

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165541	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/28/2024
NAME OF PROVIDER OR SUPPLIER  Riceville Family Care and Therapy Center		STREET ADDRESS, CITY, STATE, ZIP CODE  915 Woodland Avenue Riceville, IA 50466	

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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46875</b></p> <p>Based on clinical record review, staff interviews, and policy review the facility failed to provide to the resident or their representative a summary of the baseline care plan for 4 out of 4 residents reviewed (Residents #125, #126, #9, and #23). The facility reported a census of 24 residents.</p> <p>Findings include:</p> <p>1. Resident #125's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. The MDS identified Resident #125 required partial/moderate assistance with bed mobility and transfers. The MDS included diagnoses of hypertension (high blood pressure), renal disease (kidney), arthritis, anxiety, and depression.</p> <p>The Clinical Census revealed Resident #125 was admitted on [DATE].</p> <p>A facility form titled Riceville Family Care and Therapy Center Baseline Care Plan &amp; Care Plan Summary dated 3/8/24 lacked documentation that a copy of the baseline care plan was given to or reviewed with Resident #125 or their resident representative. The sections of the baseline care plan titled Baseline Care Plan Summary and Review were not filled out and lacked signatures and dates from staff, resident, and/or resident representative.</p> <p>On 3/26/24 at 8:35 AM, the Director of Nursing (DON) acknowledged and verified Resident #125's baseline care plan had not been reviewed with the resident or their representative and a copy of the care plan had not been given. She stated if the review section of the baseline care plan form was not filled out then it was not completed. She stated the facility would need to QA (quality assurance) the process and provide reeducation to the staff.</p> <p>2. Resident #126's entry MDS dated [DATE] identified Resident #126 entered the facility on 3/13/24 from the community.</p> <p>A facility form titled Riceville Family Care and Therapy Center Baseline Care Plan &amp; Care Plan Summary dated 3/13/24 lacked documentation a copy of the baseline care plan was given to or reviewed with Resident #126 or their resident representative. The sections of the baseline care plan titled Baseline Care Plan Summary and Review were not filled out and lacked signatures and dates from staff, resident, and/or resident representative.</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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Resident #9's MDS assessment dated [DATE] identified a BIMS score of 14, indicating intact cognition. The MDS identified Resident #9 was dependent on staff for bed mobility and transfers. The MDS included diagnoses of hypertension (high blood pressure), renal disease (kidney), paraplegia (paralysis of legs and lower body), depression, and spinal stenosis (spaces inside the bones of the spine get too small).</p> <p>The Clinical Census revealed Resident #9 was admitted on [DATE].</p> <p>A facility form titled Riceville Family Care and Therapy Center Baseline Care Plan &amp; Care Plan Summary dated 1/19/24 lacked documentation a copy of the baseline care plan was given to or reviewed with Resident #9 or their resident representative. The sections of the baseline care plan titled Baseline Care Plan Summary and Review were not filled out and lacked signatures and dates from staff, resident, and/or resident representative.</p> <p>4. Resident #23's MDS assessment dated [DATE] identified a BIMS score of 15, indicating intact cognition. The MDS identified Resident #23 required partial/moderate assistance with bed mobility, sit to stand transfers, and toilet transfers. The MDS included diagnoses of cancer, psychotic disorder, giardiasis (intestinal infection), coronary atherosclerosis (damage to heart's major blood vessels), and heart failure (inability to pump blood adequately).</p> <p>The Clinical Census revealed Resident #23 was admitted on [DATE] and discharged on [DATE].</p> <p>A facility form titled Riceville Family Care and Therapy Center Baseline Care Plan &amp; Care Plan Summary dated 1/30/24 lacked documentation a copy of the baseline care plan was given to or reviewed with Resident #23 or their resident representative. The sections of the baseline care plan titled Baseline Care Plan Summary and Review were not filled out and lacked signatures and dates from staff, resident, and/or resident representative.</p> <p>On 3/26/24 at 3:45 PM, the DON acknowledged and verified Resident's #126, #9, and #23 baseline care plans were not reviewed with the resident or resident representative and copies of the baseline care plan had not been given.</p> <p>A facility policy titled Baseline Care Plan Policy revised 2024 documented the purpose of the policy was for the facility to develop and implement a baseline care plan for each resident that included instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality of care. The procedure directed the following:</p> <ol style="list-style-type: none"> <li>1. Include the resident's involvement and choices in the care plan, especially goal setting.</li> <li>2. The baseline care plan to be developed within 48 hours of a resident's admission and include the minimum health care information necessary to properly care for the resident.</li> <li>3. The facility must provide to the resident and their representative with a summary of the baseline care plan that includes but not limited to:             <ol style="list-style-type: none"> <li>a. The initial goals of the resident</li> <li>b. A summary of the resident's medication and dietary instructions</li> </ol> </li> </ol> <p>(continued on next page)</p>		

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