

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165525	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER The New Homestead Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2306 State Street Guthrie Center, IA 50115	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41785</p> <p>Based on clinical record review, family interview, staff interview and policy review the facility failed to offer residents a bath or shower on a regular basis for 1 of 3 residents reviewed (Resident #103.) The facility reported a census of 50 residents.</p> <p>Findings include:</p> <p>According to the Minimum Data Set (MDS) dated [DATE], Resident #103 had a Brief Interview for Mental Status (BIMS) score of 15 (intact cognitive ability). The resident was totally dependent on staff for hygiene and showers. Resident #103 had a fracture related to a fall in the 6 months prior to admission. His diagnoses included; heart failure, type 2 diabetes, chronic kidney disease, and unspecified fracture of the shaft of left tibia.</p> <p>The Care Plan for Resident #103, initiated on 2/26/25, showed that he was admitted to the facility for rehabilitation services for a fractured leg, with the hope to return home. His ability to complete Activities of Daily Living (ADL) had deteriorated related to a fall. The resident was to have a whirlpool/shower two times a week and as needed.</p> <p>The Clinical Census tab showed that Resident #103 was admitted to the facility on [DATE] and discharged on [DATE].</p> <p>On 4/21/25 at 12:17 PM, a family member for Resident #103 said that they visited the resident many times during his stay and they didn't know if he had been offered any baths or showers.</p> <p>The document titled: ADL - Bathing Report showed that during his time at the facility he had just two bath/showers on 2/21/25 and on 2/25/25.</p> <p>On 4/24/25 at 10:30 AM, the Director of Nursing (DON) acknowledged that according to the documentation, Resident #103 did not get baths as often as he should have. She said that the standard was to offer at least twice a week.</p> <p>According to a facility policy titled: Bathing, effective 1/3/24, hygiene activities were necessary to maintain skin integrity and promote dignity. Each resident would be offered 2 baths per week.</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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41785</p> <p>Based on clinical record review, observation, staff interviews and facility document review, the facility failed to implement timely interventions to prevent pressure ulcers for 1 of 2 residents reviewed. In an observation on 4/22/25 at 8:35 AM, Resident #16 was found to have a small open sore on her buttocks. On 4/23/25 at 7:00 AM nursing staff had not yet followed up with a skin assessment or intervention. The facility reported a census of 50 residents.</p> <p>Findings include:</p> <p>According to the Minimum Data Set (MDS) dated [DATE], Resident #16 had a Brief Interview for Mental Status (BIMS) score of 0 (severe cognitive deficit.) She was totally dependent on staff for toileting, dressing, chair to bed transfer and bed mobility. Her diagnoses included cancer, renal insufficiency, diabetes mellitus, dementia, rheumatoid arthritis and osteoarthritis. The resident did not have any skin concerns at the time of the MDS assessment.</p> <p>The Care Plan for Resident #16, updated on 3/26/25, showed that she had impaired cognition, impaired mobility and bladder/bowel incontinence. She was at risk for skin breakdown and staff were to report signs of skin breakdown; sore, tender, red or broken areas.</p> <p>A Nursing Note dated 3/21/25 at 8:51 PM showed that a weekly skin assessment was completed at that time, and there were no new skin issues for Resident #16.</p> <p>On 4/22/25 at 8:34 AM, Staff A, Certified Nurse Aide (CNA,) and Staff B, CNA, prepared to change a soiled brief and provide incontinence cares for Resident #16. The CNA's said they didn't think the resident had any reddened or sore areas. As they wiped the groin on the left side, the resident grimaced and said ouch The resident had a rash in the groin, and it was red. The CNA's rolled the resident onto her left side to reveal a small open spot on the right buttock. They weren't sure if this was a new breakdown and applied a clean brief without ointment or moisture protection ointment.</p> <p>A review of the nursing notes on 4/23/25 revealed that the chart lacked documentation of the reddened groin or open sore on the right buttocks.