STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165531	A. Building B. Wing	10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Garden View Care Center	1200 West Nishna Road Shenandoah, IA 51601

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on Electronic Health Records (EHR) review, resident interviews, staff interviews, and policy review the facility failed to provide an opportunity for bath or shower to 3 of 4 residents reviewed (Resident #1, #2 and #4). The facility reported a census of 37 residents.Finding include:1. The Minimum Data Set (MDS) dated [DATE] for Resident #1 documented a Brief Interview for Mental Status (BIMS) of 14 indicating no cognitive impairment. The MDS also documented Resident #1 required substantial/maximal assistance with shower/bathe self. Review of Resident #1's EHR titled, Care Plan documented an intervention for bathing/showering requiring 2 people assistance with encouragement of bathing 2 times a week.On 10/20/25 at 1:38 PM Resident #1 stated usually the facility staff give her 3 baths a week on Monday, Wednesday and Friday. Resident #1 stated there were times when she had not felt good that she had refused the bath or shower. Resident #1 stated she had missed baths back in June and July. Resident #1 stated the staff told her that they were short staffed and that was why the baths were not completed. Review of documents titled, Bath List identified Resident #1's bath days are Monday, Wednesday, and Friday.Review of Resident #1's EHR titled, Task Bathing / Showering ADL documented from 6/23/25 - 10/21/25 Resident #1 received 30 showers/baths out of the 48 showers/baths Resident #1 should have received. On 10/20/25 at 1:53 PM Staff A, Certified Nursing Assistant (CNA) stated she completed baths on the morning of 10/20/25. Staff A stated she could not tell me if others got their baths done or not. Staff A stated if the baths are missed they are supposed to be made up the next day. Staff A stated there was a resident that gets a bath 3 times a week. Staff A stated that resident was Resident #1. Staff A stated there were days that Resident #1 does not want the bath and will refuse. Staff A stated would chart any refusal on the bath sheet or in the EHR. On 10/21/25 at 10:35 AM Staff B, CNA stated residents at the facility received baths at least twice a week. Staff B stated one resident got a bath 3 times a week. Staff B stated Resident #1 got a bath 3 times a week because it is her preference and may possibly have an order for it. Staff B stated baths were not really missed on days. Staff B stated if baths were missed they would be made up the next day. On 10/21/25 at 10:40 AM Staff C, CNA stated residents at the facility received baths at least twice a week. Staff C stated Resident #1 got a bath 3 times a week. Staff C stated baths are not really missed on the am shift. Staff C stated if baths were missed they would be made up the next day. On 10/21/25 at 10:30 AM the DON stated Resident #1 had a care plan for baths twice a week. The DON stated Resident#1 wants baths when she wants them. The DON stated sometimes Resident #1 would take them and sometimes she would refuse. The DON acknowledged there were no refusals for showers/baths on Resident #1's EHR titled, Task bath/ shower. The DON explained there were no refusals for Resident #1 documented on bath sheets or in progress notes either. On 10/21/25 at 10:57 AM the DON stated Resident #1 told her that her preference was to have a shower/bath 3 times a week. The DON stated Resident #1 stated she had no concerns with baths at that time.2. The Minimum Data Set (MDS) dated [DATE] for Resident #2 documented a Brief Interview for Mental Status (BIMS) of 15 indicating no cognitive impairment. The MDS also documented Resident #2 was dependent on a helper to do all the effort or the assistance of 2 or more helpers was required to shower/bathe.Review of Resident #2's EHR titled, Task Bathing / Showering ADL documented from 7/22/25 - 9/30/25 Resident #2 received 8 showers/baths out of the 18 showers/baths Resident #2 should have received. Review of Resident #2's EHR titled, Progress Notes documented no refusal of shower/bath.3. The Minimum Data Set (MDS) dated [DATE] for Resident #4 documented a Brief Interview for Mental Status (BIMS) of 13 indicating no cognitive impairment. The MDS also documented Resident #2 was dependent on a helper to do all the effort or the assistance of 2 or more helpers was required to shower/bathe.Review of Resident #4's EHR titled, Task Bathing / Showering ADL documented from 6/20/25 - 10/21/25 Resident #4 received 17 showers/baths out of the 33 showers/baths should have received. Review of Resident #4's EHR titled, Progress Notes documented 1 refusal of shower/bath on 6/20/25.On 10/20/25 at 2:57 PM the DON stated upon review of the bath sheets it was discovered baths were missed and a Performance Improvement Plan (PIP) was developed related to the missed baths. The DON stated of the 4 residents that had been requested there were some baths that were missed. The DON stated a bath aide was starting the first of November as well. The DON stated the facility expectation was a bath would be completed at least twice a week. The DON acknowledged that baths were not being completed appropriately. On 10/21/25 at 12:12 PM the Administrator stated usually the residents at the facility would receive a shower twice a week unless they refuse. The Administrator stated resident