the situation because Resident #6 was pretty upset. Staff E was just rude to her sort of antagonizing her, just kept saying you are not walking. Him and Staff D were able to calm Resident #6 down after Staff E left the room.</p> <p>On [DATE] at 11:13 AM Staff E stated she had not worked with Resident #6 for about a week. So when she wanted assistance going to the bathroom she brought in a mechanical lift. Resident #6 told her she did not use the lift and Staff E told her it was fine. Staff E stated Resident #6 wanted to transfer with a walker but her feet don't work unless there are two people there to assist her. Staff E stated no one told her that, but the last time Staff E assisted Resident #6, she would not use her legs to help with the transfer and they almost fell. She mentioned this to Resident #6 and she should not have because Resident #6 got mad at her and wanted her out of her room. Staff E acknowledged she saw the sign on the wall that stated the resident required two person assist with a gait belt, it has been there about a month. She added that she never saw anyone transfer the resident this way and she had always transferred the resident by herself. She denied raising her fist at her or acting in a degrading manner.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165524	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER Bethany Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE Seven Elliott Street Council Bluffs, IA 51503	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. According to the admission MDS assessment tool with a reference date of [DATE], Resident #7 had a BIMS score of 14. A BIMS score of 14 suggested no cognitive impairment. The MDS documented she utilized a walker and required partial/moderate assistance with shower/bathing herself. The MDS documented the following diagnoses for Resident #7: pulmonary hypertension, heart failure, renal failure, dementia, and depression.</p> <p>The Care Plan focus area with an initiation date of [DATE] documented she was at risk for activities of daily living (ADLS) decliner related to her diagnoses of vascular dementia and history of a stroke. The care plan documented Resident #7 required limited assistance with dressing her upper body and more assistance with dressing her lower body.</p> <p>On [DATE] at 1:40 PM Resident #7 stated she had already talked to staff about how things are going here. She agreed to answer a few more questions. She indicated staff don't always cover her up all the way when coming from the shower room to her room after a shower. When asked how often this happened she asked why must she talk about this again.</p> <p>Review of a statement dated [DATE], completed by the DON she documented she went to the floor to investigate what was happening with the residents. She witnessed Staff A Agency Certified Nursing Assistant (CNA) pushing Resident #7 down the hall with her shirt on and did not have her pants on. The bottom half of her body exposed. She stopped the aide and explained that the resident needed to have a bath blanket to cover her and that residents cannot be exposed in this fashion.</p> <p>On [DATE] at 1:13 PM the DON stated she was working on another investigation when she noticed Resident #7 being pushed down the hall in her wheelchair by Staff A with only a shirt on and no pants on. Resident #7 oblivious as to what was going on. The DON took over and told the resident, lets get you in your room. She assisted her to her room, and another CNA got a bath blanket.</p> <p>5. According to the quarterly MDS assessment tool with a reference date of [DATE], Resident #8 had a BIMS score of 3. A BIMS score of 3 suggested severe cognitive impairment. The following diagnoses were listed for Resident #8: encephalopathy, neurogenic bladder, diabetes mellitus, and dementia.</p> <p>The Care Plan focus area with an initiation date of [DATE] documented Resident #8 at risk for decline with her ADL's because of her dementia. The care plan documented she required assist of staff with dressing both upper and lower body.</p> <p>On [DATE] at 3:20 PM observed Resident #8 sitting in a shower chair with a blanket wrapped around her but left her upper thighs and lower legs exposed as staff assisted a resident in their wheelchair by Resident #8. Staff B CNA stood behind Resident #8 and attempted to pull the blanket down to further cover the resident. The blanket not long enough to completely cover Resident #8 as she sat in the shower chair in the hall by the shower room on the first floor. At 3:23 PM Staff B pushed the resident in the shower chair to her room. At 3:24 PM Staff B push Resident #8 out of her room and in to the shower room, with her upper thighs and lower legs still uncovered.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165524	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER Bethany Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE Seven Elliott Street Council Bluffs, IA 51503	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On [DATE] at 12:50 PM the Assistant Director of Nursing (ADON) stated there is ongoing education with staff on covering up the residents during transfers to and from the shower room. Staff are now being told that if the resident is able to, take them to the shower room fully dressed, then undress them in the shower room. After their shower/bath dress them, then bring them out. If the residents are unable to do this then they need to be completely wrapped in a bath blanket; from their shoulders to their feet. The need to make sure no skin is showing.</p> <p>The facility provided two different documents titled: Prompt Sheet for Shower and Prompt Sheet for Whirlpool Bath last revised date [DATE]. The documents instructed staff to assist the resident out of the shower and cover with towels or bath blanket to keep the resident warm.</p> <p>The facility provided an undated document titled Residents' Rights. All residents have the right to equal access to quality care regardless of diagnosis, severity of condition, or payment source. You have the right to be treated with respect and dignity. You have the right to the reasonable accommodation of your needs so long as it doesn't endanger the health or safety of you or other residents.