</p> <p>On 4/23/25 at 7:51 AM, Staff A said that she told the nurse the day before about the rash and the open sore and she responded that she would look at it.</p> <p>On 4/23/25 at 1:42 PM, Staff M, Licensed Practical Nurse, (LPN) said that she did a skin assessment on Resident #16. She agreed that the spot on her bottom looked like it may have been a blister that popped. She got a treatment order for the red area and the open sore.</p> <p>A Wound/Skin Healing Record dated 4/23/25 showed that Resident #16 had a pressure injury on the right buttock that measured 0.4 centimeters (cm) x 0.3 cm.</p> <p>On 4/24/25 at 10:00 AM, the Director of Nursing (DON) said that the CNA's were expected to tell the nurse on duty right away if/when they see a new skin issue. They had ointments that can be used by the CNA's for incontinence protection.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the annual assigned education for CNA's did not include recognizing and reporting skin issues.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41785</p> <p>Based on clinical record review, staff interviews and facility policy review, the facility failed to offer Range of Motion (ROM) exercises for 1 of 2 residents reviewed (Resident #16). The facility reported a census of 50 residents.</p> <p>Findings include:</p> <p>According to the Minimum Data Set (MDS) dated [DATE], Resident #16 had a Brief Interview for Mental Status (BIMS) score of 0 (severe cognitive deficit.) She was totally dependent on staff for toileting, dressing, chair to bed transfer and bed mobility. Her diagnoses included cancer, renal insufficiency, diabetes mellitus, dementia, rheumatoid arthritis and osteoarthritis.</p> <p>The Care Plan for Resident #16, updated on 3/26/25, showed that she had impaired cognition, impaired mobility and bladder/bowel incontinence. The resident required ROM exercises and staff were to refer to the restorative records for current restorative plan of care.</p> <p>The Restorative assessment dated [DATE] at 12:09 PM, showed that the Program Plan included Bilateral Lower Extremities/Bilateral Upper Extremities (BLE/BUE) exercises 3-5 times a week as tolerated.</p> <p>In a four-week timeframe, from 3/26 - 4/22/25 staff had 12 opportunities to offer the ROM activities.</p> <p>According to the Point of Care (POC) Response History report, from 3/26/25 - 4/22/25, the exercises were offered just 8 times.</p> <p>On 4/23/25 at 8:05 AM, Staff E, Certified Nurse Aide (CAN) said that the facility had two staff members scheduled to provide the restorative program. She said that the CAN's that worked on the floor were not expected to do restorative exercises with the residents.</p> <p>On 4/23/25 at 7:52 AM, Staff K, Certified Medication Aide (CMA) said that she would do restorative, sometimes she would come in on a days off but she had been on leave for 4 months.</p> <p>On 4/24/25 at 9:16 AM, the Assistant Director of Nursing (ADON) said that she had just recently took over the responsibilities of managing the restorative program. She acknowledged that it wasn't always getting done as it should and the expectation was to offer it 3-5 times a week.</p> <p>According to the facility policy titled; Restorative Program, effective 6/28/17, the Range of Motion (ROM) activities would be provided 3-5 times a week.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 48004</p> <p>Based on clinical record review, facility document review, resident interviews, observation and staff interviews the facility failed to provide nursing staff to assure residents safety by not responding to call lights in a timely manner for 5 of 5 residents reviewed (Resident #1, #2, #40, #22 and #42). The facility reported a census of 50 residents.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Review of Resident #1's Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. Interview on 4/21/25 at 1:27 PM with Resident #1 revealed call lights take over 15 minutes constantly. Review of Resident #2's MDS dated [DATE] revealed a BIMS score of 13 indicating intact cognition. Interview on 4/21/25 at 11:26 AM Resident #2 revealed call lights can often take longer than 15 minutes, and it is usually longer on the weekends. Review of Resident #40's MDS dated [DATE] revealed a BIMS score of 15 indicating intact cognition. Interview on 4/21/25 at 12:12 PM Resident #40 revealed call lights take longer than 15 minutes often. <p>Review of a facility provided document titled, Device Activity Report with the dates of 4/19/25 12:00 AM through 4/20/25 11:59 PM revealed several call lights being answered in a range of times from 17 minutes 9 seconds to 76 minutes 44 seconds.