

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 03/06/2025
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48003</p> <p>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) assessments for 3 of 6 residents reviewed (Residents #5, #13, and #15). The facility reported a census of 27 residents.</p> <p>Findings include:</p> <p>1. Resident #5's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview of Mental Status (BIMS) score of 6, indicating severe cognitive impaired. The MDS include diagnoses of depression, anxiety, and dementia. The MDS lacked documentation Resident #5 received an anti anxiety medication during the 7-day lookback period.</p> <p>Resident #5's November and December 2024 Medication Administration Record (MAR) documented Resident #5 received Buspirone (an anti anxiety medication) during the seven day look back period.</p> <p>2. Resident #13 MDS assessment dated [DATE] identified a BIMS score of 10, indicating moderately cognitive impaired. The MDS include diagnoses of depression, anxiety, unspecified mood disorder, and dementia. The MDS lacked documentation Resident #13 received an anti anxiety medication during the 7-day lookback period.</p> <p>Resident #13's December 2024 MAR reflected they received buspirone (an antianxiety medication) during the 7-day lookback period.</p> <p>3. Resident #15's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview of Mental Status (BIMS) score of 8, indicating severely impaired cognition. The MDS included diagnoses of depression, anxiety, and dementia.</p> <p>Resident #15's December 2024 MAR reflected they received buspirone during the 7-day look back period.</p> <p>During an interview on 3/6/25 at 8:48 AM the MDS Coordinator reported she compared the medications to the orders in Electronic Health Record to make sure they are correct. She reported she followed the RAI manual. She reported she have coded buspirone wrong and has been coding it as an antidepressant not an antianxiety like she should.</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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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The RAI Manual page N 6 under Coding Instructions directed to code medications according to the pharmacological classification, not how they are being used.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48003</p> <p>Based on clinical record review and staff interview, the facility failed to complete a new Preadmission and Resident Review (PASRR) evaluation as required for a new diagnosis of major depression for 1 of 1 residents reviewed (Resident # 13). The facility reported a census of 27 residents.</p> <p>Findings include:</p> <p>Resident #13 Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview of Mental Status (BIMS) score of 10, indicating moderately impaired cognition. The MDS include diagnoses of depression, anxiety, unspecified mood disorder and dementia.</p> <p>Resident #13's PASRR dated 11/17/22 documented they didn't have a mental health diagnosis.</p> <p>Resident #13's Psychiatry Visit Note dated 1/3/25 documented they had major depressive disorder, insomnia, anxiety, and visual hallucinations. In addition, the note included the medication Resident #13 used for the mental health diagnoses.</p> <p>During an interview on 3/4/25 at 1:14 PM, the Director of Nursing (DON) reported the transferring facility completed Resident #13's PASRR prior to admission. The DON reported they should have completed a new PASRR with the diagnosis of major depression, the added and changed medications due to the increase in mood and behaviors.</p>		