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165524	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER Bethany Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE Seven Elliott Street Council Bluffs, IA 51503	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37074</p> <p>Based on observations, clinical record review, resident interviews, staff interviews, facility investigative file review and facility policy review, the facility failed to transfer 2 of 3 residents (Resident #5 and #6) in a manner to prevent any accidents and hazards. Staff transferred Resident #5 using a mechanical lift and one staff member. Staff also attempted to transfer Resident #6 with one staff instead of two. The facility reported a census of 85 residents.</p> <p>Findings include:</p> <p>1. According to the annual MDS assessment tool with a reference date of [DATE], Resident #5 had a BIMS score of 13. A BIMS score of 14 suggested no cognitive impairment. The MDS documented he used a wheelchair. The MDS listed the following diagnoses: chronic lymphocytic leukemia of b-cell, cancer, hyperlipidemia, thyroid disorder, sepsis, and sleep apnea.</p> <p>The Care Plan focus area with an initiation date of [DATE] documented the resident at risk for ADL decline due to his diagnoses of leukemia and heart disease. The care plan documented him frequently incontinent of bladder, wears briefs and a catheter at night. The care plan documented staff to assist with transfers on and off the toilet with a mechanical lift, perform peri-care and clothing management.</p> <p>On [DATE] at 10:03 AM Resident #5 stated Staff C, Certified Nursing Assistant (CNA) would assist him to the bathroom with a mechanical lift. He added when he would do this his hands would hit the metal frame of the bathroom entrance. When asked if Staff C had another staff member with him during the transfers with the mechanical lift, he stated it was just Staff C. Since hitting his hands on the door frame, they now make sure two people are in here assisting Resident #5 while in the mechanical lift.</p> <p>On [DATE] at 1:22 PM the Director of Nursing (DON) stated she interviewed Resident #5 and he was upset by what had happened. He indicated Staff E had him in the mechanical lift and it stopped working so she put him back in the recliner. When she interviewed Staff E she provided that he was getting him out of the recliner with the mechanical lift. The DON asked Staff E if she had another staff member in the room with her, she denied having someone with her. It is the facility's policy to have two staff members present when using a mechanical lift. When she told Staff E this, she stated yea I know. Staff E stated she went to get him up and the lift stopped moving. The DON clarified that Staff E was moving Resident #5 in the lift and Staff E stated yes, she had him in the mechanical lift, transferring him from the recliner to the bathroom. While she was assisting him, the mechanical lift stopped working, it stopped lifting him up. Staff E asked Resident #5 if he wanted to continue to the bathroom or go back to his recliner and he wanted to go back to his recliner.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165524	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER Bethany Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE Seven Elliott Street Council Bluffs, IA 51503	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 2:36 PM Staff D stated te Administrator asked her to go help Resident #5 to the bathroom because another staff member had refused to help him. Resident #5 was thankful when she walked in to help him and told her the other CNA had him in the mechanical lift, it died and she told him to piss himself. Staff D indicated they used the same lift that Staff E had allegedly used and it worked just fine. She assumed it was the same one because it was right outside Resident #5's room. When her and Staff F assisted Resident #5 to the restroom his brief was dry, he just had a bowel smear. Staff D indicated they are to have two staff members while using a mechanical lift with a resident.</p> <p>On [DATE] at 12:39 PM Staff F CNA stated when he and Staff D CNA went in to assist Resident #5 with the mechanical lift, he stated Staff E used the lift on him but the battery died so she had to put him back in the recliner. It was only Staff E that had attempted to assist Resident #5.</p> <p>On [DATE] at 2:42 PM Staff C stated when he would use a mechanical lift for transfers, if he could not find help he would do the lift by himself. He added he did not feel right making the resident wait awhile or them sitting in their own urine and stool while waiting for help. He would complete the transfers by himself. When asked how often this happened, he stated not a lot but 50% of the time people are busy or they can't be found. It's just easier to do the transfer himself. He did acknowledge that he always tried to find someone before using the lifts. Staff C did acknowledge that he would transfer Resident #5 by himself because at times he is in pain and he does not like that for Resident #5. If he can't find help, he would do the lift by himself. When asked if there were times during those transfers that Resident #5 would hit his hands on the door frames, he indicated this does not happen a lot and when it happens its when he is backing the resident back out of the bathroom. It's usually a graze and he would always ask if he was ok and he would always say yes, he was.</p> <p>On [DATE] at 10:10 AM the Administrator stated it was reported to her that Resident #5 had scabbed areas on the tops of his hands. As she spoke to Staff C he informed her that he would use the mechanical lift by himself when assisting Resident #5 with transfers. They immediately suspended Staff C because he was not following the policy to have two staff present for the use of mechanical lifts. Staff C previously went through lift training and competency skills fair that included the use of mechanical lifts. Staff C has had a lot of education in the short time he worked at the facility and he was not getting it.