</p> <p>Review of facility provided documents titled, Resident Council Minutes with a date of 3/25/25 revealed residents think that the call lights have improved, but still have to wait. Review of Resident Council Minutes from 2/28/25 revealed it takes staff 45 minutes to an hour to answer call lights. Resident Council Minutes from 1/31/25 revealed call lights won't be responded to for almost 45 minutes and sometimes longer.</p> <p>41785</p> <ol style="list-style-type: none"> The MDS for Resident #22, dated 3/20/25, showed that he was independent with hygiene, toileting, dressing, and transfers. He was occasionally incontinent of urine and always continent of bowel. His diagnoses included: peripheral vascular disease, renal insufficiency, diabetes mellitus and urinary tract infections. The resident scored 14 out of 15 points on the BIMS indicating intact cognition. <p>(continued on next page)</p>

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A Change in Condition MDS dated [DATE], showed that the resident required substantial assistance with toileting hygiene, dressing and transfers.</p> <p>The Care Plan initiated on 3/14/25, showed that Resident #22 was at risk for falls, and staff were to provide toileting assistance before and after meals and as needed. He required assistance of 2 staff for ambulation.</p> <p>On 4/21/25 at 10:00 AM, Resident #22 said that the call light response could take as long as 90 minutes. He said that he would get sore waiting to get transferred off of the toilet. The resident said that there have been times when the call light did not work at all. He thought it was because it needed a new battery.</p> <p>5. The MDS dated [DATE] for Resident #42, showed that she was admitted to the facility on [DATE] and had a BIMS score of 14 (intact cognitive ability.) She required substantial assistance with toileting hygiene, dressing, sit to stand and toilet transfers. The resident was frequently incontinent of bladder and occasionally incontinent of bowel. Her diagnoses included: Parkinson's Disease, repeated falls and edema.</p> <p>The Care Plan initiated 3/14/25, showed that Resident #42 was at risk for skin breakdown related to urinary incontinence, and limited mobility. Staff were directed to assist to toilet, provide incontinence care, and report signs of skin breakdown.</p> <p>On 4/21/25 at 11:27 AM Resident #42 was sitting in her room near the door. She said that she needed help to get to the bathroom, and at times, it could take more than 25 minutes for staff to respond to the call light. She said that she hadn't had incontinence episodes due to the long wait, but it had been darn close. Resident #42 said that there was a time when one of the call lights wasn't working at all.</p> <p>On 4/22/25 at 6:18 AM, Staff C, Certified Nurse Aide (CAN) said that the call lights would quit working without warning. She said that she would take them apart and fix them herself and would change the battery if she could get into the maintenance room.</p> <p>On 4/23/25 at 10:47 AM, Staff L, CAN said that she had seen that the call lights were not working at times. She said that when this happened, they would discover residents yelling to get assistance if the light wasn't working. Staff L said that they could hear when there was a light on, but they had to go to a screen to see which rooms had lights on and it wasn't very convenient.</p> <p>On 4/22/25 at 9:17 AM, Staff D, Maintenance, said that he could log into the call light system to check if there were any that needed new batteries. He said the call light report was checked on a weekly basis. Staff D said that the staff would sometimes change the batteries and may not get the unit put back together correctly so he asked them not to take them apart.</p> <p>On 4/22/25 at 2:31 PM, the Administrator said that the call light system originally had Android phones hooked up to the system. Staff would carry the phones with them to check which call lights were on. They had trouble keeping track of the phones and they didn't hold a charge very long. She decided to put up a couple of tablets in the hallways and at nurses' station. Staff were expected to check the screens often to see what residents were waiting for assistance.</p>		