</p> <p>On [DATE] at 11:13 AM Staff E stated Resident #5 has pressed his call light, when she went in there he stated he needed to use the bathroom. The batteries in the mechanical lifts there are not good or always dead. She put a new battery in a mechanical lift prior to going into Resident #5's room. She went in to get him up with the lift and the lift stopped working in the middle of the transfer. He wanted to be put back in the recliner because his arm hurt. She told him she would put him back in the recliner but he stated he needed to go to the bathroom. When the lift stopped working, Resident #5 was not standing up all the way but far enough that she could put him on the toilet. As she was attempting to move him in the lift to the bathroom Resident #5 started to say no no no and wanted to go back to his recliner. The chair was not low enough for him to clear the seat while in the lift. Staff E stated she had to shove him back in to the recliner, then came to the back and pulled him to the back of the recliner. She told him she would need to find some help and another lift. She also told him he had a brief on and may need to go to the restroom in it if she can't find help fast enough. Staff E acknowledged it was just her assisting Resident #5 with the mechanical lift.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165524	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER Bethany Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE Seven Elliott Street Council Bluffs, IA 51503	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. According to the quarterly MDS assessment tool with a reference date of [DATE], Resident #6 had a BIMS score of 15. A BIMS score of 15 suggested no cognitive impairment. The MDS documented the resident utilized a wheelchair. The following diagnoses were listed for Resident #6: dementia, cancer, renal failure, stroke, seizure disorder and depression.</p> <p>The Care Plan focus area with an initiation date of [DATE] documented Resident #6 at risk for ADL decline related to her diagnoses of dementia, seizures, and chronic obstructive pulmonary disease (COPD). The care plan documented she transferred with assistance of two staff with a walker.</p> <p>On [DATE] at 9:13 AM the resident indicated staff were great with her with the exception of a couple staff members but they have since disappeared, they fired one of the girls the other night. When asked what happened she stated she wanted to go to the bathroom. The staff member stepped out of the room and came back with a mechanical lift. Resident #6 told the female staff member that she did not need the mechanical lift because she used a walker and wheelchair. The staff member said no, you can't, that she saw her last week and could not walk. Resident #6 stated she could walk short distances but that staff member insisted that she could not walk. The resident asked her to leave but she would not. Resident #6 stated she yelled, that's when two staff members came in the room and asked that female staff member to leave the room. She left but she came back in the room and followed them to the bathroom. The two other staff members staff with her the whole time. When asked how this made her feel she stated it solidified in her mind that there was a problem and she was helpless and worthless. She could not remember the staff members name that would not help her because that was the first time she saw her. It made her mad when that staff member told her she could not use her legs. Observed a sign on the wall to the right of her bed that stated transfers with 2 for stand pivot transfer. When asked how long that sign had been there she stated before this all happened.</p> <p>On [DATE] at 1:43 PM the Director of Nursing (DON) stated Staff C was very young and this was his first CNA job. They had provided a lot of education about lift trainings what can and can't be done. He was also educated many times on not running Resident #5's into the door frames. When asked if the DON knew why he was using the lifts alone, she stated she had no idea, he knew it was wrong because of all the education they provided him. She believed he could not find staff to help him.</p> <p>On [DATE] at 2:21 PM Staff G CNA stated when using a mechanical lift to help transfer a resident, they are to have two staff members present. She stated Resident #6 transfers with a gait belt and walker.</p> <p>On [DATE] at 11:13 AM Staff E stated she had not worked with Resident #6 for about a week and when she wanted assistance going to the bathroom she brought in a mechanical lift. Resident #6 told her she did not use the lift and Staff E told her it was fine. Staff E stated Resident #6 wanted to transfer with a walker but her feet don't work unless there are two people there to assist her. Staff E stated no one told her that. But the last time Staff E assisted Resident #6, she would not use her legs to help with the transfer and they almost fell . She mentioned this to Resident #6 and she should not have because Resident #6 got mad at her and wanted her out of her room. Staff E acknowledged she saw the sign on the wall that stated the resident required two person assist with a gait belt, it has been there about a month. She added that she never saw anyone transfer the resident this way and she had always transferred the resident by herself. She denied raising her fist at her or acting in a degrading manner.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165524	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER Bethany Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE Seven Elliott Street Council Bluffs, IA 51503	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 12:50 PM the Assistant Director of Nursing (ADON) stated she was a staff member from , d+[DATE] and it was always the policy to have two staff when using the mechanical lifts. She was gone from the facility for two years but since she has returned it remains the facility policy.</p> <p>The facility provided a packet titled Lifting and Transferring Orientation Guide for Nurses and CNA's dated [DATE]. All nursing staff must be oriented to facility lifting and transferring techniques upon hire. This orientation must take place before resident care is given utilizing these techniques. Use of any mechanical lift requires at least two staff members. Staff cannot make the decision to reduce the amount of assistance identified on the care plan without the nurse assessing and adjusting the resident's care plan.</p>		